STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017315	A. BUILDING: _____ B. WING _____	R-C 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELLERS SERENITY ADULT FAMILY HOME	8319 N CELINA ST MILWAUKEE, WI 53224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 10/07/2025 with information gathered through 10/08/2025, Surveyor conducted a standard survey, complaint investigation, and a verification visit for SOD YZVQ11, dated 03/31/2023, at Sellers Serenity Adult Family Home, an Adult Family Home (AFH) in Milwaukee, WI. Seventeen deficiencies were identified. Five of the 17 deficiencies were repeat deficiencies from Statement of Deficiency YZVQ11, dated 03/31/2023. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 1	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange	M 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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M 114	Continued From page 1 for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver background check (CBC) was completed at time of hire for 1 of 1 caregiver (Caregiver B) reviewed. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from Department of Health Services	M 114		

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M 114	Continued From page 2 (DHS) that reports the person's status, including administrative finding or licensing restrictions. Findings include: The provider is licensed to care for up to 3 residents within the following client groups: irreversible dementia/Alzheimer's, developmentally disabled, physically disabled, emotionally disturbed/mental illness and advanced aged. On 10/07/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 09/01/2023. -Caregiver B's record did not include a BID. -Caregiver B's record did not include an DOJ. -Caregiver B's record did not include a Governmental Findings Report. -Caregiver B's record did not contain any of the three necessary parts of the background check. On 10/07/2025, at approximately 11:21 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver B's record did not include the above documentation. Administrator D reported s/he was not aware of this requirement.	M 114		
{M 232}	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to	{M 232}		

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{M 232}	Continued From page 3 residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider (Caregiver E) was screened for illness detrimental to residents. Caregiver E's employee record did not contain documentation of being screened for illness detrimental to residents. This is a repeat deficiency. See Statement of Deficiency YZVQ11, dated 03/31/2023. Findings include: On 10/07/2025, Surveyor reviewed Caregiver E's record and identified the following: -Caregiver E was hired on 08/17/2025. Caregiver E's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 10/07/2025, at approximately 11:21 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver E's employee record did not contain documentation of being screened for illness detrimental to residents. Administrator D stated s/he did not know why Caregiver E's employee record did not contain documentation of him/her being screened for illness detrimental to residents.	{M 232}		

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M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained and homelike environment. The home required cleaning and repairs. This had the potential to affect 8 of 8 residents residing in the home. Findings include: On 10/07/2025, at approximately 8:55 AM, Surveyor toured the home with Caregiver E and observed the following: -The kitchen ceiling fan was caked with dust. -Resident 2's bedroom ceiling fan was caked with dust. -Resident 2's bedroom wall had white chalk substance. -Resident 2's bedroom closet sliding door was off track. -Bedroom 3 wall socket did not have a wall plate. -The basement stairway walls had white chalk	M 276		

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M 276	Continued From page 5 substance. On 10/07/2025, at approximately 10:00 AM, Surveyor interviewed Administrator D. Administrator D confirmed the home needed some cleaning and repairs. Administrator D reported the cleaning company was responsible for maintaining the home. Administrator D reported the cleaning company should be completing cleaning throughout home.	M 276		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace. Findings include: The provider was licensed on 01/18/2019. On 10/07/2025, Surveyor requested to review home's most recent furnace inspection from Administrator D. There was no evidence of a furnace inspection for review. On 10/07/2025, at approximately 9:40 AM, Surveyor interviewed Administrator D. Administrator D reported the furnace had not been inspected since the opening of the home.	M 290		

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M 332	Continued From page 6	M 332		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 fire extinguishers was mounted. The fire extinguisher sitting on the basement floor was not mounted. The provider also did not ensure 1 of 3 fire extinguishers was inspected annually. The fire extinguisher located in the basement was last inspected October 2023. Findings include: On 10/07/2025, at approximately 8:55 AM,	M 332		

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M 332	Continued From page 7 Surveyor toured the home with Caregiver E and observed the following: -Fire extinguisher sitting on the basement floor was not mounted. -Fire extinguisher located in the basement was last inspected October 2023. On 10/07/2025, at approximately 10:00 AM, Surveyor interviewed Administrator D. Administrator D confirmed the fire extinguisher sitting on the basement floor was not mounted and the fire extinguisher located in the basement was last inspected October 2023.	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 334		

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M 334	Continued From page 8 did not ensure there was a smoke detector in 3 of 6 required locations. There was no smoke detector in bedroom 2. There was no smoke detector at the head of basement stairwell. The smoke detector located in the basement was not in working condition. Findings include: On 10/07/2025, at approximately 8:55 AM, Surveyor toured the home with Caregiver E and observed the following: -Bedroom 2 did not contain a smoke detector, only the base was attached to the ceiling. -The head of basement stairwell did not contain a smoke detector. -The smoke detector in the basement was not in working condition. On 10/07/2025, at approximately 10:00 AM, Surveyor interviewed Administrator D. Administrator D confirmed there was no smoke detector in bedroom 2 and at the head of basement stairwell. Administrator D confirmed the smoke detector in the basement was not in working condition.	M 334		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the	{M 344}		

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{M 344}	Continued From page 9 resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) reviewed were evaluated within 3 days of admission for evacuation time, using the department's form, for evacuation. This is a repeat deficiency. See Statement of Deficiency YZVQ11, dated 03/31/2023. Findings include: On 10/07/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 01/28/2025. -Resident 3's Resident Evacuation Assessment, dated 02/03/2025, was missing pages 2 of 5, and 3 of 5. -Resident 3's Resident Evacuation Assessment, dated 02/03/2025, was incomplete. On 10/07/2027, at approximately 10:00 AM, Surveyor interviewed Administrator D. Administrator D reported s/he would email Resident 3's evacuation assessment to Surveyor by 8:00 AM on 10/08/2025. As of 10/08/2025, Surveyor did not receive any evidence of Resident 3's completed evacuation assessment.	{M 344}		

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M 346	Continued From page 10	M 346		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 2 had not been evaluated for evacuation for calendar year 2025 using the Department's form. Findings include: The home is licensed to provide services for up to 3 residents with client groups of irreversible dementia/Alzheimer's, developmentally disabled, physically disabled, emotionally disturbed/mental illness, and advanced aged. On 10/07/2025, Surveyor reviewed Resident 2's record. Resident 2's record indicated the following: -Resident 2 was admitted to the provider's home on 09/04/2019. -Resident 2's last evacuation assessment was dated 09/02/2024. Resident 2's record did not	M 346		

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M 346	Continued From page 11 contain evidence of an evacuation assessment for calendar year 2025 using the Department's form. Resident 2 should have been evaluated by 09/2025. On 10/07/2025, at approximately 2:12 PM, Surveyor interviewed Administrator D. Administrator D confirmed s/he did not have an annual evacuation assessment for Resident 2 for calendar year 2025. CROSS REFERENCE M 332 88.05(4)(a) - Fire Safety - Fire Extinguishers M 334 88.05(4)(b)1 - Fire Safety - Smoke Detectors M 344 88.05(4)(d)2.a - Fire Safety Evacuation Plan Review	M 346		
{M 380}	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the	{M 380}		

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{M 380}	Continued From page 12 provider did not ensure 1 of 1 resident (Resident 3) reviewed was screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission to the home or within 7 days after admission. This is a repeat deficiency. See Statement of Deficiency YZVQ11, dated 03/31/2023. Findings include: On 10/07/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 01/28/2025. -Resident 3's record did not include evidence of a communicable disease screening, including a TB skin test. On 10/07/2025, at approximately 2:12 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 3's record did not include evidence s/he was screened for communicable disease, including a TB skin test.	{M 380}		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.	M 404		

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M 404	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment was completed for 1 of 1 resident (Resident 3) within 30 days of placement. Findings include: On 10/07/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 01/28/2025. -Resident 3's record did not contain a written assessment. On 10/07/2025, at approximately 2:12 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 3 did not have a written assessment. Administrator D reported s/he was responsible for the assessments. Administrator D reported s/he did not realize Resident 3 did not have a written assessment.	M 404		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) individual service plans (ISP) reviewed included the level of supervision	M 414		

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M 414	Continued From page 14 required in the home and community. Resident 2 and Resident 3 required 24-hour supervision. Resident 2's and Resident 3's ISPs did not include the level of supervision in the home and community. Findings include: On 09/19/2025, the Department received a complaint alleging there were no staff present overnight. On 10/07/2025, Surveyor reviewed Resident 2's and Resident 3's records and identified the following: Resident 2 -Resident 2 was admitted to the provider's home on 09/04/2019 with diagnoses including major depressive disorder and insomnia. -Resident 2 was his/her own person. Resident 2's ISP, dated 09/01/2025, did not indicate Resident 2's level of supervision in the home and community. Resident 3 -Resident 3 was admitted to the provider's home on 01/28/2025 with extreme difficulty seeing. -Resident 3 was his/her own person. Resident 3's ISP, dated 07/30/2025, did not indicate Resident 3's level of supervision in the home and community. On 10/07/2025, at approximately 2:12 PM, Surveyor interviewed Administrator D. Administrator D reported Resident 2 and	M 414		

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M 414	Continued From page 15 Resident 3 required 24-hour supervision. Administrator D confirmed Resident 2's and Resident 3's ISPs did not indicate their level of supervision in the home and community.	M 414		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) individual service plans (ISPs) were developed, signed and dated by all persons involved in developing the plan. Resident 2's ISPs were not signed by his/her placing agency. Resident 3's ISPs were not signed by him/her, placing agency and Licensee A. Findings include: On 10/07/2025, Surveyor reviewed Resident 2's and Resident 3's records and identified the following: Resident 2 -Resident 2 was admitted to the provider's home on 09/04/2019. -Resident 2 was his/her own person. -Resident 2 was enrolled in services with a managed care organization (MCO) care management team and had assigned case	M 420		

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M 420	Continued From page 16 managers. -Resident 2's ISPs, dated 09/01/2024, 12/01/2024, 03/01/2025, 06/01/2025 and 09/01/2025 were not signed by the placing agency. Resident 3 -Resident 3 was admitted to the provider's home on 01/28/2025. -Resident 3 was his/her own person. -Resident 3 was enrolled in services with an MCO care management team and had assigned case managers. -Resident 3's ISPs, dated 01/30/2025 and 04/30/2025 were not signed by Resident 3 and the placing agency. -Resident 3's ISP, dated 07/30/2025 was not signed by Resident 3, the placing agency and Licensee A. On 10/07/2025, at approximately 2:12 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 2's and Resident 3's above-mentioned ISPs were not signed and dated by all persons involved in developing the plan. Administrator D reported s/he did not know Resident 2's and Resident 3's MCO care management team were required to sign their ISPs.	M 420		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its	M 458		

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M 458	Continued From page 17 original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored for 1 of 1 resident (Resident 2). Resident 2's medications were unlocked in the medication storage file cabinet, which was in the living room. Findings include: The home is licensed to provide services for up to 3 residents with client groups of developmentally disabled, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and advanced aged. On 10/07/2025, at approximately 8:55 AM, Surveyor observed the medication storage file cabinet unlocked. Inside of the third draw of the storage file cabinet, Surveyor observed Resident 2's medication: As needed -Acetaminophen 500 milligrams (MG) take 2 tablets by mouth twice daily as needed for pain (42 pills).	M 458		

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M 458	Continued From page 18	M 458		

Morning
-Allopurinol 100 MG take 1 tablet by mouth every day for gout (2 pills).
-Clopidogrel 75 MG take 1 tablet by mouth every day (2 pills).
-Divalproex 500 MG take 1 tablet by mouth 2 times a day (2 pills).
-Ferrous Sulfate 325 MG take 1 tablet by mouth every day (2 pills).
-Gabapentin 400 MG take 1 capsule by mouth 3 times a day (2 pills).
-Losartan 50 MG take 1 tablet by mouth every day for blood pressure (2 pills).
-Sertraline 50 MG take 1 tablet by mouth every day (2 pills).
-Tab-A-Vite take 1 tablet by mouth every day (2 pills).

Noon
-Gabapentin 400 MG take 1 capsule by mouth 3 times a day (4 pills).

Evening
-Divalproex 500 MG take 1 tablet by mouth 2 times a day (3 pills).
-Gabapentin 400 MG take 1 capsule by mouth 3 times a day (3 pills).
-Olanzapine 5 MG take 1 tablet by mouth twice daily in the evening and at bedtime (3 pills).

Bedtime
-Donepezil 10 MG take 1 tablet by mouth every day at bedtime (3 pills).
-Montelukast 10 MG take 1 tablet by mouth every day (3 pills).
-Olanzapine 5 MG take 1 tablet by mouth twice daily in the evening and at bedtime (3 pills).
-Rosuvastatin Calcium 20 MG take 1 tablet by mouth every day at bedtime (3 pills).
-Trazodone 100 MG take 2 tablets by mouth once

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M 458	Continued From page 19 a day at bedtime (6 pills). On 10/07/2025, at approximately 8:55 AM, Surveyor interviewed Caregiver E. Caregiver E acknowledged Resident 2's medications were not securely stored. Caregiver E reported medication storage file cabinet locking mechanism had been missing since s/he stated working at the home in August 2025.	M 458		
{M 482}	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the records for 2 of 2 residents' (Resident 2 and Resident 3) reviewed in a secure location within the home. Resident 2's and Resident 3's Individual Service Plans (ISP), evacuation assessments, service agreements, and physician orders were not in the home. This is a repeat deficiency. See Statement of Deficiency YZVQ11, dated 03/31/2023. Findings include: On 10/07/2025, at approximately 8:30 AM, Surveyor conducted an onsite survey and observed there were no resident records on site. Surveyor requested complete records for	{M 482}		

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{M 482}	Continued From page 20 Resident 2 and Resident 3 from Administrator D. On 10/07/2025, at approximately 8:30 AM, Surveyor interviewed Administrator D. Administrator D reported resident records were not onsite at this facility and were at the office (a different location). Administrator D stated s/he was not aware of this requirement to have the residents' files stored within the home. On 10/07/2025, at approximately 9:37 AM, Surveyor received Resident 2's and Resident 3's records from Administrator D.	{M 482}		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident (Resident 2) had privacy while having private conversations in the home's living room. Surveyor observed a camera sitting on top of the medication storage file	M 550		

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M 550	Continued From page 21 cabinet in the home's living room. Findings include: On 09/19/2025, the Department received a complaint alleging cameras were in the home. On 10/07/2025, Surveyor reviewed the resident roster and identified the following: -Resident 2 was admitted to the provider's home on 09/04/2019. On 10/07/2025, at approximately 9:00 AM, Surveyor observed Resident 2 sitting on the couch in home's living room having a private conversation on his/her cell phone. On 10/07/2025, at approximately 8:55 AM, Surveyor toured the home with Caregiver E and observed the following: -White camera sitting on top of the medication storage cabinet in the home's living room facing towards couch area. On 10/07/2025, at approximately 8:55 AM, Surveyor interviewed Caregiver E. Caregiver E confirmed there was a camera located at the above-mentioned location. Caregiver E reported that camera was recording. Caregiver E reported Administrator D had access to recordings. On 10/07/2025, at approximately 10:00 AM, Surveyor interviewed Administrator D. Administrator D stated the camera did not record.	M 550		
{M 570}	88.10(3)(l) Safe Physical Environment	{M 570}		

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{M 570}	Continued From page 22 Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature in the resident bathroom was 121.3° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency YZVQ11, dated 03/31/2023. Findings include: The home is licensed to provide services for up to 3 residents with client groups of developmentally disabled, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and advanced aged. On 10/07/2025, at approximately 8:55 AM, Surveyor toured the home with Caregiver E and observed the following: -Surveyor tested the water temperature in the resident's bathroom sink faucet. The water	{M 570}		

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{M 570}	Continued From page 23 temperature was 121.3° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). On 10/07/2025, at approximately 9:05 AM, Surveyor interviewed Caregiver E regarding the temperature of the water. Caregiver E confirmed that the water temperature in the resident's bathroom reached 121.3° F. Caregiver E reported that about a week ago s/he notified Licensee A regarding the hot water temperature in the resident's bathroom. Caregiver E reported that Licensee A stated s/he would have someone come to home to adjust water temperature.	{M 570}		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2)	Z 024		

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Z 024	Continued From page 24 (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver E) reviewed had a completed Background Information Disclosure (BID) completed in their record. Findings include: On 10/07/2025, Surveyor reviewed Caregiver E's record. Caregiver E was hired on 08/17/2025. Caregiver E's record did not contain evidence of a BID. Caregiver E's record included a DOJ, dated 09/10/2025. Caregiver E's record included a Governmental Findings Report, dated 09/10/2025. On 10/07/2025, at approximately 11:21 AM, Surveyor interviewed Administrator D.	Z 024		

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Z 024	Continued From page 25 Administrator D confirmed Caregiver E's record did not contain evidence of a BID.	Z 024		