

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020576	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2025
NAME OF PROVIDER OR SUPPLIER LOVING HANDS ADULT FAMILY HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 622 WELLINGTON DR WEST BEND, WI 53090		
(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 08/14/2025, Surveyor conducted a complaint investigation at Loving Hands Adult Family Home LLC, an Adult Family Home (AFH) in West Bend, WI. Two deficiencies identified. Complaint substantiated. Census: 3	M 000		
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 1 of 1 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 08/14/2025, at approximately 9:30 AM, Surveyor reviewed resident records and identified the following concerns: -Resident 1 was admitted to the provider's home on 05/09/2025. Resident 1 has a guardian and a case manager. Surveyor reviewed ISP dated 06/05/2025. Resident 1's ISP did not have any	M 420		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 420	Continued From page 1 signatures. On 08/14/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was not at the meeting when the ISP was created so s/he was not able to get any signatures on the ISP. Licensee A stated s/he acknowledged Resident 1's ISP needed to be signed by Resident 1's guardian and case manager.	M 420		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client.	Z 023		

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Z 023	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility permitted Caregiver B to work in the home when Caregiver B had a substantiated finding of neglect and was placed on the Wisconsin Caregiver Misconduct Registry; Caregiver B was not eligible to work as a caregiver in a Department of Health Services (DHS) regulated facility in Wisconsin. Findings include: On 08/14/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B had a hire date of 03/24/2025. -Caregiver B's Integrated Background Information System (IBIS caregiver background check), dated 03/13/2025, noted that Caregiver B had a finding of abuse on 02/11/2021. Surveyor verified the findings as noted on the Caregiver Misconduct Registry. The finding documented that Caregiver B was not eligible to work as a caregiver in a DHS regulated facility in Wisconsin. On 08/14/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A regarding the background check. Licensee A stated s/he saw the information on his/her background check but s/he thought it was fine because s/he had his/her parent review it as well, as his/her parent owns multiple adult family homes and stated it was fine. Licensee A confirmed Caregiver B had been working as a full time caregiver since his/her hire date.	Z 023		