STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014868	A. BUILDING: _____ B. WING _____	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUANG PHRASAVATH AFH	W269 N1933 MEADOWBROOK RD PEWAUKEE, WI 53072

(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 01/07/2026, with information obtained through 01/09/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Douang Phrasavath AFH, an adult family home (AFH) located in Pewaukee, WI. As a result of the survey, 5 deficiencies were identified. One deficiency is a repeat deficiency. See Statement of Deficiency (SOD) D69W11, dated 10/19/2023. Census: 4	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 for a criminal records check on any new service provider. If any of these persons has a conviction record or a	M 114		

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

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M 114	Continued From page 1 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 that a background information disclosure (BID), as part of the complete background check for 2 of 2 service providers reviewed, Caregiver B and Caregiver C, was completed. Findings include: On 01/07/2026, Surveyor conducted a review of 2 service providers to verify compliance with background check requirements. Surveyor requested complete background checks, including BIDs, Department of Justice (DOJ) checks, and Governmental Findings Reports (GFRs) for Caregiver B and Caregiver C from Licensee A. Example 1 - Caregiver B	M 114		

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M 114	Continued From page 2 The background check for Caregiver B, hired 07/03/2024, did not contain a BID. At approximately 10:30 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he was looking for a BID for Caregiver B but couldn't find one. Licensee A reported s/he wanted to continue looking and have an opportunity to send Surveyor the BID for Caregiver B if s/he was able to find it. At approximately 12:32 p.m., Surveyor gave Licensee A a deadline of 4:00 p.m. that day to provide any additional records. No background check records were received. At approximately 4:03 p.m., Surveyor received an e-mail from Licensee A. In the e-mail, Licensee A reported that s/he had Caregiver B fill out a BID that day. Example 2 - Caregiver C The background check for Caregiver C, hired 02/01/2024, did not contain a BID. At approximately 10:47 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he may have overlooked having Caregiver C complete a BID. Licensee A reported s/he recalled reviewing background check-related information verbally with Caregiver C. Licensee A reported s/he wanted to continue looking through his/her records and have an opportunity to send Surveyor the BID for Caregiver C if s/he was able to find it. At approximately 12:32 p.m., Surveyor gave Licensee A a deadline of 4:00 p.m. that day to provide any additional records. No background	M 114		

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M 114	Continued From page 3 check records were received. At approximately 4:03 p.m., Surveyor received an e-mail from Licensee A. In the e-mail, Licensee A reported that s/he called Caregiver C to go over the BID with him/her and was planning to have him/her come to the home and sign it later that day.	M 114		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that for 2 of 2 residents reviewed, the individual service plan (ISP) was reviewed at least once every 6 months by the licensee and the resident or the resident's guardian.	M 424		

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M 424	Continued From page 4 There was no evidence that the ISP for Resident 2 was reviewed by his/her guardian for 4 of 4 reviews completed in 2024 and 2025. The ISP for Resident 3 was last dated as reviewed on 12/05/2024 (approximately 13 months prior to the survey). Findings include: Example 1 - Resident 2 On 01/07/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 11/04/2020 with diagnoses including rheumatoid arthritis and developmental delay. Resident 2 was documented as having a guardian. Resident 2's ISP, developed by the provider, was dated as reviewed on 05/06/2024, 11/03/2024, 05/03/2025, and 11/01/2025. There was no evidence that the ISP was reviewed by Resident 2's guardian on any of those dates. At approximately 11:30 a.m., Surveyor interviewed Licensee A about Resident 2's ISP. Licensee A reported that meetings occurred in which s/he reviewed Resident 2's ISP with his/her legal guardian. Licensee A reported that Guardian D was Resident 2's guardian representative as of July 2025 and that prior to Guardian D, Guardian E was Resident 2's guardian representative. Licensee A confirmed s/he had no documented evidence that s/he reviewed Resident 2's ISP with his/her guardian. On 01/09/2026, at approximately 11:36 a.m., Surveyor interviewed Guardian D. Guardian D reported that s/he had last been onsite with the provider on 11/11/2025 but Resident 2's ISP was	M 424		

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M 424	Continued From page 5 not reviewed during that visit. Guardian D reported s/he had not been provided the provider's ISP for Resident 2 and did not know the provider had an ISP for him/her. Guardian D reported s/he would make note to ask for it the next time s/he visited Resident 2. Guardian D reported that in looking through guardian file for Resident 2 (which was maintained due to the guardian company's structure of wards potentially having multiple guardian representatives from the company) s/he could find no evidence that the provider provided Resident 2's ISP for review. Example 2 - Resident 3 On 01/07/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 06/24/2023 with diagnoses including bipolar I disorder. Resident 3's ISP, developed by the provider, was dated as last reviewed on 12/05/2024. At approximately 1:45 p.m., Surveyor interviewed Licensee A about Resident 3's ISP. Licensee A confirmed that 12/05/2024 was the last date showing Resident 3's ISP as reviewed. Licensee A reported that s/he e-mailed Resident 3's ISP to him/herself on 05/20/2025 in order to review it. Licensee A confirmed s/he had no other evidence of having reviewed Resident 3's ISP since 12/05/2024.	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the	M 466		

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M 466	Continued From page 6	M 466		

particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that for 2 of 2 residents reviewed, records were kept showing their prescription medications that were administered.

The medication administration record (MAR) for Resident 2 showed that Caregiver B initialed off on administering 14 of his/her medications for 2 days in the future from the survey date.

The MAR for Resident 3 from 11/08/2025 - 12/05/2025 contained 21 blank entries for his/her 2:00 p.m. gabapentin 100 mg capsule administration.

This is a repeat deficiency. See Statement of Deficiency (SOD) D69W11, dated 10/19/2023.

Findings include:

Example 1 - Resident 2

On 01/07/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 11/04/2020 with diagnoses including rheumatoid arthritis and developmental delay. Resident 2's record indicated that staff administered his/her medications. Resident 2's MAR consisted of the following 14 medications:

- Alendronate 70 mg tablets (1 tablet once

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M 466	Continued From page 7	M 466		

weekly)
- Aripiprazole 10 mg tablets (1 tablet once daily at bedtime)
- Bupropion XL 150 mg tablets (1 tablet every morning)
- Calcium 500 mg tablets (1 tablet every morning)
- Fiber capsules (1 capsule once daily)
- Folic acid 1 mg tablets (2 tablets every morning)
- Memantine 10 mg tablets (1 tablet twice daily)
- Multivitamin tablets (1 tablet once daily)
- N-Acetylcystiene 600 mg capsules (2 capsules twice daily)
- Omeprazole 20 mg capsules (1 capsule every morning)
- Senna-docusate tablets (1 tablet once daily)
- Sertraline 100 mg tablets (2 tablets every morning)
- Trazodone HCl 150 mg tablets (1 tablet at every bedtime)
- Vitamin D 1000U tablets (1 tablet every morning)

In reviewing the MAR dated 01/03/2026 - 01/30/2026, Surveyor observed that Resident 2's alendronate tablets, which were prescribed to be taken weekly, were scheduled to be administered on 01/09/2026 (2 days from the day of the survey).

From the MAR, Surveyor also observed that each of the above medications were already initialed as administered on 01/08/2026 and 01/09/2026, including Resident 2's scheduled alendronate on 01/09/2026. Surveyor observed that Resident 2's scheduled nighttime medications, including his/her aripiprazole, memantine, N-acetylcystiene, and trazodone, which were scheduled to be administered daily at 8:00 p.m., were already initialed as administered for 01/07/2026.

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M 466	Continued From page 8 At approximately 11:55 a.m., Surveyor interviewed Licensee A about Resident 2's MAR. Licensee A reported that it was Caregiver B (who was currently working) who initialed off on Resident 2's medication administration in advance. Licensee A reported that Caregiver B had recently had the flu and was still recovering. Caregiver B, who was a licensed practical nurse (LPN), then took part in the interview. Caregiver B confirmed that s/he signed the medications 2 days in advance because s/he "didn't want to forget." Example 2 - Resident 3 On 01/07/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 06/24/2023. Resident 3's medications included gabapentin 100 mg capsules with the instructions, "Take 2 capsules 3 times a day." Resident 3's record indicated that staff administered his/her medications. Resident 3's MAR documented his/her gabapentin administration times at 8:00 a.m., 2:00 p.m., and 8:00 p.m. In reviewing the MAR dated 11/08/2025 - 12/05/2025, Surveyor observed that staff stopped initialing off on administration of Resident 3's 2:00 p.m. administration on 11/14/2025. The administration entries from 11/15/2025 through 12/05/2025 (21 days) were blank. At approximately 2:00 p.m., Surveyor interviewed Licensee A about Resident 3's MAR. Licensee A reported s/he believed staff administered Resident 3 his/her 2:00 p.m. gabapentin daily and that the blank entries were documentation errors.	M 466		

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M 510	Continued From page 9	M 510		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the record for 1 of 2 residents reviewed, Resident 2, was maintained to include records of his/her finances, which were controlled by Licensee A. Findings include: On 01/07/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 11/04/2020 with diagnoses including rheumatoid arthritis and developmental delay. Resident 2 was documented as having a guardian. While reviewing Resident 2's record, at approximately 11:44 a.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he held Resident 2's money and spent money on his/her behalf for him/her. Licensee A then showed the money that was on hand for Resident 2, which consisted of $500. Surveyor requested all of Resident 2's financial records from June 2025 through the day of the survey. Licensee A provided Surveyor a document titled "Money Tracking Form." The form was indicated as having been maintained for Resident 2. The only entry on the form was dated 01/01/2026, which showed that $100 was deducted for "sodas." There was no record of money received on behalf of Resident 2, balance ledgers, receipts, or any	M 510		

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M 510	Continued From page 10 other sort of tracking of Resident 2's money. Licensee A reported that s/he was unable to find any other financial records for Resident 2 on hand but believed s/he had other records stored elsewhere. Surveyor gave Licensee A a deadline of 4:00 p.m. that day to provide additional records. No further financial records were received. At approximately 4:03 p.m., Surveyor received an e-mail from Licensee A. In the e-mail, Licensee A reported, "Regarding [Resident 2]'s funds, it is used for entertainment such as movies, dining out, ordering food in, personal care items, and clothing items. The rest is 'saved'."	M 510		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that there was documentation to show successful completion of training requirements for 1 of 3 service providers reviewed. The record for Caregiver C did not contain any evidence of the initial training s/he completed, including information of the dates training was completed and the number of training hours completed in order to verify initial training requirements. Findings include:	M 530		

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M 530	Continued From page 11 On 01/07/2026, Surveyor conducted a review of 3 service providers to verify compliance with training requirements. Surveyor requested the training records since hire for Caregiver C from Licensee A. There was no evidence of a training record for Caregiver C, who was hired on 02/01/2024. At approximately 10:47 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he was still looking for training records for Caregiver C but hadn't yet found any. At approximately 11:15 a.m., Surveyor interviewed Licensee A again. Licensee A showed Surveyor a packet of papers and asked if it would satisfy the initial training requirements. The packet was titled "Adult Foster Home Caregiver Preparatory Training - A Study Guide" and was documented as authored by the Oregon Department of Human Services. Licensee A reported that s/he reviewed this guide with Caregiver C in 2024. In reviewing the guide, Surveyor did not observe any evidence that the information was reviewed by Caregiver C. Licensee A reported s/he wanted to continue looking through his/her records and have an opportunity to send Surveyor any additional training records s/he discovered for Caregiver C. At approximately 12:32 p.m., Surveyor gave Licensee A a deadline of 4:00 p.m. that day to provide any additional records. No training records were received. At approximately 4:03 p.m., Surveyor received an e-mail from Licensee A. In the e-mail, Licensee A reported that Caregiver C did not work in 2024. Licensee A also reported, "In 2025 I went over the	M 530		

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M 530	Continued From page 12 book I showed you with [him/her] and [s/he] refers to the book as needed. I am still trying to find the document paper that I did this with [him/her]."	M 530		