STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019884	A. BUILDING: _____ B. WING _____	C 04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENFIELD HOME	334 S GREENFIELD AVE WAUKESHA, WI 53186

(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 03/24/2026, with information gathered through 04/03/2026, Surveyor conducted a standard licensing survey and complaint investigation at Greenfield Home. Thirteen (13) deficiencies were identified. The complaint was substantiated. Census: 4	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure that the home and its operation complied with this chapter and all other applicable laws governing the home and its operation. Findings Include: On 03/24/2026, the surveyor conducted a standard licensing survey and complaint investigation. The provider has been licensed as a non-ambulatory adult family home since 03/04/2023, with a capacity of four residents and approved client groups including emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, alcohol/drug dependency, traumatic brain injury, terminal illness, physical disability, correctional clients, advanced age, and developmental disability. Administrative Oversight	M 216		

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

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M 216	Continued From page 1 At approximately 8:35 a.m., the surveyor interviewed Program Manager E by phone. Program Manager E stated s/he was out of the country and unavailable for the survey until the following week. When asked who was responsible for overseeing the facility in their absence, Program Manager E stated Licensee A; however, s/he also reported that Licensee A was out of the country. When asked who was designated and trained to be in charge of the facility during their absence, Program Manager E stated s/he was aware that someone should be in charge but did not identify a designated individual. Program Manager E further stated that staff did not have access to employee records and that s/he would need to provide documents remotely and direct staff on locating resident records. Resident Records and Care Planning Throughout the survey, the surveyor requested the complete records for Resident 1 and Resident 2.Observation and interview with Caregiver C and Caregiver D confirmed that staff were unable to locate requested documentation, including individualized service plans (ISPs). When asked how care needs were determined in the absence of ISPs, Caregiver D deferred to Caregiver C, who did not provide a response. Record review and interview confirmed, no individualized service plans were available for 4 of 4 residents reviewed, no admission documentation was available for 2 of 2 residents reviewed and resident records were not maintained within the home. Environmental Concerns Observation identified the following: One of two exits was equipped with a chain lock, and the ramp was not flush with the cement	M 216		

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M 216	Continued From page 2	M 216		

surface
The second exit door was difficult to open
Cleaning compounds were stored near resident food
A resident requiring a walker (Resident 3) had two stairs leading to their bedroom
Resident 3's bedroom door was difficult to close, impacting privacy
No soap or paper towels were available in the bathroom
Food was not stored in a sanitary manner

Resident Care
Record review, observation, and interview confirmed:
No written physician or prescriber orders authorizing medication administration for 4 of 4 residents whose medications were managed by the provider
Residents did not appear to receive appropriate personal care, as evidenced by residents being left in soiled briefs, residents with apparently oily hair and long unkempt fingernails and noticeable bodily odors.

Caregiver Requirements
Record review and interview confirmed:
Background checks were not completed prior to caregivers working unsupervised
No documentation of communicable disease screening for staff
No documentation of resident rights training for caregivers

Follow-Up Interview
On 04/03/2026 at 8:10 a.m., the surveyor reviewed the above concerns with Program Manager E. Program Manager E stated, "Rules, regulations, that's me. That's why I'm taking notes so I can follow up on this."

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M 216	Continued From page 3 When asked how often s/he was present at the facility, Program Manager E stated s/he visits at least weekly to complete grocery shopping. Cross References M0216 - DHS 88.04(2)(a) Responsibilities M0260 - DHS 88.05(2) Access to Home and Within Home M0328 - DHS 88.05(3)(n)2 Clean Bedding and Linens M0346 - DHS 88.05(4)(d)2.b Fire Evaluation Annual Evaluation M0380 - DHS 88.06(2)(a) Admission - Health Exam M0384 - DHS 88.06(2)(b) Service Agreement Except Respite M0404 - DHS 88.06(3)(a) Individual Service Plan & Assessment M0426 - DHS 88.07(1)(a) Resident Care - General Requirements M0430 - DHS 88.07(1)(c) Activities and Services M0464 - DHS 88.07(3)(d) Medication - Written Order M0472 - DHS 88.07(4)(b) 3 Nutritious Meals and Snacks M0474 - DHS 88.07(4)(c) Food Prepared and Stored in a Sanitary Manner Z0005 - DHS 12.05 Background Check Requirements	M 216		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit	M 260		

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M 260	Continued From page 4 the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was physically accessible to all residents. Residents were not able to easily enter and exit the home or move about within the home. Findings Include: On 02/08/2026, the Department received a complaint alleging that resident care needs were not being met. On 03/24/2026 at approximately 8:30 a.m., the surveyor arrived at the facility to conduct a standard licensing survey and complaint investigation. The provider has been licensed as a non-ambulatory adult family home since 03/04/2023, with a capacity of four residents and approved client groups including individuals with physical disabilities. Observation at Entrance: Upon arrival, the surveyor observed the main entrance ramp did not have a transition piece and was not flush with the pavement. The ramp had an approximate 2-inch drop on the right side and an approximately 1-inch drop on the left side,	M 260		

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M 260	Continued From page 5	M 260		

creating an uneven transition from the ramp to the ground surface.
The front door was equipped with both a lockable handle and a chain lock positioned above the handle.
The surveyor observed Resident 2 seated in a wheelchair in the living room. A mechanical (Hoyer) lift was also observed in the home, indicating residents required assistance with mobility.

Resident Interview:
At approximately 8:55 a.m., the surveyor interviewed Resident 2, who stated, "No, I don't feel safe living here, not at all."

Interior Accessibility and Emergency Exit:
At approximately 10:00 a.m., during a tour of the home with Caregiver C and Caregiver D, the surveyor observed two stairs leading from the kitchen area to the rear portion of the home, which included the second emergency exit and Resident 3's bedroom. The surveyor asked Caregiver C to open the emergency exit door. Caregiver C unlocked the deadbolt and door handle but was unable to open the door without using body weight to force it open.

Resident 3 Bedroom Access:
At approximately 10:15 a.m., the surveyor observed Resident 3 in their bedroom. Resident 3 had a walker present, which Caregiver C confirmed was required for ambulation. The surveyor confirmed through interview with Caregiver C and Caregiver D that Resident 3 must navigate two stairs using a walker to access the main portion of the home. The surveyor also observed the bedroom door was a heavy pocket door that did not slide easily on its track. The surveyor experienced difficulty closing the door.

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M 260	Continued From page 6 When asked whether Resident 3 could independently close the door, Caregiver C stated that the resident "likes to do for themselves," but did not demonstrate or confirm that the resident could operate the door without difficulty. Resident 1 Mobility: At approximately 10:30 a.m., the surveyor observed Resident 1 lying in bed with a wheelchair positioned next to the bed and a mechanical lift in the room. In interview, Resident 1 stated, "No, I need them to help me. I lay on my back like this until they do it." This indicated Resident 1 was non-ambulatory and dependent on staff assistance for mobility. Exit Use and Staff Practice: At approximately 11:00 a.m., the surveyor exited the home with Caregiver C and Caregiver D. When asked how residents safely enter and exit the home given the uneven ramp, Caregiver D stated that residents are pulled up and down the ramp backwards to navigate the height difference. Follow-Up Interview: On 04/03/2026 at 8:10 a.m., the surveyor reviewed the concerns with Program Manager E. Program Manager E stated that the chain lock had been removed, acknowledged the concern regarding the ramp, and stated plans to evaluate the rear exit door and replace Resident 3's bedroom door.	M 260		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition.	M 328		

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M 328	Continued From page 7	M 328		

When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure that there was a washable mattress pad on Resident 1's waterproof mattress.

Findings include:

On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation. The provider was issued a non-ambulatory license on 03/04/2023 as an adult family home, able to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, traumatic brain injury, terminally ill, physically disabled, correctional clients, advanced aged, and developmentally disabled.

At 10:30 a.m., Surveyor observed Resident 1's bedroom with Caregiver C. Surveyor observed that Resident 1 was still in bed with pajamas on and was laying on a waterproof mattress. Surveyor asked Resident 1 if Surveyor could lift the corner of his/her comforter to see the bedding. Surveyor observed a fitted sheet that was curling on the corners and no washable mattress pad. Surveyor asked Resident 1 if s/he had a washable mattress pad on the bed. Resident 1 stated no, Caregiver C did not answer. Surveyor asked Resident 1 if s/he has been offered to use the toilet yet today. Resident 1 stated no, that nothing has been done. Surveyor asked Caregiver C when they planned

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M 328	Continued From page 8 on providing personal cares to Resident 1. Resident 1 answered by saying, "They say they'll take care of me when you leave, but we'll see." Surveyor observed a mechanical lift and a wheelchair in Resident 1's room. Resident 1 confirmed that s/he cannot ambulate or move around without the assistance of staff. Surveyor asked Resident 1 if s/he was continent. Resident 1 stated no, s/he has to sit in his/her soiled brief until staff change them. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated s/he would go out and get a washable mattress pad right away.	M 328		
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 evaluate Resident 2 annually for evacuation time. Findings include: On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation. The provider was issued a non-ambulatory license on	M 346		

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M 346	Continued From page 9	M 346		

03/04/2023 as an adult family home, able to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, traumatic brain injury, terminally ill, physically disabled, correctional clients, advanced aged, and developmentally disabled.

On 03/24/2026, at approximately 8:30 a.m., Surveyor observed Resident 2 sitting in the living room in his/her pajamas, in his/her wheelchair. Surveyor observed a mechanical (hoyer) lift under the television.

As part of the standard survey, Surveyor requested to review the records of Resident 1 and Resident 2. At approximately 8:35 a.m., Surveyor asked Caregiver C, who was on the phone with Licensee A, to review Resident 1 and Resident 2's full record, including evacuation evaluations.

At 10:45 a.m., Caregiver C documented that Resident 2 admitted to the provider on 02/20/2025. Surveyor informed Caregiver C that s/he had not been provided an annual evacuation evaluation for Resident 2. Surveyor stated that if the provider is able to find Resident 2's annual evacuation evaluation, to send it to Surveyor by 10:00 a.m. on 03/25/2026.

On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents.

On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include an annual evacuation evaluation for Resident 2.

On 04/03/2026, at 8:10 a.m., Surveyor reviewed

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M 346	Continued From page 10 the above concerns with Program Manager E. Program Manager E stated s/he thought s/he sent Resident 2's evaluation and stated s/he would send it to the Surveyor right away. As of 04/03/2026 at 4:30 p.m., no further information has been received.	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 provider did not ensure each new resident of the adult family home received a health examination to be screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after. Resident 1 and Resident 2 did not have documentation of a health examination or communicable disease screen upon admission. Findings include:	M 380		

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M 380	Continued From page 11 On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation. As part of the standard survey, Surveyor reviewed the records of Resident 1 and Resident 2. At approximately 8:35 a.m., Surveyor asked Caregiver C, who was on the phone with Licensee A, to review Resident 1 and Resident 2's full record, including their health exam and communicable disease screen upon admission. Caregiver C was unable to find the health exam or communicable disease screen for Resident 1 or Resident 2. At 10:45 a.m., Surveyor stated that if the provider is able to find Resident 1 or Resident 2's health exam or communicable disease screen upon admission, to send it to Surveyor by 10:00 a.m. on 03/25/2026. On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents. On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include a health exam or TB/Communicable disease screen upon admission for Resident 1 or Resident 2. On 03/27/2026 at 1:50 p.m., Licensee A emailed Surveyor additional documents. The documents did not include a health screen or communicable disease screen for Resident 1 or Resident 2. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated that the resident's received a chest x-ray that s/he thought s/he sent	M 380		

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M 380	Continued From page 12 to Surveyor. Program Manager E stated s/he would send Resident 1 and Resident 2's health exam and communicable disease screen to the Surveyor right away. As of 04/03/2026 at 4:30 p.m., no further information has been received.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each new person admitting to the home had a service agreement completed prior to admission. Resident 1 and Resident 2 did not have documentation of a completed service agreement. Findings include: On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation.	M 384		

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M 384	Continued From page 13 As part of the standard survey, Surveyor reviewed the records of Resident 1 and Resident 2. At approximately 8:35 a.m., Surveyor asked Caregiver C, who was on the phone with Licensee A, to review Resident 1 and Resident 2's full record, including service agreement. Caregiver C provided Surveyor with a binder labeled Resident 1 and a binder Labeled Resident 2. Surveyor stated that Resident 1 and Resident 2's records contained a blank service agreement and requested the completed service agreement. Caregiver C was unable to find a completed service agreement for Resident 1 or Resident 2. At 10:45 a.m., Surveyor stated that if the provider is able to find Resident 1 or Resident 2's completed service agreement, to send it to Surveyor by 10:00 a.m. on 03/25/2026. On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents. On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include a service agreement for Resident 1 or Resident 2. On 03/27/2026 at 1:50 p.m., Licensee A emailed Surveyor additional documents. The documents did not include a service agreement for Resident 1 or Resident 2. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated s/he going to have the residents complete the welcome package and will look into getting signed service agreements.	M 384		

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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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a written assessment and individual service plan (ISP) was completed and developed for 4 of 4 residents within 30 days after placement. Findings include: On 02/08/2026, the Department received a complaint alleging that resident care needs were not being met. On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation. The provider was issued a non-ambulatory license on 03/04/2023 as an adult family home, able to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, traumatic brain injury, terminally ill, physically disabled, correctional clients, advanced aged, and developmentally disabled. On 03/24/2026, at approximately 8:30 a.m., Surveyor observed Resident 2 sitting in the living room in his/her pajamas, sitting on a chux pad in his/her wheelchair. Surveyor observed a	M 404		

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mechanical (hoyer) lift under the television.

As part of the standard survey, Surveyor requested to review the records of Resident 1 and Resident 2. At approximately 8:35 a.m., Surveyor asked Caregiver C, who was on the phone with Licensee A, to review Resident 1 and Resident 2's full record, including their most up to date ISP's.

Caregiver C provided Surveyor with a binder labeled Resident 1 and a binder Labeled Resident 2. Surveyor stated that Resident 1 and Resident 2's records did not contain an ISP for either resident. Caregiver C pointed to a sheet of information regarding Resident 1. Surveyor stated that the information was dated 2024 from a previous provider, Surveyor asked Caregiver C if this information has been reviewed or updated at all. Caregiver C shrugged.

At approximately 8:55 a.m., Surveyor interviewed Resident 2. Surveyor observed that Resident 2 appeared disheveled as evidenced by long hair that was unkempt, long fingernails with dirt under the nails and along the cuticles, and an odor like urine. Resident 2 was still in pajamas and Surveyor asked Resident 2 if that was by choice. Resident 2 stated no, that the staff only assist him/her in getting dressed maybe once a day, that what s/he had on was what s/he wore to bed last night. Resident 2 stated that the caregiver's don't do much for him/her and then Resident 2 took out his/her top denture and Surveyor observed that Resident 2's dentures were covered in what appeared to be food debris. Surveyor asked Resident 2 if s/he feels safe at the facility. Resident 2 stated, "No, I don't feel safe living here, not at all."

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M 404	Continued From page 16 At approximately 10:15 a.m., Surveyor observed Resident 3 sitting in his/her bedroom adjusting his/her knee brace with a walker near them. Surveyor asked Caregiver C if Resident 3 required a walker for ambulation, Caregiver C stated yes. At approximately 10:25 a.m., Surveyor observed the resident bathroom and asked Caregiver C why there was no soap or paper towel for the residents to wash their hands. Caregiver C stated that it is stored away from the bathroom and pointed to Resident 4's bedroom and stated s/he will unroll it all. Resident 4 was curled up in what appeared to be a fitted bed sheet that s/he was twirling his/her hands around the corners. Caregiver C stated s/he does that all day. At 10:30 a.m., Surveyor interviewed Resident 1. Surveyor observed that Resident was still in pajamas and was laying in bed; there was a wheelchair next to the bed and a mechanical (hoyer) lift in the room. Surveyor asked Resident 1 if s/he had been up for breakfast yet. Resident 1 stated, "[expletive] no. Ain't nobody came to get me up yet." Surveyor asked Resident 1 if s/he had been offered breakfast. Resident 1 stated, "No, no one has done anything. I need them to help me. I lay on my back like this until they do it. There are only 4 of us here so I don't know why they can't do it." Surveyor observed Resident 1's nails were long with debris underneath them. Surveyor asked Resident 1 when is the last time s/he was provided nail care and if s/he prefers to keep his/her nails that long. Resident 1 stated "no, they are long and dirty and this ain't the first time I've been told about my nails." Surveyor asked Resident 1 if s/he has been offered to use the toilet yet today. Resident 1 stated no, that nothing has been done. Surveyor observed half	M 404		

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rails on both sides of Resident 1's bed and asked Resident 1 what the rails were for. Resident 1 stated, "They're supposed to help me turn, but it doesn't matter because they never take me to PT (physical therapy) and barely get me out of bed. [Manager B] is responsible to take me to the doctor but s/he won't set up a ride for me to get to and from my appointments. S/he can go out of the country no problem but s/he can't pay for me to get a ride to my appointments." Surveyor observed a plastic medical bracelet on Resident 1's arm. Surveyor asked Resident 1 why s/he has a medical bracelet on. Resident 1 stated, "Because they haven't taken it off. They don't do [expletive]. They should have taken it off when they do my cares or my bath, but they don't do cares or even wash me up."

At 10:45 a.m., Surveyor informed Caregiver C that s/he had not been provided a current ISP for any of the Residents. Caregiver C shrugged. Caregiver C provided Surveyor with a sheet of paper identifying each resident's move in date. Resident 1 admitted to the provider 11/03/2025; Resident 2 admitted to the provider on 02/20/2025; Resident 3 admitted to the provider on 07/25/2024; Resident 4 admitted to the provider on 01/16/2025. Surveyor stated that if the provider is able to find a signed copy of Resident 1 or Resident 2's ISP, to send it to Surveyor by 10:00 a.m. on 03/25/2026.

On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents.

On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include an ISP for Resident 1 or Resident 2.

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M 404	Continued From page 18 On 03/27/2026 at 1:50 p.m., Licensee A emailed Surveyor an ISP for Resident 1 and an ISP for Resident 2. Both resident's ISP's were dated 03/26/2026. On 03/31/2026 at 12:11 p.m., Surveyor identified that none of the ISP's were signed by the resident/guardian or MCO (managed care organization) and the completion date was after date of the survey. Surveyor asked Licensee A if there any completed ISP's prior to the survey date. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated yes, the ISP's were completed after the survey and that the provider is having a meeting next week to make sure everyone agrees with the ISP's and signs them.	M 404		
M 426	88.07(1)(a) RESIDENT CARE-GENERAL REQUIREMENTS The licensee shall provide a safe, emotionally stable, homelike and humane environment for residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not provide a safe, emotionally stable, homelike and humane environment for 4 of 4 residents. Findings include: On 02/08/2026, the Department received a complaint alleging that resident care needs were not being met, including providing balanced	M 426		

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nutrition.

On 03/24/2026, at approximately 8:30 a.m., Surveyor arrived at the facility and conducted a standard licensing survey and complaint investigation. The provider was issued a non-ambulatory license on 03/04/2023 as an adult family home, able to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, traumatic brain injury, terminally ill, physically disabled, correctional clients, advanced aged, and developmentally disabled. Surveyor observed Resident 2 sitting in the living room in his/her pajamas, sitting on a chux pad. Surveyor entered the living room and observed that that every wall was blank, no decoration, mismatched curtains, and the TV was not on.

On 03/24/2026, at approximately 8:55 a.m., Surveyor interviewed Resident 2. Surveyor asked Resident 2 what s/he had for breakfast. Resident 2 stated, "Cereal. That's it. That's all for a grown [wo/man]." Surveyor asked if there was any variety in what was served for breakfast. Resident 2 stated no. Surveyor asked Resident 2 if s/he knew what the provider was making for lunch. Resident 2 stated probably nothing. Surveyor observed that Resident 2 appeared disheveled as evidenced by long hair that was unkempt, long fingernails with dirt under the nails and along the cuticles, and an odor of urine. Resident 2 was still in pajamas and Surveyor asked Resident 2 if that was by choice. Resident 2 stated no, that the staff only assist him/her in getting dressed maybe once a day, that what s/he had on was what s/he wore to bed last night. Resident 2 stated that the caregiver's don't do much for him/her and then Resident 2 took out his/her top denture and

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Surveyor observed that Resident 2's dentures were covered in what appeared to be food debris. Surveyor asked Resident 2 if s/he feels safe at the facility. Resident 2 stated, "No, I don't feel safe living here, not at all."

On 03/24/2026 at approximately 10:00 a.m., Surveyor toured the provider's facility with Caregiver C and Caregiver D. Surveyor asked to see the facility's second emergency exit and observed that there were 2 stairs going from the facility's kitchen to the back exit and Resident 3's bedroom. Surveyor asked Caregiver C to open the provider's second emergency exit. Caregiver C turned the deadbolt on the door then turned the lock on the handle of the door. Caregiver C was unable to open the door and used his/her body weight to get the door open.

At approximately 10:15 a.m., Surveyor observed Resident 3's bedroom, located near the back of the facility. Surveyor observed a large room with cement floors with no decorations of personalization in the room as well as Resident 3 sitting in the room adjusting his/her knee brace. Surveyor also observed Resident 3 required a walker for ambulation. Surveyor observed Resident 3's bedroom door was a pocket door with a lock. Surveyor attempted to close the pocket door with difficulty; the door was heavy and did not easily slide on the track.

At approximately 10:20 a.m., Surveyor observed the provider's dry food storage with Caregiver C and Caregiver D. Surveyor observed glass cleaner stored on the same shelf as the vegetable oil, mashed potatoes, papa tortillas, and corn oil. On the shelf below that, the provider had Ajax, oven degreaser, bleach, floor cleaner, Fabuloso, Comet, multi surface cleaner, and

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scrubbing bubbles. Surveyor asked Caregiver C if the provider regularly stored cleaning compounds with resident food. Caregiver C shook his/her head yes. Caregiver D stated the cleaning compounds should be stored separately and started to remove the cleaning products from the panty.

At approximately 10:25 a.m., Surveyor observed the resident bathroom and asked Caregiver C why there was no soap or paper towel for the residents to wash their hands. Caregiver C pointed to the toilet paper roll. Surveyor noted that the bathroom had toilet paper but that there should be soap and paper towel. Caregiver C stated that it is stored away from the bathroom and pointed to Resident 4's bedroom and stated s/he will unroll it all. Caregiver C then walked into Resident 4's bedroom, without knocking, pointed to 4 on the bed, and stated s/he is the reason there is no paper towel in the bathroom. Resident 4 was sitting on the edge of the bed, wrapped in what appeared to be a bed sheet, wringing his/her hands around the material. Caregiver C stated s/he does that all day. Surveyor noted that there were no decorations on the walls or personalization to Resident 4's room; only a bed, dresser, and Resident 4.

At 10:30 a.m., Surveyor interviewed Resident 1. Surveyor observed that Resident was still in pajamas and was laying in bed. Surveyor asked Resident 1 if s/he had been up for breakfast yet. Resident 1 stated, "[expletive] no. Ain't nobody came to get me up yet." Resident 1 stated that s/he doesn't even know what time it is because the caregiver's won't re-set his/her clock and pointed to an alarm clock that displayed the time of 12:54. Surveyor asked Resident 1 if s/he had been offered breakfast. Resident 1 stated, "No,

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no one has done anything. I need them to help me. I lay on my back like this until they do it. There are only 4 of us here so I don't know why they can't do it." Surveyor observed Resident 1's nails were long with debris underneath them. Surveyor turned to Caregiver C and Caregiver D and asked why Resident 1 had not had breakfast or received any personal cares for the day. Caregiver C stated that Resident 1 does not wake up early. Surveyor noted that s/he has been able to hear Resident 1 yelling to get staff's attention for the duration of the survey. Surveyor asked Resident 1 when is the last time s/he was provided nail care and if s/he prefers to keep his/her nails that long. Resident 1 stated "no, they are long and dirty and this ain't the first time I've been told about my nails." Surveyor asked Resident 1 if s/he has been offered to use the toilet yet today. Resident 1 stated no, that nothing has been done. Surveyor asked Caregiver C when they planned on providing personal cares or meals to Resident 1. Resident 1 answered by saying, "They say they'll take care of me when you leave, but we'll see." Surveyor observed half rails on both sides of Resident 1's bed and asked Resident 1 what the rails were for. Resident 1 stated, "They're supposed to help me turn, but it doesn't matter because they never take me to PT (physical therapy) and barely get me out of bed. [Manager B] is responsible to take me to the doctor but s/he won't set up a ride for me to get to and from my appointments. S/he can go out of the country no problem but s/he can't pay for me to get a ride to my appointments." Surveyor observed a plastic medical bracelet on Resident 1's arm. Surveyor asked Resident 1 why s/he has a medical bracelet on. Resident 1 stated, "Because they haven't taken it off. They don't do [expletive]. They should have taken it off when they do my cares or my bath, but they don't do

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cares or even wash me up."

On 03/24/2026 at approximately 11:00 a.m., Surveyor went back into the provider's kitchen with Caregiver C and Caregiver D. Surveyor asked the Caregivers what was for lunch that day. Caregiver C stated, "Maybe I'll cook mashed potatoes. Soup. Maybe vegetables." Surveyor asked what activities were planned for the day. Caregiver C stated, "No, no activities." Surveyor asked if there was a reason the residents were not offered activities. Caregiver C stated because they would have to lift [Resident 1] out of bed to do it. Caregiver C stated that sometimes they'll put on a movie in the living room but that mostly its just the same thing every day. Surveyor asked Caregiver C and Caregiver D why there was no decorations on any walls to make the facility feel more homelike. Caregiver C stated s/he was not sure why there were no decorations.

On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E asked Surveyor if s/he is supposed to change Resident 3's bedroom door to an open door rather than a pocket door and stated s/he is going to make sure residents have accessibility in the house. Regarding the soap and paper towel in the bathroom, Program Manager E stated, "Okay, they told me that, I told them they have to put it there, it's a requirement." For staff entering resident rooms without knocking or addressing the resident, Program Manager E stated, I'm going to have the corrective action to greet them and introduce themselves. I am going to have a conversation with staff and make that a first priority. When discussing Resident 1 and Resident 2's nail care, Program Manager E stated that the staff need to make sure residents are taken care of properly,

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M 426	Continued From page 24 no excuse, stating that residents use their hands to eat and do a lot of things and their hands should be kept clean. Program Manager E stated s/he would start scheduling Resident 1's appointments this week. Program Manager E stated, "The care part, I'm going to sit down and have a serious conversation and tell them we have to take care of these people, that is our job. I'm glad you brought this to my attention." When asked about personalization and decorations in the home, Program Manager E stated, "I did not put anything up because I went to a seminar that said I needed to get approval to hang pictures of residents." Program Manager E asked Surveyor if s/he could put a picture of the Mona Lisa on the wall and stated s/he'll put up some decorations. That s/he will put some flowers and nice pictures on the wall.	M 426		
M 430	88.07(1)(c) ACTIVITIES AND SERVICES The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and community. A resident may not be compelled to participate in these activities. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not plan activities and services with the residents to accommodate individual resident needs and preferences.	M 430		

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M 430	Continued From page 25 Findings include: On 02/08/2026, the Department received a complaint alleging that resident's needs were not being met. On 03/24/2026, at approximately 8:30 a.m., Surveyor arrived at the facility and conducted a standard licensing survey and complaint investigation. On 03/24/2026, at approximately 9:20 a.m., Surveyor interviewed Resident 2. Surveyor noted that Resident 2 had been sitting at the dining room table with Surveyor for nearly an hour and asked Resident 2 what s/he was up to today. Resident 2 responded nothing. Surveyor asked Resident 2 what activities were provided for residents throughout the week. Resident 2 stated, "Nothing. They tell us to sleep." On 03/24/2026 at 10:30 a.m., Surveyor interviewed Resident 1. Surveyor observed that Resident was still in pajamas and was lying in bed. Surveyor asked Resident 1 what activities the provider offered to residents. Resident 1 stated that there are no activities offered. They don't play games, no physical exercise, nothing. Resident 1 stated that the caregiver's barely get him/her out of bed to go to the doctor much less for an activity. Resident 1 stated there were only 4 residents there with 2 staff, so s/he didn't understand why the staff couldn't do anything with them. On 03/24/2026 at approximately 11:00 a.m., Surveyor went back into the provider's kitchen with Caregiver C and Caregiver D. Surveyor asked the Caregivers if there was an activity calendar or what was planned for the day.	M 430		

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M 430	Continued From page 26 Caregiver C stated, "No, no activities." Surveyor asked if there was a reason the residents were not offered activities. Caregiver C stated because they would have to lift [Resident 1] out of bed to do it. Caregiver C stated that sometimes they'll put on a movie in the living room but that mostly it's just the same thing every day. Caregiver D noted that sometimes they will take the resident's outside, but that it is hard with the weather. Caregiver C stated yes that s/he took a resident outside almost 2 weeks ago when the weather was nice. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated that s/he has puzzles and coloring book but that the staff should be assisting with that. S/he stated when the weather gets nice, they will spend a lot of time outside.	M 430		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the	M 464		

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M 464	Continued From page 27	M 464		

provider did not ensure 2 of 2 resident's reviewed had a written order from the physician who prescribed the medication specifying who is able to administer the medications. Resident 1 and Resident 2 did not have a physician order for the provider to administer medication.

Findings include:

On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation.

As part of the standard survey, Surveyor reviewed the records of Resident 1 and Resident 2. At approximately 8:35 a.m., Surveyor asked Caregiver C, who was on the phone with Licensee A, to review Resident 1 and Resident 2's full record, including physician orders to administer medications.

Caregiver C provided Surveyor with a binder labeled Resident 1 and a binder Labeled Resident 2. Surveyor stated that Resident 1 and Resident 2's records did not include a physician order for the provider to administer medications. Caregiver C confirmed that the facility administers every resident's medications.

At 10:45 a.m., Surveyor stated that if the provider is able to find Resident 1 or Resident 2's physician order for the provider to administer medications, to send it to Surveyor by 10:00 a.m. on 03/25/2026.

On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents.

On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include a physician

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M 464	Continued From page 28 order for the provider to administer medications to Resident 1 or Resident 2. On 03/27/2026 at 1:50 p.m., Licensee A emailed Surveyor additional documents. The documents did not include a physician order for the provider to administer medications to Resident 1 or Resident 2.	M 464		
M 472	88.07(4)(b) 3 NUTRITIOUS MEALS AND SNACKS The licensee shall provide to each resident or ensure that each resident receives 3 nutritious meals each day and snacks that are typical in a family setting. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received 3 nutritious meals each day and snacks that are typically in a family setting. Findings include: On 02/08/2026, the Department received a complaint alleging that resident care needs were not being met, including providing balanced nutrition. On 03/24/2026, at approximately 8:30 a.m., Surveyor arrived at the facility and conducted a standard licensing survey and complaint investigation. On 03/24/2026, at approximately 8:55 a.m., Surveyor interviewed Resident 2. Surveyor asked	M 472		

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Resident 2 what s/he had for breakfast. Resident 2 stated, "Cereal. That's it. That's all for a grown [wo/man]." Surveyor asked if there was any variety in what was served for breakfast. Resident 2 stated no. Surveyor asked Resident 2 if s/he knew what the provider was making for lunch. Resident 2 stated probably nothing.

On 03/24/2026 at 9:05 a.m., Surveyor toured the provider's kitchen. Surveyor observed a menu on refrigerator that stated, "Meal Times: Breakfast 8:30am; Lunch 12:00pm; Dinner 5:00pm; Snack 8:00pm". The menu was documented in 5 weeks, and each Tuesday menu item for all 5 weeks was, "taco Tuesday".

On 03/24/2026 at 10:30 a.m., Surveyor interviewed Resident 1. Surveyor observed that Resident was still in pajamas and was laying in bed. Surveyor asked Resident 1 if s/he had been up for breakfast yet. Resident 1 stated, "[expletive] no". Surveyor asked Resident 1 if s/he had been offered breakfast. Resident 1 stated no. Surveyor asked Resident 2 if s/he was aware of what the provider was serving for lunch. Resident 1 stated, "Whatever they cook. Nobody knows, every meal is a mystery meal until it is served. There is no menu that is followed."

On 03/24/2026 at approximately 11:00 a.m., Surveyor went back into the provider's kitchen with Caregiver C and Caregiver D. Surveyor asked the Caregivers what was for lunch that day. Caregiver C stated, "Maybe I'll cook mashed potatoes. Soup. Maybe vegetables." Surveyor asked if the provider was going to make tacos at all. Caregiver C shrugged and stated s/he cooks that they have.

On 04/03/2026, at 8:10 a.m., Surveyor reviewed

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M 472	Continued From page 30 the above concerns with Program Manager E. Program Manager E stated the caregivers need to follow the menu. Breakfast should be eggs, bacon, fruit on the side. Lunch should be something lighter and there should be a vegetable with every meal.	M 472		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. Findings include: On 03/24/2026 at 9:05 a.m., Surveyor toured the provider's kitchen. Surveyor observed the following concerns with food storage in the refrigerator: Unlabeled Food: There was one container wrapped in a plastic bag, one container partially covered in tin foil, and 3 plastic containers that were covered. None of the containers contained an a label or date of when the food was opened. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United	M 474		

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M 474	Continued From page 31 States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) At 10:20 a.m., Surveyor observed the provider's dry food storage with Caregiver C and Caregiver D. Surveyor observed glass cleaner stored on the same shelf as the vegetable oil, mashed potatoes, papa tortillas, and corn oil. On the shelf below that, the provider had Ajax, oven degreaser, bleach, floor cleaner, Fabuloso, Comet, multi surface cleaner, and scrubbing bubbles. Surveyor asked Caregiver C if the provider regularly stored cleaning compounds with resident food. Caregiver C shook his head yes. Caregiver D stated the cleaning compounds should be stored separately and started to remove the cleaning products from the panty. On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated, "Everything you mentioned to me I'm going to follow up with."	M 474		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of	Z 005		

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Z 005	Continued From page 32 safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	Z 005		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 staff members working at the facility had completed criminal background checks.

Caregiver B, Caregiver C, and Caregiver D did not have documentation that a background check was completed. Caregiver C and Caregiver D were working without supervision at the time of the survey.

Findings include:

On 03/24/2026, Surveyor conducted a standard licensing survey and complaint investigation. The provider identified 3 caregivers employed by that provider; Caregiver B, Caregiver C, and Caregiver D. Surveyor asked to review their records.

At 10:45 a.m., Surveyor informed Caregiver C that s/he had not provided Surveyor with records for Caregiver B, Caregiver C, or Caregiver D, including their Background Information Disclosure (BID), a response from the Department of Justice (DOJ), and a Governmental Findings Report (GFR) from DHS that reports the person's status, including administrative finding or licensing restrictions. Surveyor stated that if the provider is able to find the background check upon hire for Caregiver B, Caregiver C, or Caregiver D, to send it to Surveyor by 10:00 a.m. on 03/25/2026.

On 03/25/2026 at 8:56 a.m., Licensee A emailed Surveyor stating s/he had attached the requested documents.

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Z 005	Continued From page 34 On 03/25/2026 at 9:38 a.m., Surveyor identified that the attachments did not include a background checks for caregivers. On 03/27/2026 at 1:55 p.m., Licensee A emailed Surveyor the caregiver's background checks. Caregiver B had an employment start date of 01/05/2026. Caregiver B's record did not include a BID. The DOJ and GRF reports were dated 03/26/2026. Caregiver C had an employment start date of 02/06/2026. Caregiver C's record did not include a BID. The DOJ and GRF reports were dated 03/26/2026. Caregiver D had an employment start date of 02/06/2026. Caregiver D's record did not include a BID. The DOJ and GRF reports were dated 03/26/2026. On 03/31/2026 at 12:14 p.m., Surveyor asked Licensee A, "All the background checks were ran after the date of the survey, were any background checks completed before? I will also need the BID as part of the completed background check." On 03/31/2026 at 4:21 p.m., Licensee A stated, "Yes I had to do a new background check, reason being that our PA[?] told me [s/he] did complete the background check of which it was not done. I am so sorry about the misunderstanding." On 04/03/2026, at 8:10 a.m., Surveyor reviewed the above concerns with Program Manager E. Program Manager E stated that an employee left and s/he didn't see that background checks were completed and in the caregiver's files.	Z 005		

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