STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019550	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY HOME CARE	1908 N CHAPMAN DR WAUKESHA, WI 53189

(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 02/03/2026, Surveyor conducted a standard licensure survey at Joy Home Care. Seven deficiencies identified. Census: 3	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure smoke detectors were tested monthly to ensure they were in good working condition. Findings include: The provider was licensed to serve up to 4 residents within the client groups: developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, alcohol/drug dependent, physically disabled, and emotionally disabled/mental illness. On 02/03/2026, at approximately 3:45 PM, Surveyor asked Licensee A via telephone for the 2024 and 2025 smoke detector test records. Licensee A directed Caregiver B where s/he could	M 336		

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

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M 336	Continued From page 1 find the records. Surveyor explained to Caregiver B what the smoke detector record would have documented if the smoke detectors were working. Surveyor could not verify if Caregiver B understood him/her. Caregiver B provided Surveyor which water temperature records. Surveyor commented to Licensee A that the records could not be located. Licensee A stated s/he understood.	M 336		
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 2 residents (Resident 2) was evaluated annually for evacuation time, using the Department's form. Findings include: On 02/03/2026, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 04/26/2024. Resident 2's current evacuation assessment was dated 04/27/2024. There was no documentation indicating Resident 2 was evaluated for	M 346		

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M 346	Continued From page 2 evacuation annually in 2025. On 02/03/2026, at approximately 2:00 PM, Surveyor commented to Caregiver B that there wasn't a current evacuation assessment in Resident 2's binder. Caregiver B, who was communicating with Licensee A via telephone during the survey process, communicated the concern. Licensee A stated Resident 2's record contained the most current documentation. Cross Reference: M0348 88.05(4)(d)2.c. Semi-Annual Fire Drills	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home in 2024 and 2025. Findings include: The provider was licensed to serve up to 4 residents within the client groups: developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, alcohol/drug dependent, physically disabled, and emotionally disabled/mental illness.	M 348		

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M 348	Continued From page 3 On 02/03/2026, at approximately 3:45 PM, Surveyor asked Licensee A via telephone for the 2024 and 2025 fire drills. Licensee A directed Caregiver B where s/he could find the records. Surveyor explained to Caregiver B what the fire drills would have recorded, evacuation times when the residents were evacuated from the home during a fire drill. Surveyor could not verify if Caregiver B understood him/her. Caregiver B provided Surveyor with water temperature records. Surveyor commented to Licensee A that the records could not be located. Licensee A stated s/he did not know what happened to the records as they should have been located in the folder.	M 348		
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 licensee did not ensure 1 of 1 resident (Resident 1) reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Findings include: On 02/03/2026, Surveyor reviewed Resident 1's record.	M 404		

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M 404	Continued From page 4 Resident 1 moved into the home 08/13/2025. Resident 1's record did not include an ISP. On 02/03/2026, at approximately 3:00 PM, Surveyor asked Licensee A via telephone for Resident 1's ISP. Licensee A stated that Resident 1 had just moved in and did not have an ISP.	M 404		
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 1 of 1 resident's (Resident 2) Individual Service Plan (ISP) was reviewed at least every 6 months.	M 424		

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M 424	Continued From page 5 Findings include: On 02/03/2026, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 04/26/2024 with diagnosis including alcohol abuse. Resident 2's ISP was dated 12/19/2024. The ISP should have been updated in 06/2025 and 12/2025. Resident 2's managed care organization (MCO) "Care Plan" was dated 04/04/2025. On 02/03/2026, at approximately 3:00 PM, Surveyor commented to Licensee A via telephone that Resident 2's record did not contain a current ISP. Licensee A stated that Resident 2's care conference was being scheduled.	M 424		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and	M 462		

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M 462	Continued From page 6	M 462		

interview, the provider did not ensure 1 of 1 resident (Resident 1) received medications (Clonazepam) as prescribed.
Based on observation and interview, the provider did not ensure 1 of 1 residents' (Resident 2) medications (insulin) were securely stored.

Findings include:

Example 1: Resident 1

On 02/03/2026, at approximately 3:00 PM, Surveyor and Caregiver B observed Resident 1's medications in the med closet. Surveyor observed a blister card of Clonazepam, with a fill date of 01/05/2026, with 11 of 90 tablets remaining. The blister card stated, "Take 1 tablet by mouth three times daily as needed for anxiety/agitation."

On 02/03/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 08/13/2025.

Resident 1's Medication Administration Records (MARs), dated 01/01/2026 to 02/03/2026, documented:
Clonazepam 0.5 MG (milligram) Tabs - Take 1 tablet by mouth three times daily as needed (PRN) for anxiety/agitation. Start Date 10/27/2025.
The MARs documented that the medication had been administered once a day.
Surveyor asked Caregiver B if there were any more PRN Clonazepam blister cards with a fill date of 01/05/2026. Caregiver B looked through the med closet and found the next set of blister cards that had not been started yet. Caregiver B stated that the blister card that the Surveyor had

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M 462	Continued From page 7 taken a picture of was the last available blister card from the 01/05/2026 fill date. Surveyor stated that based on the 11 remaining tablets of 90, 79 tablets had been administered but the MARs documented that only 30 doses had been administered, based on a start date of 01/05/2026. Caregiver B explained why Resident 1 received the Clonazepam. Surveyor asked if Resident 1 received his/her PRN Clonazepam more than one time a day, besides his/her already scheduled Clonazepam. Caregiver B did not have a response. Surveyor explained the concern to Licensee A via telephone. Licensee A stated s/he did not think that Caregiver B understood the concern. Surveyor stated there are approximately 49 tablets unaccounted for. Licensee A stated s/he would address concerns with his/her staff. Example 2: Resident 2 On 02/03/2026, at approximately 1:45 PM, Surveyor observed a box of Resident 2's Lantus Solostar 100 units / ML (milliliter), 5 prefilled pens, insulin and a single prefilled pen in the community refrigerator, sitting on a shelf with a carton of milk. Surveyor commented to Caregiver B that the medications were not securely stored, and Caregiver B explained that the insulin belonged to Resident 2.	M 462		
M 570	88.10(3)(l) Safe Physical Environment 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	M 570		

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M 570	Continued From page 8	M 570		

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 for 3 of 3 residents.

The water temperatures for residents' bathroom exceeded 120° Fahrenheit (F).

Findings include:

The provider was licensed to serve up to 4 residents within the client groups: developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, alcohol/drug dependent, physically disabled, and emotionally disabled/mental illness.

On 02/03/2026, at approximately 3:45 PM, Surveyor tempted the water temperature of the resident bathroom. The water tempted at 130.3 degrees Fahrenheit. Surveyor commented to Caregiver B that the water tempted over 120 degrees Fahrenheit. Caregiver B nodded at Surveyor.

"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

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M 570	Continued From page 9 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).	M 570		