STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020225	A. BUILDING: _____ B. WING _____	R-C 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILENCE NO MORE HOME LLC	1666 TERRY DALE DRIVE W 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 07/22/2026, Surveyors conducted a verification visit at Silence No More Home LLC, an Adult Family Home (AFH) in West Bend, WI. Ten deficiencies identified. Eight of ten deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) 0YCW11, dated 08/11/2025 and SOD 0YCW12, dated 01/28/2026. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{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 interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 8 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 0YCW12, dated 01/28/2026. Findings include:	{M 216}		

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

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{M 216}	Continued From page 1 On 05/07/2026, SOD 0YW12 and a Special Orders Letter were issued to Licensee A via email with the following: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Silence No More Home LLC: CONSULTANT REQUIRED 1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. That is, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Silence No More Home LLC. The licensee will provide the consultant with a copy of the Statement of Deficiency 0YCW12, along with this Notice and Order letter prior to providing consultation services. Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address: ADMISSION PROCESS, including how the licensee will ensure: - Sufficient information is obtained from a prospective resident prior to admission to	{M 216}		

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{M 216}	Continued From page 2 determine whether the person's needs can be met with the services identified in the home's program statement. - Each resident receives a health examination by a physician to identify health concerns. - Each resident is comprehensively assessed and the assessment is documented. - Screening for communicable disease, including TB is completed within 90 days before admission or 7 days after admission. - Written information regarding services available and the charge for those services is provided prior to admission. - Service agreements are given in writing, signed, and dated by the resident or resident's legal representative. - Written orders from the prescribing practitioner are obtained and medications are available to be administered as prescribed. - Resident rights, grievance procedure and house rules, if any, are provided and explained. - Evaluation of resident evacuation limitations, using the department's form, is completed within 3 days of admission. - All staff responsible for providing services to a resident will review the service plan and provide services in accordance with the plan. - Each resident shall have a separate record and include all required information and documentation as specified by Wis. Admin. Code § DHS 88.09(1)(a). Service Provider Records, how the provider will ensure a separate record for each employee is maintained, kept current, and includes the following information, at a minimum: a) Written job description including duties, responsibilities and qualifications required for the employee. b) Beginning date of employment.	{M 216}		

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{M 216}	Continued From page 3 c) Completed caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12. d) Documentation of all required training, or exemption verification. e) Documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis. Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant. Copies of all written procedures required by Order #1 will be made available to department representatives upon request. All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and documentation of successful completion of the training requirements. 2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency 0YCW12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request. On 07/22/2026, Surveyors conducted a verification visit at Silence No More Home LLC. As a result of the survey, the provider was issued ten deficiencies. Eight of the ten were repeat	{M 216}		

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{M 216}	Continued From page 4 deficiencies. The following deficiencies were identified: N0216 DHS 88.04(2)(a) Responsibilities (repeat x2) N0232 DHS 88.04(2)(g)1 Health Screening for Staff (repeat x3) N0334 DHS 88.05(4)(b)1 Fire Safety-Smoke Detectors (repeat x2) N0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review (repeat x3) N0380 DHS 88.06(2)(a) Admission-Health Exam (repeat x3) N0384 DHS 88.06(2)(b) Service Agreement Except Respite (repeat x3) N0458 DHS 88.07(3)(a) Prescription Medications (repeat x2) N0464 DHS 88.07(3)(d) Medication Written Order (repeat x3) On 07/22/2026 at approximately 2:00 PM, Surveyors reviewed SOD 0YCW12 and Special Orders Letter with House Manager D. Surveyors requested the training information for staff, admission process for residents, consultant information and the evidence of sending SOD 0YCW12 to all resident's legal guardians and case managers. House Manager D stated s/he was not aware of the Special Orders and none of the Special Orders were completed.	{M 216}		
{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 5 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 3 of 3 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment and that documentation of the test was available to the department. This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW11, dated 08/11/2025 and SOD 0YCW12, dated 01/28/2026. Findings include: On 07/22/2026 at approximately 9:45 AM, Surveyors requested the records for Administrator A, Caregiver B and Manager D from Manager D. Administrator A's record did not have a date of hire, but Administrator A has worked at the facility since licensed on 07/29/2024. Administrator A had a completed communicable disease form signed by Administrator A. The form was not dated and was not signed by a registered nurse (RN). Administrator A's record did not have documentation a TB test. Caregiver B was hired on 05/01/2025. Caregiver B's record had TB test results dated 05/09/2025.	{M 232}		

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{M 232}	Continued From page 6 Caregiver B had a completed communicable disease form signed by Caregiver B. The form was not dated and was not signed by a RN. Manager D was hired on 12/1/2025. Manager D did not have a record and did not have evidence s/he was tested for TB and did not have a screening for clinically apparent communicable disease. On 07/22/2026, Surveyors interviewed Manager D. Manager D stated Administrator A has worked at the facility since it was originally licensed The provider did not have documentation of a communicable disease screen, including TB test for Administrator A and Manager D, and communicable disease screen for Caregiver B.	{M 232}		
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 well-maintained and home like environment for 3 of 3 residents in the home. Findings include:	M 276		

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M 276	Continued From page 7 On 07/22/2026, at approximately 10:00 AM, Surveyors toured the facility. During the tour, Surveyors observed the following: -no toilet paper holder in the only bathroom -no towels in the bathroom -there was no soap in the bathroom -food in refrigerator was no dated -there was an open salad kit in the fridge, half eaten with no cover on it -there was chicken thawing directly in the sink, not in a container or on a plate -Resident 7 shared a room with Resident 6 and his/her medications were laying out on his/her dresser which gave access to Resident 6 (who needs his/her medications administered to him/her). On 07/22/2026 at approximately 10:45 AM, Surveyors interviewed Caregiver B about above concerns. Caregiver B stated the toilet paper holder just went missing and they keep the paper towel in the kitchen cabinet because Resident 5 likes to mess with the toilet paper and paper towel in the bathroom. Caregiver B also stated the soap is usually kept in the drawer as well. Caregiver B acknowledged the concerns and stated to Surveyors, "this is a mess".	M 276		
{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	{M 334}		

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{M 334}	Continued From page 8 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 did not ensure there was a smoke detector in 1 of 3 resident's room. There was no smoke detectors in Resident 5's bedroom. Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW12, dated 01/28/2026. On 07/22/2026, at 10:00 AM, Surveyors toured the home and observed the following: -Resident 5's bedroom did not contain a smoke detector. On 07/22/2026, at 2:00 PM, Surveyors interviewed Manager D. Manager D stated s/he completely understood about the smoke detector. Manager D stated s/he is the one who does the monthly smoke detectors checks and did not notice that at the time. Manager D stated s/he would make sure a smoke detector is put up as soon as possible.	{M 334}		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR	M 338		

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M 338	Continued From page 9 Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. Two of 2 emergency exits were obstructed with child safety locks on the door knobs. Findings include: The adult family home was licensed on 07/29/2024 to serve up to 4 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's Disease, traumatic brain injury, correctional clients, public funding, terminally ill, pregnant woman/counseling, physically disabled, alcohol/drug dependent and advanced age. On 07/22/2026 at approximately 10:22 AM, Surveyors toured the provider's home and asked Caregiver B to identify the emergency exits. Caregiver B identified the back door and front door as the two primary exits that led to the front of the house. Surveyors tried opening back door but was difficult to open with child safety lock knob. The Surveyors observed the front door exit the same way when entering the facility. On 07/22/2026 at approximately 2:00 PM, Surveyors interviewed Caregiver B and House	M 338		

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M 338	Continued From page 10 Manager D about the child lock door knobs. Caregiver B stated it was for Resident 5 because s/he likes to wander sometime so the child safety lock knobs help keep him/her from eloping from the building. Caregiver B and House Manager D acknowledged the facility could not have the child safety lock knobs on the doors because it could be seen as prohibiting residents from exiting the building. CROSS REFERENCE M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 338		
{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 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 2 residents reviewed were evaluated within 3 days of admission for evacuation time, using the Department's form. This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW11, dated 08/11/2025 and SOD 0YCW12, dated 01/28/2026. Findings include:	{M 344}		

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{M 344}	Continued From page 11 On 07/22/2026, Surveyors requested Resident 6's resident records from House Manager D. Resident 6 was admitted to the facility on 03/04/2026. Resident 6 did not have an evacuation assessment. On 07/22/2026 at 2:00 PM, Surveyors interviewed House Manager D. House Manager D stated if it was not in the record then the form was not completed. House Manager D acknowledged Resident 6 did not have a completed evacuation assessment.	{M 344}		
{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 3 of 3 residents had been screened for communicable diseases, including tuberculosis, within 90 days before and up to 7 days after admission.	{M 380}		

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{M 380}	Continued From page 12 This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW11, dated 08/11/2025 and SOD 0YCW12, dated 01/28/2026. Findings include: On 07/22/2026, Surveyors requested Resident 5, Resident 6 and Resident 7's resident records from Manager D. Resident 5 was admitted to the facility on 10/16/2025. Resident 5 did not have evidence s/he had been screened for communicable disease. Resident 6 was admitted to the facility on 03/04/2026. Resident 6 did not have evidence s/he had been screened for communicable disease including tuberculosis. Resident 7 was admitted to the facility on 06/30/2026. Resident 7 did not have evidence s/he had been screened for communicable disease including tuberculosis. On 07/22/2026 at approximately 2:00 PM, Surveyors interviewed House Manager D. House Manager D stated s/he thought they had the completed but if they were not in the record, then they were not completed.	{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	{M 384}		

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{M 384}	Continued From page 13 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 have a service agreement for 1 of 3 residents reviewed (Resident 6). This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW11, dated 08/05/2025 and SOD 0YCW12, dated 01/28/2026. Findings include: On 07/22/2026, Surveyors requested Resident 6's records from House Manger D. Resident 6 was admitted to the facility on 03/04/2026. Resident 6 did not have an admission agreement completed. Resident 6 is his/her own person. On 07/22/2026 at approximately 2:00 PM, Surveyors interviewed House Manager D. House Manager D stated if the admission agreement was not in Resident 6's record then s/he did not have it completed.	{M 384}		
{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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SILENCE NO MORE HOME LLC	1666 TERRY DALE DRIVE W BEND, WI 53090

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{M 458}	Continued From page 14 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 medication was securely stored for 1 of 1 storage area. The home's medication closet was kept unlocked. This is a repeat deficiency. See Statement of Deficiency (SOD) SOD 0YCW12, dated 01/28/2026. Findings include: The provider's home is licensed to serve up to 4 individuals with client groups including developmentally disabled, traumatic brain injury, advanced age, physically disabled, pregnant woman/counseling, public funding, terminally ill, correctional clients, irreversible dementia/Alzheimer's, alcohol/drug dependent and emotionally disturbed/mental illness. On 07/22/2026 at approximately 09:45 AM, Surveyors toured the provider's home. Surveyors observed the provider's medication cabinet in the living room was not locked and the med cabinet key was left in the cabinet accessible to anybody in the building. Surveyors were on site until 10:45	{M 458}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020225	A. BUILDING: _____ B. WING _____	R-C 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{M 458}	Continued From page 15 AM and the cabinet stayed this way the entire time. On 07/22/2026 at approximately 1:15 PM, Surveyors arrived back at facility to meet with House Manager D. When arriving Surveyors observed the medication cabinet still unlocked with the key in the cabinet accessible to anybody in the building. On 07/22/2026 at approximately 1:30 PM, Surveyors interviewed House Manager D and Caregiver B. House Manager D stated the medication cabinet should be locked at all times. Caregiver B stated s/he did not know it needed to be locked at all times. At that time, Caregiver B went to the medication cabinet, locked the cabinet and put the key in his/her pocket. House Manager D and Caregiver B acknowledged the medication cabinet was unlocked and accessible to anybody in the building since Surveyors arrived at 9:40 AM. House Manager D stated moving forward the cabinet will be locked at all times and only the medication passer will have the key on him/her.	{M 458}		
{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	{M 464}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020225	A. BUILDING: _____ B. WING _____	R-C 07/22/2026

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{M 464}	Continued From page 16 order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written physician order to administer medication was obtained for 2 of 2 residents reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) 0YCW11, dated 08/11/2025 and SOD 0YCW12, dated 01/28/2026. Findings include: On 07/22/2026 at approximately 9:45 AM, Surveyors requested Resident 6 and Resident 7's records from Caregiver B. Resident 6 was admitted to the facility on 03/04/2026. Resident 6 did not have a written physician order stating who by name or position is permitted to administer the medication. Resident 7 was admitted to the facility on 06/30/2026. Resident 7 did not have a written physician order stating who by name or position is permitted to administer the medication. On 07/22/2026 at approximately 2:00 PM, Surveyors interviewed Manager D. Manager D confirmed they currently administer medications for Resident 6 and Resident 7 is supposed to self-administer his/her medications.. Manager D was unable to find documentation a written physician order to administer medication was obtained for 2 of 2 residents. Resident 6 did not have a written physician order stating who by name or position is permitted to administer the	{M 464}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020225	A. BUILDING: _____ B. WING _____	R-C 07/22/2026

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{M 464}	Continued From page 17 medication and Resident 7 did not have a self-administer order.	{M 464}		