STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019750	A. BUILDING: _____ B. WING _____	R-C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE SIL LLC	**1806 CREEK RD WEST BEND, WI 53090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 01/27/2026 with information gathered through 02/02/2026, Surveyors conducted a verification visit and two complaint investigations at Promise SIL LLC, an Adult Family Home (AFH) in West Bend, WI. Six deficiencies identified. Three of six are repeat deficiencies. See Statement of Deficiency (SOD) 1USO12, dated 07/28/2025. Two of two complaints substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Department was notified within 24 hours when Resident 5's whereabouts were unknown and when police were called for Resident 5's safety.	M 134		

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

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M 134	Continued From page 1 Findings include: A Call Detail Report from West Bend Police Department, stated, in part: * 08/31/2025 at 12:15 AM - Resident 5 self-harm complaint * 09/12/2025 - About 11:28 PM - missing person (Resident 5) * 09/19/2025 - About 8:35 PM - Resident 5 had run away * 09/20/2025 - Missing Person Report filed for Resident 5 * 09/28/2025 - 2057 hours - Resident 5 left group home without permission * 10/09/2025 - Approximately 1827 hours - runaway complaint for Resident 5 * 12/26/2025 - Approximately 1916 hours - Resident 5 left without permission On 01/27/2026, Review of the facility file, no self reports were received by the department. On 01/27/2026 at 1:00 PM, Surveyors interviewed Licensee A about the elopement incidents on 09/13/2025, 09/19/2025, 09/20/2025, 09/28/2025, 11/12/2025 and 12/26/2025. Resident 5 was missing on the last elopement from 12/26/2025 until 12/31/2025, when the police found Resident 5 after a missing person was issued. Licensee A confirmed Resident 5 was missing on multiple occasions. Licensee A stated s/he assessed Resident 5 and Resident 5 should have been a 1:1 staffing, but there was no funding for him/her to staff the 1:1. Licensee A stated they would call the police when Resident 5 left the facility and/or did not return. Licensee A acknowledged s/he was unaware of the requirement s/he needed to self-report to the Bureau. Licensee A stated now s/he is aware of the code.	M 134		

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M 134	Continued From page 2 The provider did not ensure the Department was notified within 24 hours when a resident's whereabouts was unknown or police were called for resident's safety.	M 134		
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 2 of 2 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 3 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 1USO12, dated 07/28/2025. Findings include: On 07/28/2025, SOD 1USO12 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	M 216		

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M 216	Continued From page 3 Promise SIL LLC: 1. WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of SOD 1USO12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. WITHIN 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. At the conclusion of the investigation, the licensee will review the department's reporting requirements and report this incident if necessary. On 01/27/2026, Surveyors conducted a verification visit and complaint investigation at Promise SIL LLC. As a result of the survey, the provider was issued six deficiencies. Three of the six were repeat deficiencies. The following deficiencies were identified: 88.03(5)(e)(1) Significant Change to The Resident 88.04(2)(a) Responsibilities 88.05(3)(a) Homelike Environment 88.06(3)(f) Review of ISP	M 216		

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M 216	Continued From page 4 88.10(3)(e) Self-Direction 88.11(1) Reporting of Abuse and Neglect On 01/27/2026 at approximately 10:30 AM, Surveyors requested a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. Licensee A stated s/he did complete an investigation. Licensee A showed Surveyors the incident reports that were filled out regarding the alleged abuse (which Surveyor reviewed while on site last time). As of 5:00 PM on 02/02/2026, Licensee A did not send any additional information showing evidence of retroactively, with available information, documenting a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. On 01/27/2026 at approximately 11:00 AM, Surveyors reviewed SOD 1USO12 and the Special Orders Letter with Licensee A. Licensee A stated s/he did send the case managers notification in the portal but s/he did not send resident's legal representatives a copy of SOD 1USO12. Licensee A stated s/he would have to look in his/her portal to show proof and forward it to Surveyors.	M 216		
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.	M 276		

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M 276	Continued From page 5 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. Findings include: On 01/27/2026, at approximately 10:30 AM, Surveyor toured the facility with Licensee A. During the tour, Surveyor observed the following: -flooring by front door coming up (2 ft by 2 ft) -Resident 4's door could not shut because the door handle did not work and was stuck in the lock position -Resident 5's door handle was completely off and the door could not lock -No food in the refrigerator -bathroom transition strip was lifting from floor (1 inch by 6 inch) -kitchen table was discolored and stained -all three kitchen chairs were ripped and coming apart -back exit door not cleared of snow and ice -front exit door not cleared of snow and ice On 01/27/2026 at approximately 12:00 PM, Surveyors went over above findings with Licensee A. Licensee A acknowledged the items and stated s/he would work with his/her maintenance to fix the items.	M 276		
{M 424}	88.06(3)(f) REVIEW OF ISP	{M 424}		

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{M 424}	Continued From page 6 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 update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 5) had a change in condition and did not update the Individual Service Plan (ISP) every 6 months for 1 of 1 resident (Resident 4). This is a repeat deficiency. See Statement of Deficiency (SOD) 1USO12, dated 07/28/2025. Findings include: Example 1 On 01/27/2026 at approximately 10:30 AM, Surveyors reviewed Resident 5's record. Resident 5 was admitted to the provider's home	{M 424}		

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{M 424}	Continued From page 7 on 09/25/2024. Resident 5's current ISP was updated on 07/25/2025 with a signature of Licensee A and Resident 5, with an update on 01/23/2026 with a signature by Licensee A. Resident 5 had a Power of Attorney (POA) effective, however POA F and/or MCO did not sign by Resident 5's ISP. Resident's ISP reflected: Activities of Daily Living - Independent - Bathing, Hair Care, Teeth/denture Care, Dressing, eating and cleaning room. Full Care - Meal prep and laundry. Behavior Supports - "Provider will redirect and talk with residents" Supervision - "Requires supervision at all times" Surveyor reviewed provider incident reports: * On 09/13/2025 - Resident 5 was not in the facility at the start of Caregiver (CG) G's shift at 11:00 PM. * On 09/19/2025 - Resident 5 went out back door while staff was in the basement getting laundry. Resident 5 was seen getting into a White BMW. * On 09/20/2025 - Caregiver (CG) G stated when s/he arrived Resident 5 was not in the facility. Resident 5 stayed out all night without permission. * On 09/28/2025 - Resident 5 snuck out, staff chased him/her, but s/he walked away from home * On 11/12/2025 - Resident 5 trying to self-harm self and sleeping in the park. * On 12/04/2025 - Staff found a razor blade in Resident 5's room. Incident report stated "30 min room checks" was being done to prevent similar incident * On 12/26/2025 - Resident 5 was on a scheduled community outing with an approved return time. Resident 5 did not return and was considered to have "run away." There was a missing person's	{M 424}		

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{M 424}	Continued From page 8	{M 424}		

report filed, and Resident 5 was missing until 12/31/2025.

On 01/27/2026 at 12:30 PM, Caregiver B acknowledged knives are locked up to keep residents safe. Caregiver B stated Resident 5 will leave the facility and not return when s/he is supposed to. Caregiver B stated s/he updated Resident 5's ISP on 01/23/2026. Caregiver B stated Resident 5 should be a 1:1 staff supervision at all times.

On 01/27/2026 at 1:00 PM, Licensee A confirmed Resident 5 should be a 1:1 staffing per the "Supervision Assessment" in Resident 5's record. Licensee A stated s/he did not receive the needed funding, and s/he did not have staff supervising Resident 5 1:1. Surveyor observed the Supervision Assessment, there was no date the assessment was completed. Licensee A confirmed the kitchen cabinet was locked with sharp knives in it to keep the residents safe.

On 01/29/2026 at 11:38 AM, Surveyor interviewed Power of Attorney (POA) F. POA F acknowledged s/he was appointed for Resident 5 on 07/15/2025. POA F stated s/he had emailed Licensee A and there was a delay in communication and no response. POA F stated the facility did not communicate with him/her until Resident 5 started running away. POA F confirmed s/he had not seen an ISP. POA F confirmed s/he had seen the MCO Care Plan, but did not see an ISP from the facility. POA F stated there was not a behavior plan until December when the MCO sent him/her one. POA F acknowledged there was sharps restriction in place. During the conversation at 11:57 AM POA F stated s/he just received a fax from Office Max from Licensee A stating, "here is scanned

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{M 424}	Continued From page 9 attachment." POA F stated s/he had been trying to coordinate Resident 5's care. POA F and Surveyor reviewed the ISP together. POA F stated the ISP did not reflect sharp restrictions and/or that Resident 5 was an elopement risk. POA F had concerns the ISP did not reflect the level of supervision Resident 5 needed. Surveyor compared the ISP POA F had received on 01/29/2026, with the ISP Surveyors received on 01/27/2026. The ISP's were identical. The ISP did not address residents' continuous elopements and/or residents self-harm and need for sharp objects to be locked up. Example 2 On 01/27/2026 at approximately 9:30 AM, Surveyors reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 09/25/2024 and had a guardian. Resident 4's current ISP was dated for 01/21/2026 and had no guardian signature, just Caregiver B's signature. On 01/27/2026 at approximately 11:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he had sent the ISP to Resident 4's guardian and s/he did not receive any information back yet. Surveyors requested to review email sent to guardian requesting review of ISP and signature of ISP. As of 5:00 PM on 02/02/2026, Surveyors did not receive any additional information regarding Resident 4's ISP signed by Resident 4's guardian.	{M 424}		
{M 556}	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care,	{M 556}		

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{M 556}	Continued From page 10 activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents were able to make decisions related to his/her food preferences and needs. The facility had all of the food cabinets locked and residents did not have access to food or snacks. This is a repeat deficiency. See Statement of Deficiency (SOD) 1USO12, dated 07/28/2025. Findings include: On 01/27/2026 at approximately 11:30 AM, Surveyors conducted a tour of the home. In the kitchen, Surveyors observed Caregiver B unlocking cabinets with a key and locking them back up after while s/he was preparing lunch for the residents. On 01/27/2026 at approximately 11:35 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 4 and Resident 5 are independent with eating and can make his/her needs known.	{M 556}		

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{M 556}	Continued From page 11 Licensee A stated the cabinets have always been locked. Licensee A stated one of the residents is diabetic and that is the reason why all the food is locked up. Licensee A stated the residents have access to the refrigerator if they want something. Surveyors observed what was in the refrigerator. The refrigerator did not have any food, snacks, milk or juice. Licensee A stated s/he had to go grocery shopping that day.	{M 556}		
{M 610}	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the licensing agency was immediately notified when there were allegations of caregiver misconduct affecting 1 of 2 residents	{M 610}		

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{M 610}	Continued From page 12 in the home. This is a repeat deficiency from Statement of Deficiency (SOD) 1USO12, dated 07/28/2025. Findings include: On 07/28/2025, SOD 1USO12 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 Promise SIL LLC: WITHIN 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. At the conclusion of the investigation, the licensee will review the department's reporting requirements and report this incident if necessary. On 01/27/2026 at approximately 10:30 AM, Surveyors requested a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. Licensee A stated s/he did complete an investigation. Licensee A showed Surveyors the incident reports that were filled out	{M 610}		

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{M 610}	Continued From page 13 regarding the alleged abuse (which Surveyor reviewed while on site last time for SOD 1USO12). Licensee A stated s/he would send the complete investigation to Surveyors via email. As of 5:00 PM on 02/02/2026, Licensee A did not send any additional information showing evidence of retroactively, with available information, documenting a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12.	{M 610}		