STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018321	A. BUILDING: _____ B. WING _____	06/23/2026

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LIVING WELL RESIDENTIAL FACILITY LLC DE	8401 W DENVER AVE MILWAUKEE, WI 53224

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M 000	INITIAL COMMENTS On 06/24/2026, Surveyor completed a standard survey at Living Well Residential Facility LLC Denver House. As a result, 5 deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 (Resident Caregiver B) of 1 caregiver reviewed who required annual training. Resident Caregiver B did not receive annual training related to the health, safety, welfare, rights, treatment of residents and standard precautions in 2024. Findings include: On 06/23/2026 at approximately 1:30 PM,	M 246		

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

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M 246	Continued From page 1 Surveyor reviewed Resident Caregiver B's employee file. Resident Caregiver B was hired on 09/11/2022. Resident Caregiver B's file did not contain evidence that indicated Resident Caregiver B completed annual training related to the health, safety, welfare, rights, treatment of residents, and standard precaution in 2024. On 06/24/2026 at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A reported Resident Caregiver B completed annual training in 2024, however, denied having documentation stating Resident Caregiver B completed the training. Licensee A stated he/she received an e-mail from the trainer in 2024 regarding training, but denied the e-mail contained certificates or names of the caregivers that completed annual training. Licensee A stated annual training did include standard precautions. Licensee A stated he/she emailed the trainer on 06/23/2026 to try and obtain certificates and list of individuals who did complete annual training in 2024. As of 06/24/2026 at 1:35 PM, Licensee A has not received a response from the trainer.	M 246		
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	M 384		

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M 384	Continued From page 2	M 384		

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 an admission agreement was signed, prior to admission, by the resident or resident's legal guardian for 2 (Resident 1 and Resident 2) of 4 residents reviewed.

Resident 1's admission agreement was signed and dated 44 days after Resident 1 was admitted into the adult family home.

Resident 2's record did not contain a signed and dated admission agreement.

Findings include:

On 06/23/2026 at approximately 5:00 PM, Surveyor reviewed resident records. The following was identified:
Resident 1 was admitted to the adult family home on 01/16/2025. Resident 1's record indicated Resident 1 was their own decision maker. Resident 1's admission agreement was signed and dated on 03/01/2025, which was 44 days after Resident 1 was admitted to the adult family home.

Resident 2 was admitted to the adult family home on 06/04/2021. Resident 2's record indicated Resident 2 had a legal guardian. Resident 2's record did not contain a signed and dated admission agreement.

On 06/24/2026 at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A stated he/she is responsible for completing admission agreements with each resident or

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M 384	Continued From page 3 resident's legal representatives. Licensee A was not sure as to why Resident 2's record did not contain an admission agreement but would check Resident 2's file again. Licensee A could not state why Resident 1's admission agreement was signed 44 days after Resident 1 was admitted into the home. Licensee A believes she may need to hire additional help to ensure all documents are being completed in a timely manner.	M 384		
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 observation, record review and interview, the provider did not review the	M 424		

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M 424	Continued From page 4 Individual Service Plan (ISP) every 6 months from 2024 to June 2026 for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). Findings include: On 06/23/2026 at approximately 5:00 PM, Surveyor reviewed resident records. The following was identified: Resident 1 was admitted to the adult family home on 01/16/2025. Resident 1's record contained a total of three ISPs. One ISP was dated 02/16/2025. The 2nd ISP had a review date of 03/03/2025. The 3rd ISP had a review date of 02/10/2026, approximately 5 months after Resident 1's ISP should have been reviewed. Resident 2 was admitted to the adult family home on 06/04/2021. Resident 2's record contained 2 ISPs. One ISP had a review date of 08/11/2025. The 2nd ISP had a review date of 05/30/2026. Surveyor observed no evidence Resident 2's ISP was reviewed in 2024, on or before 02/11/2025, or on/or before 02/11/2026. Resident 3 was admitted to the adult family home on 05/05/2022. Resident 3's record contained 3 ISPs. One ISP had a review date of 10/16/2024. The 2nd ISP had a review date of 04/05/2025. The 3rd ISP had a review date of 10/07/2025. Surveyor observed no evidence Resident 3's ISP was reviewed on or before 04/16/2024 or 04/07/2026. Resident 4 was admitted to the adult family home 05/01/2022. Resident 4's record contained 4 ISPs. One ISP had a review date of 06/10/2024. The 2nd ISP had a review date of 12/04/2024. The 3rd ISP had a review date of 06/08/2025.	M 424		

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M 424	Continued From page 5 The 4th ISP had a review date of 03/16/2026. Surveyor observed no evidence Resident 4's ISP was reviewed on or before 12/08/2025. On 06/24/2026 at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A was aware ISPs are to be reviewed every 6 months or upon change of condition. Licensee A reported he/she is responsible for reviewing each ISP. Licensee A stated all ISPs are reviewed during the resident's care plan meeting with the residents' care management team and legal representatives, which occurs every 6 months. Licensee A was not sure as to why the missing ISPs above were not within the residents' records. Licensee A reported he/she does plan to move to electronic record keeping. Licensee A believes having a central place for all ISPs will assist with deadlines and locating documents easily.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by:	M 458		

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M 458	Continued From page 6 Based on observation and interview, the provider did not ensure every prescription medication was securely stored in 1 of 1 medication closet, 1 of 1 blister pack of scheduled 2 narcotics were double secured, and prescriptions were stored as specified by the pharmacist or the manufacturer for 1 (Resident 2) of 4 residents. The adult family home's medication cabinet was not locked. Resident 2's unopened insulin was not stored in the refrigerator. Resident 2's in-use insulin pen was not dated with an open date. Resident 2's scheduled 2 narcotics were not double secured. Findings include: This facility was licensed on 04/15/2021 to serve up to 4 non-ambulatory residents in the client groups of developmentally disabled, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, physically disabled and correctional clients. On 06/23/2026 at approximately 8:15 AM, Surveyor toured the adult family home (AFH). Surveyor observed the medication cabinet located in the same hallway leading to residents' bedrooms. Surveyor was able to open the medication cabinet without the use of a key. The medication cabinet contained 4 shelves. Each shelf contained 1 basket for each resident. Within Resident 2's basket, Surveyor observed a blister pack that contained 3 tablets of oxycodone hydrochloride (HCL) 5 milligrams (mg) intermingled with Resident 2's other scheduled and as needed medications. In addition, Surveyor observed a sealed bag on Resident 2's shelf. The sealed bag contained 1 in-use insulin pen, Novolin 70/30 FlexPen. The manufacturers	M 458		

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M 458	Continued From page 7	M 458		

packaging indicates the in-use insulin pen should be discarded after 28 days. The in-use insulin pen did not contain an open date.

On 06/23/2026 at approximately 9:59 AM, Surveyor interviewed Licensee A. Licensee A reported the medication cabinet should always be closed when not in-use. Licensee A stated he/she had a silver lock box within the medication closet that contained Resident 2's unopened insulin pens. Licensee A reported Resident 2's oxycodone HCL should have been within the silver lock box.

On 06/23/2026 at approximately 10:05 AM, Surveyor observed the silver lock box within the medication closet. Within the silver lock box, Surveyor observed Resident 2's box of Novolin 70/30 FlexPen. The box contained 1 unused insulin pen. The box also stated the following, "Keep in Refrigerator ...Store unopened pens refrigerated at 36 degrees Fahrenheit to 46 degrees Fahrenheit in the original carton to protect from light until expiration date or first use ...After first use, store used pen at room temperature, discard after 28 days ..."

On 06/24/2026 at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A stated he/she initially stored unopened insulin pens in the refrigerator, however, was informed by a pharmacist that unopened insulin can be stored outside of the refrigerator. Licensee A does not recall when this was said to him/her but stated he/she called the pharmacy to get clarification on insulin storage. Licensee A acknowledged in-use insulin should be dated with an open date.

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M 464	Continued From page 8	M 464		
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 provider did not have a written order from the physician who prescribed the medications, 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 for 2 of 3 residents reviewed. Resident 1 and Resident 3 did not have physician orders stating who can administer their medication. Findings include: On 06/23/2026 at approximately 5:00 PM, Surveyor reviewed resident records. The following was identified: Resident 1 was admitted to the adult family home on 01/16/2025. Resident 1's record contained a medication administration document, however, the document was not signed by Resident 1's physician.	M 464		

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M 464	Continued From page 9 Resident 3 was admitted to the adult family home on 05/05/2022. Resident 3's record did not contain a physician order specifying who would be completing his/her medication administration. On 06/24/2026 at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 3 required medication administration by staff. Licensee A acknowledged Resident 3 did not have a physician order. Licensee A stated he/she faxed an order to Resident 3's physician on 06/23/2024. Licensee A will place the signed physician order into Resident 3's file once received. Licensee A was not aware Resident 1's physician order was not signed, but again stated that she may need to look into hiring additional help who can assist with ensuring documents are completed in a timely manner.	M 464		