STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019146	A. BUILDING: _____ B. WING _____	R-C 08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INCREDIBLE CARE ADULT FAMILY HOME LLC	**7414 W CARMEN AVE MILWAUKEE, WI 53218**

(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 08/12/2026, Surveyor concluded a verification visit and three complaint investigations at Incredibles Care Adult Family Home. Three complaints were unsubstantiated. Two of 3 deficiencies were repeat violations (see SOD 3TFH11 dated 07/02/2025). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
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.	M 424		

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

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M 424	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plans (ISP) were updated when the resident's needs had changed. Resident 2 had two ISPs on file dated 03/21/2025 and 10/23/2025. Resident 2's ISP was not updated following an order for hospice services on 12/09/2025. Resident 2 began receiving hospice services on 12/11/2025. Resident 2 was hospitalized from 12/06/2025 to 12/11/2025 with a diagnosis of acute hypoxic respiratory failure, history of recurrent aspiration pneumonia, schizophrenic disorder, autism, intellectual disability, and epilepsy. Resident 2 was sent back to the facility on hospice services. Findings include: Resident 2 was admitted to this facility on 12/13/2024 with diagnoses including adjustment disorder with anxiety, autism spectrum disorder, epilepsy, intellectual disability, mood disorder, obsessive compulsive disorder, and schizophrenic disorder. Resident 2 had a guardian (Guardian C). Resident 2 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 2 had two ISPs on file dated 03/21/2025 and 10/23/2025. From 12/06/2025 to 12/11/2025, Resident 2 was hospitalized with a diagnosis of acute hypoxic respiratory failure, history of recurrent aspiration pneumonia, schizophrenic disorder, autism, intellectual disability, and epilepsy. Resident 2's patient discharge summary read, "Of note, patient had recent admissions 8/16/25, 10/12/25,	M 424		

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M 424	Continued From page 2 11/8/25, and most recently 12/3/25-12/5/25 for shortness of breath. [sic] Was started on empiric treatment for aspiration pneumonia with 5-day course of doxycycline during most recent admission ... Unable to obtain more history from patient as s/he is nonverbal. ED provider spoke with patients POA (Guardian C) who confirmed prior DNR status. Also reaffirmed wishes of no invasive management ... Through shared decision making, de-escalated disease focused care and placed hospice [sic] referral. Patient was discharged on 12/11/2025." On 12/11/2025 at 9:47 a.m., pharmacist discharge medication reconciliation note read, "No new prescriptions at discharge -returning back to same GH (group home) with hospice, no new [sic] Rxs (prescriptions) required." Resident 2's ISP should have been reviewed and updated by 12/11/2025 to include hospice services. On 08/11/2026 at 10:55 a.m., Surveyor interviewed Licensee A, who stated the hospital found and set up the hospice services for Resident 2. On 08/11/2026 at 11:03 a.m., Surveyor interviewed Caregiver B and asked how s/he knew who did what between the facility staff and the hospice staff. Caregiver B stated, "We would just converse about things." On 08/11/2026 at 12:12 p.m., Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 received care from a hospice nurse, chaplain, social worker, and a certified nursing assistant (CNA). Licensee A stated, "The CNA would provide bed baths to Resident 2."	M 424		

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M 424	Continued From page 3 On 08/11/2026 at 12:30 p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he did not update Resident 2's ISP to include Resident 2's hospice care plan.	M 424		
{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 obtain a written order from the physician who prescribed medications to the residents, stating who can administer the medications prior to administering medications for 1 of 3 residents. Resident 4's record did not contain a written order to administer medications. This is a repeat deficiency. See Statement of Deficiency 3TFH11, dated 07/02/2025. Findings include: On 08/11/2026, at 10:50 a.m., Surveyor reviewed Resident 4's records and identified the following: Resident 4 was admitted on 06/02/2026, with	{M 464}		

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{M 464}	Continued From page 4 diagnoses including developmental disability and anxiety disorder. Resident 4 had a medication administration record. Resident 4's record did not contain evidence of a written order indicating Resident 4 required assistance with medication administration. On 08/11/2026, at 11:55 a.m., Surveyor interviewed Licensee A, who confirmed Resident 4 required assistance with medication administration. Licensee A reported s/he sent Resident 4's physician a written order to be signed and sent back. It stated the facility staff could administer Resident 4's medication. Licensee A did not get the signed document back prior to administering medications.	{M 464}		
{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 safe and sanitary manor for 3 of 3 residents in the home. This is a repeat deficiency. See Statement of Deficiency 3TFH11, dated 07/02/2025. Findings include: On 08/11/2026, at 9:40 a.m., Surveyor toured the kitchen and observed the following:	{M 474}		

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{M 474}	Continued From page 5 Refrigerator: - An open package of sausage links, in a plastic bag. The bag was not labeled with a date of opening. - A can of chicken broth partially opened. The can of chicken broth was open to the air and was not labeled with a date of opening. Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 and 140 °F, the "Danger Zone," some doubling in number in as little as 20 minutes. A refrigerator set at 40 °F or below will protect most foods. (https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration#3) (Retrieval date: August 13, 2026). On 08/11/2026, at 11:30 a.m., Surveyor interviewed Caregiver B, who reported s/he opened the sausages a couple days ago. Surveyor asked how other staff would know when it was opened. Caregiver B stated, "I should have dated the package." On 08/11/2026, at 2:00 p.m., Surveyor interviewed Licensee A who acknowledged Surveyor's concerns regarding food storage and the potential concerns regarding food not labeled or stored correctly. Licensee A stated, "I hate that my staff are still not following the protocol."	{M 474}		