STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019738	A. BUILDING: _____ B. WING _____	R-C 04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN INDEPENDENT LIVING	111 4TH ST WAUKESHA, WI 53188

(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 04/28/2026 to 04/29/2026, Surveyor conducted a verification visit at Brown Independent Living. Five deficiencies were identified. Three of 5 deficiencies were repeat violations. See Statements of Deficiency (SOD) 5D2Q11, dated 04/17/2025 and SOD 5D2Q12, dated 09/10/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 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 record review and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 5D2Q12, dated 09/10/2025. The provider has been unable to come into and maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations since being issued a regular license on 11/17/2023.	M 216		

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

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M 216	Continued From page 1 Findings include: -Non-Compliance with DHS Chapter 88: On 06/09/2025, the Department issued SOD 5D2Q11 and Notice and Order Letter notifying the provider of the results of a complaint investigation at Brown Independent Living. Upon completion of the complaint investigation, the following deficiencies were identified: M0276 88.05(3)(a) Homelike Environment M0284 88.05(3)(e)1 Heating System Requirement M0338 88.05(4)(c)1 Exiting From The First Floor M0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0384 88.06(2)(b) Service Agreement Except Respite M0404 88.06(3)(a) Individual Service Plans & Assessment M0582 88.10(3)(q) Medications On 10/30/2025, the Department issued SOD 5D2Q12 and Notice and Order Letter notifying the provider of the results of the standard survey and verification visit at Brown Independent Living. Upon completion of the survey, the following deficiencies were identified: M0232 88.04(2)(g)1 Health Screening For Staff M0276 88.05(3)(a) Homelike Environment (repeat) M0298 88.05(3)(g) Windows And Ventilation M0326 88.05(3)(n)1 Bed Clean, Good Condition, Proper Size M0424 88.06(3)(f) Review of ISP M0464 88.07(3)(d) Medication-Written Order M0582 88.10(3)(q) Medications (repeat) On 04/28/2026, the Department conducted a	M 216		

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M 216	Continued From page 2	M 216		

verification visit at Brown Independent Living.
Upon completion of the survey, the following deficiencies were identified:
M0216 88.04(2)(a) Responsibilities
M0276 88.05(3)(a) Homelike Environment (repeat)
M0326 88.05(3)(n)1 Bed Clean, Good Condition, Proper Size (repeat)
M0424 88.06(3)(f) Review of ISP (repeat)
M0446 88.07(2)(b)4 Record of Medical Visits And Reports

-Non-Compliance of Special Orders:

On 04/28/2026, Surveyor reviewed the department facility file and identified the following:

On 10/30/2025, the Department issued SOD 5D2Q12 and Notice and Order Letter notifying the provider of the results of a standard survey and verification visit.

The Special Orders from the Notice and Order Letter, dated 10/30/2025 included the following:
"SPECIAL ORDERS
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 Brown Independent Living:
-1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.
-WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative

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M 216	Continued From page 3 and case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) 5D2Q12 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 each legal representative and case manager. Required evidence will be made available to the department representatives upon request. -ADDITIONALLY, WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include the development (or review) of a written procedure to address: Home Environment, how the licensee will ensure: a) Timely repairs and scheduled maintenance of the home; and b) Scheduled and 'as needed' housekeeping to maintain a safe, clean, homelike environment. -The licensee shall provide training to all managers and service providers on this written procedure. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. All documentation required by Order #1 will be made available to department representatives upon request." On 04/28/2026 at 9:25 AM, Surveyor interviewed Licensee A. Surveyor requested to review the facility's documentation related to the above requirements. Licensee A stated the provider did not send a copy of the SOD to case managers/legal representatives, or take corrective measures as directed in the department orders to address the homelike environment concerns. Licensee A acknowledged	M 216		

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M 216	Continued From page 4 s/he received a copy of SOD 5D2Q12 and the notice and order letter, but s/he did not read/review all the requirements. Surveyor expressed concern for the lack of follow through with the Department's Special Orders and the ongoing compliance concerns. Licensee A acknowledged an understanding of the concerns and stated s/he would be sure to read/review the entire SOD in the future.	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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was safe and provided a homelike environment. This requirement is being cited for the third time. See Statement of Deficiency (SOD) 5D2Q11 dated 04/17/2025 and SOD 5D2Q12, dated 09/10/2025. Findings Include: On 04/28/2026 at 9:42 AM to 10:15 AM, Surveyor and Licensee A toured the home's environment. The following was found:	{M 276}		

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{M 276}	Continued From page 5 At 9:42 AM, Surveyor observed a clear opening of approximately 1 inch under the front door to the outside. Half of the door's bottom had weather stripping applied, but the other half had a clear opening to the outside. At 9:45 AM, Surveyor observed the countertops located in the kitchen including the countertops on either side of the stove. Surveyor observed small air bubbles covering all counter tops that were underneath a layer of clear material. At 9:50 AM, Surveyor observed the provider's water heater located in the basement of the home. Surveyor observed an internet modem and telephone base station placed directly on top of the water heater. Wires to the devices were observed hanging on the side of the water heater. At 9:58 AM, while in the basement, Licensee A unlocked a door leading to an enclosed room directly beneath the home's kitchen. The room was unkempt and included a used ceiling fan discarded to the side, 3 rolls on insulation, several pieces of insulation hanging from the ceiling and out of walls, boxes of duct work supplies, a used sink stored on the concrete floor, at least 4 bags of what appeared to be trash, approximately 12 sheets of drywall stored on the concrete floor, an old damaged door stored against the wall, at least 2 sections (4ft x 10ft) of drywall on the ceiling (towards the back of the room) covered in a black mold-like substance, 2 additional sections (unknown size) of drywall on the ceiling (front side of wooden beam) that was covered in a black mold-like substance, ceiling tiles missing, wiring exposed, several pieces of insulation had fallen down on the floor, and the concrete floor covered in dirt/debris.	{M 276}		

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{M 276}	Continued From page 6 On 04/29/2026 at 4:23 PM, Surveyor conducted an exit conference and shared findings with Licensee A. Licensee A reported the front door had been fixed with a strip to cover the gap between the bottom of the door and floor after the last survey, but due to continued use, the strip was giving out. Licensee A stated s/he would look into getting a new strip to cover the gap at the bottom of the front door. Licensee A stated s/he was unaware the home's internet modem and telephone base station had been placed on top of the water heater and s/he would find a better spot. Surveyor expressed concern for the condition of the unkempt basement room including the black mold-like like substance observed on large sections of the drywall ceiling. Licensee A stated s/he unaware of any mold-like substance being in that room and noted residents do not have access with a lock being installed after the last survey. Licensee A acknowledged the mold-like substance was concerning and the location being directly below the home's kitchen. Licensee A stated s/he rented the home and would work with the landlord to get the basement room repaired and cleaned. Licensee A stated s/he contacted a mold remediation company to come out.	{M 276}		
{M 326}	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by:	{M 326}		

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{M 326}	Continued From page 7 Based on observation and interview, the provider did not ensure Resident 4 was provided with a clean bed in good condition. Resident 4 did not have a bed with a mattress in his/her room. The provider was given guidance to apply for a waiver or exception request to allow Resident 4 to sleep on the floor after previous survey in September 2025. Licensee A submitted a request on 03/26/2026 (6-months later) to Regional Director (RD) K. On 03/30/2026, RD K responded to Licensee A his/her waiver/exception request was missing required information and to resubmit. As of 04/28/2026 (day of survey), Licensee A did not submit a waiver or exception request to the department. This is a repeat deficiency. See Statement of Deficiency (SOD) 5D2Q12, dated 09/10/2025. Findings include: On 04/28/2026 at 9:40 AM, Surveyor observed Resident 4's room with Licensee A and Caregiver I. No bed with a mattress was observed in the room. Surveyor observed 12 interconnecting foam mats on the floor with a pillow and blankets on top. Caregiver I stated Resident 4 continues to sleep on the floor. Surveyor asked Licensee A if s/he had contacted the department regarding a waiver or exception request as instructed in the previous survey. Licensee A provided the following emails: "03/26/2026 at 9:22 AM [Licensee A] sent the following email to [RD K]: Waiver request for [provider's address]. 03/30/2026 at 9:33 AM [RD K] responded: Hello, to get approval on this waiver you will need to fill out the applicable code section, have [his/her]	{M 326}		

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{M 326}	Continued From page 8 case manager sign it and submit a copy of the doctor's note." On 04/29/2026 at 4:23 PM, Surveyor conducted an exit conference and shared findings with Licensee A. Surveyor noted it had been near 30 days since RD K had replied to his/her original email with steps to take to get into compliance with the above regulation. Licensee A acknowledged s/he had not submitted a completed waiver or exception request to the department regarding Resident 4 sleeping on the floor. Licensee A stated s/he had not seen RD K's response on 03/30 and would work on getting the form updated and ready to submit.	{M 326}		
{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}		

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{M 424}	Continued From page 9	{M 424}		

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure Resident 4's individual service plan (ISP) was updated when Resident 4's needs/services changed.

This is a repeat deficiency. See Statement of Deficiency (SOD) 5D2Q12, dated 09/10/2025.

Findings include:

On 04/28/2026 at 10:10 AM, Surveyor interviewed Caregiver I. Caregiver I reported Resident 4 had an infection on his/her second toe on his/her left foot. Caregiver I reported Resident 4 was seen by a practitioner on 04/14/2026 and 04/23/2026 and was prescribed Clindamycin antibiotic medication, twice daily for 7 days. Caregiver I stated Guardian J had told staff Resident 4 did not need to wear his/her compression stocking daily like s/he had been doing before. Caregiver I stated Guardian J did not provide any documentation such as an after visit summary with practitioner's orders/prescriptions following the evaluation. Caregiver I stated the provider did not have any directions as to when and for how long Resident 4 was to wear the wrap on his/her foot, did not have any directions regarding monitoring Resident 4's foot, nor any information on placing gauze in between Resident 4's toes.

On 04/28/2026, Surveyor reviewed Resident 4's record and identified the following:

Resident 4 was admitted to the home on 02/19/2024 with diagnosis including cognitive impairment, seizure disorder, and "behavior

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{M 424}	Continued From page 10 issues." Resident 4 had a legal guardian. Resident 4's observation notes documented the following entries regarding Resident 4's toe injury: "-04/14/2026: At 2:15 PM: [Resident 4] came back from [his/her] doctor visit at 1:35pm, I was told by [his/her] [sister/brother] that [s/he] has an infected toe cause by the bruise and the doctor sent over [his/her] medication to Mooreland Pharmacy. I also asked for an after summary from the doctor, I was told by [his/her] [sister/brother] that they didn't get any. At 12:30 PM: While [Resident 4] cares were being done today, I noticed that [s/he] had a bruise on [his/her] left toe the one beside the big toe. It was red and swollen and had fluid coming from it. [Guardian J] was immediately notified of the situation. [Resident 4] was picked up to be taken to the doctor shortly after by [his/her] [sister/brother] and [his/her] [dad/mom]. -04/23/2026: [Resident 4] just got back from having [his/her] foot looked at again with a wrap on [his/her] foot. [Guardian J] stated no more compression socks and not to shower [him/her] till Saturday. [Guardian J] said [s/he] will grab [his/her] medication for [his/her] foot. [S/he] has another appointment on Thursday for them to look at [his/her] foot again. No after visiting paperwork was given because [s/he] said they didn't give it to [him/her]. But we all know [s/he] just don't want us to have it." Resident 4's physician orders included: "-Doxycycline 100 mg with instructions to take 1 capsule by mouth twice daily until gone, with a start date of 04/16/2026 and end date of 04/20/2026. -Doxycycline 100 mg with instruction to take 1 capsule by mouth twice daily for 7 days, with a start date of 04/24/2026 and end date of	{M 424}		

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{M 424}	Continued From page 11 04/30/2026. -Clindamycin 300 mg with instruction to take 1 capsule by mouth 3 times daily for 10 days, with a start date of 04/24/2026 and end date of 05/03/2026." Surveyor reviewed Resident 4's medication administration record (MAR) from 03/01/2026 to 04/28/2026. The MAR indicated Resident 4's 12pm seizure medications were documented as "Other" with notations such as "resident took pills to day program" at least 3 days per week (Monday-Friday). Resident 4's most recent ISP dated 04/23/2026 documented: Needs full assistance with bathing, dressing, toileting. Resident 4's ISP included: "Destructive/abusive behavior pattern: Staff will keep a soft tone when redirecting member. [Resident 4] will try to throw things around the house or will try to push the television off the TV stand. Follow behind [him/her] at a safe distance and talk to [him/her] letting [him/her] know its okay. Try offering [him/her] straws and or markers. Attitude: staff if [s/he] is talking really fast and repeating [him/herself] [s/he] is upset. Talk to [him/her] in a calm voice and repeat what [s/he] is saying so [s/he] knows that you hear [him/her] and understand [his/her] needs. Give [him/her] a drink and maybe a snack to help calm [him/her] down. If [s/he] doesn't take it and [s/he] is throwing this around the house and crawling [s/he] could be having a seizure, do locate the orange block that's located in the medication binder and swipe down [his/her] chest for 5 seconds and give [him/her] 5 min to calm down, if after 5 minutes [s/he] still acting the same you can swipe [his/her] chest one more time. Call the house manager or owners if having to use the orange block. Physical Health/Short Term Illness:	{M 424}		

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{M 424}	Continued From page 12 [Resident 4] went to dr. and [Guardian J] has asked the gauze be placed in between [his/her] toes for a few days. End date 4/29/2026." Resident 4's current ISP did not include documented updates, changes and related interventions. Resident 4's ISP did not address Resident 4's infected toe injury, monitoring Resident 4's infected toe injury, nor the use of compression stocking or the wrap on his/her foot. Resident 4's ISP did not identify need for medication administration as needed intervention to address toe injury Resident 4's ISP did not address Resident 4 sleeping on the floor. Resident 4's ISP did not include Resident 4's participation in day program. On 04/29/2026 at 4:23 PM, Surveyor conducted an exit conference and shared findings with Licensee A. Surveyor noted after reviewing Resident 4's record and interview with staff, Resident 4 was diagnosed with an infected toe 04/14. Surveyor noted Resident 4 had come back from a practitioner evaluation on 4/23 with a wrap on his/her foot and Guardian J had directed staff to stop using daily compression stockings. Licensee A stated Guardian J did not provide any documentation following Resident 4's practitioner evaluations so staff were following orders from Guardian J. Licensee A acknowledged staff did not have any directions as to when and for how long Resident 4 was to wear the wrap on his/her foot and did not have any directions regarding monitoring Resident 4's infected toe injury. Licensee A stated the provider had ongoing challenges with Guardian J sharing medical documentation for Resident 4. Licensee A stated his/her wife/husband did update Resident 4's ISP after his/her appointment on 4/23. Surveyor noted the update only included putting gauze in	{M 424}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019738	A. BUILDING: _____ B. WING _____	R-C 04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN INDEPENDENT LIVING	111 4TH ST WAUKESHA, WI 53188

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{M 424}	Continued From page 13 between Resident 4's toes, no other information was noted. Surveyor shared concern for Resident 4's ISP not addressing his/her preference to sleep on the floor instead of a bed and taking his/her seizure medications while attending day program. Licensee A stated the provider is still adjusting to using their electronic health record for ISPs, and Resident 4's ISP should have indicated s/he preferred to sleep on the floor. Licensee A stated s/he would work with Resident 4's case manager and Guardian J to have access to records of medical visits in the future. Cross Reference: M0326 88.05(3)(n)1 Bed-Clean, Good Condition, Proper Size M0446 88.07(2)(b)4 Record of Medical Visits And Reports	{M 424}		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's record included documentation of medical visits, reports, and recommendations. Resident 4's record did not include documentation of physician visits. Findings include: On 04/28/2026, Surveyor reviewed Resident 4's record and identified the following:	M 446		

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M 446	Continued From page 14 Resident 4 was admitted to the home on 02/19/2024 with diagnosis including cognitive impairment, encephalopathy, and seizure disorder. Resident 4 had a legal guardian. There was no evidence in Resident 4's medical record that indicated Resident 4 had attended the below medical appointments. Resident 4's observation notes documented: "-03/05/2026: [Resident 4] had hard stool after lunch, [s/he] took all [his/her] medications and ate [his/her] meal. [Resident 4] has been coughing and sneezing very often, [his/her] nose is very runny with dark yellow mucus coming from it. [His/her] vitals were also taken. [Guardian J] just notified me that [s/he] is will be picking [him/her] up today to take [him/her] to a clinic. -04/14/2026: [Resident 4] came back from [his/her] doctor visit at 1:35pm, I was told by [his/her] [sister/brother] that [s/he] has an infected toe cause by the bruise and the doctor sent over [his/her] medication to Mooreland Pharmacy. I also asked for an after summary from the doctor, I was told by [his/her] [sister/brother] that they didn't get any. -04/23/2026: [Resident 4] just got back from having [his/her] foot looked at again with a wrap on [his/her] foot. [Guardian J] stated no more compression socks and not to shower [him/her] till Saturday. [Guardian J] said [s/he] will grab [his/her] medication for [his/her] foot. [S/he] has another appointment on Thursday for them to look at [his/her] foot again. No after visiting paperwork was given because [s/he] said they didn't give it to [him/her]. But we all know [s/he] just don't want us to have it." On 04/28/2026 at 10:10 AM, Surveyor interviewed Caregiver I. Caregiver I reported	M 446		

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M 446	Continued From page 15 Resident 4 had an infection on his/her second toe on his/her left foot. Caregiver I reported Resident 4 was seen by a practitioner on 04/23/2026 and was prescribed Clindamycin antibiotic medication, twice daily for 7 days. Caregiver I reported Guardian J had started working with their pharmacy to ensure medications were sent directly from them. Caregiver I stated Guardian J had told staff Resident 4 did not need to wear his/her compression stocking daily like s/he had been doing before. Caregiver I stated Guardian J did not provide any documentation such as an after visit summary with practitioner's orders/prescriptions following the evaluation. Caregiver I reported ongoing challenges with getting documentation of medical visits for Resident 4 from Guardian J. On 04/28/2026 at 10:36 AM, Surveyor interviewed Licensee A and Caregiver I. Licensee A confirmed the provider was still having ongoing challenges with getting documentation of medical visits for Resident 4 from Guardian J. Surveyor expressed concern for the lack of documentation for Resident 4's infected toe and what staff were to monitor without record of the visit. Additionally, Surveyor noted the same concern was voiced in the previous statement of deficiency from September 2025 and continuing to provide care to Resident 4 without medical documentation was dangerous. Licensee A acknowledged an understanding of the concern and noted staff were monitoring only what Guardian J had told them. Licensee A stated s/he would work with Resident 4's case manager and Guardian J to have access to records of medical visits in the future.	M 446		