STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019484	A. BUILDING: _____ B. WING _____	R 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FLOWER HOMES	1951 1ST AVE GRAFTON, WI 53024

(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
{N 000}	Initial Comments On 02/26/2026, Surveyor conducted a verification visit for statement of deficiency 6GHQ12, at New Flower Homes, Grafton. Additional information was gathered through 03/02/2026. As a result of the survey one (1) of seven (7) deficiencies was identified as a repeat violation for the third time, and one (1) new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 0	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review and interview, the licensee did not ensure the CBRF (Community Based Residential Facility) and its operation complied with all laws governing the CBRF. --Administrator A did not ensure all deficiencies from the previous survey were corrected or that special orders were complied with. This requirement is being cited for third time. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025, and SOD 6GHQ12, dated 02/11/2026. Findings include:	N 196		

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

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N 196	Continued From page 1 Prior to conducting the onsite visit on 02/26/2026, Surveyor reviewed the facility's compliance history. On 02/13/2026, the provider was issued Statement of Deficiency (SOD) 6GHQ12 for the previous survey ending on 02/11/2026. The SOD identified 7 deficiencies and included a Notice and Order letter which read in part, --"Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, the licensee shall achieve and maintain substantial compliance with all requirements prior to the expiration of the probationary license on 02/28/2026. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request. The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance, and prior to the expiration of the probationary license on 02/28/2026. Pursuant to Wis. Stat. 50.03 (5g)(cm), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action." --SPECIAL ORDER: "Pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that New Flower Homes; PROBATIONARY LICENSE:	N 196		

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N 196	Continued From page 2 1. Based on the results of the Department's investigation, and pursuant to Wis. Stat. §§ 50.03(5g)(b)3. And (b)6., the licensee shall correct all violations identified in Statement of Deficiency (SOD) 6GHQ12 and will achieve substantial compliance with all laws and administrative rules governing the facility and its operation prior to expiration of the facility's Probationary License. IF the licensee has not achieved substantial compliance with all laws and administrative rules governing the facility and its operation AND IF the violations identified in SOD 6GHQ12 remain substantially uncorrected, the PROBATIONARY LICENSE for New Flower Homes may be INVALID and the Department may NOT ISSUE A REGULAR LICENSE for New Flower Homes, 1951 1st Avenue, Grafton, WI 53024. This NOTICE is provided in accordance with: - Wis. Stat. § 50.03(4m)(b), whereby, if the applicant for licensure as a community-based residential facility has not been previously licensed under this subchapter or if the community-based residential facility is not in operation at the time application is made, the department shall issue a probationary license. Prior to the expiration of a probationary license, the department shall evaluate the community based residential facility. In evaluating the community-based residential facility, the department may conduct an inspection of the community-based residential facility. If, after the department evaluates the community-based residential facility, the department finds that the community-based residential facility meets the applicable requirements for licensure, the department shall issue a regular license under sub. (4)(a)1.b. If the department finds that the community-based residential facility does not	N 196		

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N 196	Continued From page 3 meet the requirements for licensure, the department may not issue a regular license under sub. (4)(a)1.b. - Wis. Admin. Code § DHS 83.08(2), whereby the Department shall deny a probationary license or regular license to any applicant who does not substantially comply with any provision of Wis. Admin. Code ch. DHS 83 or Wis. Stat. ch. 50. On 02/13/2026, Administrator A received a "WARNING OF NONCOMPLIANCE" letter stating: "This letter constitutes a warning regarding substantial noncompliance with: Wis. Admin. Code ch. DHS 83, Licensed Community Based Residential Facilities Failure to achieve and maintain substantial compliance with all requirements will result in standard licensure denial. This warning is based on the Department's findings in the survey events listed below: Survey Event ID: 6GHQ12 Survey Event ID: 6GHQ11" On 02/26/2026, Surveyor conducted a verification visit to confirm correction of the previous deficiencies and compliance with the orders. Administrator A did not have the fire inspection completed. Administrator A stated s/he was unable to find a company to perform the inspection and the local fire department does not do the inspection due to the size of his/her CBRF. The fire inspection was the only deficiency that was a repeat violation.	N 196		

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N 196	Continued From page 4 On 02/27/2026 at 3:28 PM, Surveyor received an email from Administrator A stating "I have been cross-referencing the NFPA certified fire inspectors list and investigating several leads" "I have also reached out to several fire protection companies, including Cintas, Ahern, Action Fire and Alarm, Total Mechanical, and Accurate Recharge and Fire. All of these companies have confirmed they perform fire inspections." On 03/02/2026 at 8:00 AM, Administrator A stated s/he was on a wait list for the fire inspection. At 8:11 AM, Surveyor emailed Administrator A and requested a letter from the contractor s/he was scheduled with and on the waiting list with. At 8:35 AM, Administrator A replied "Despite these efforts, we have been unable to identify any authorized person or organization willing or able to conduct the required fire inspection. At this point, we feel that we are being asked to fulfill a requirement for which no accessible or recognized service provider is available." This is the third consecutive survey with deficiencies. New Flower Homes had a probationary license that expired on 02/28/2026. On 03/02/2026, the department determined the licensee for New Flower Homes will not be issued a regular license due to the licensee's continued non-compliance with all laws governing the CBRF.	N 196		
{N 530}	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.	{N 530}		

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{N 530}	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. This requirement is being cited for third time. See statement of deficiency (SOD) 6GHQ12 dated 02/11/2026 and SOD 6GHQ11 dated 11/10/2025. Findings include: On 02/26/2026, Surveyor reviewed the facility's initial licensing application, which included a fire inspection dated 12/05/2022. There were no records of any additional fire inspections within the facility file. On 02/26/2026 at approximately 2:00 PM, Surveyor requested the facility's annual fire inspection for 2025 from Administrator A. Administrator A stated the local fire department does not conduct fire inspections for CBRFs per an email s/he received. Administrator A stated s/he tried to find a certified fire inspector but was unsuccessful. On 03/02/2026 at 8:35 AM, Surveyor received an email from Administrator A. Administrator A acknowledged s/he was "unable to identify any authorized person or organization willing or able to conduct the required fire inspection." The provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector annually.	{N 530}		

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