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	0019786	A. BUILDING: _____ B. WING _____	03/03/2026

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VERTEX CARE LLC AXEL HOUSE	2002 AXEL AVE MADISON, WI 53711

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M 000	INITIAL COMMENTS On 02/25/2026, with information gathered through 03/03/2026, Surveyor conducted a standard licensure survey. Ten deficiencies were identified. Census: 2	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50,	M 114		

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

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M 114	Continued From page 1 Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 personnel files reviewed included a complete background check as required. The Background Information Disclosure (BID) form and the Integrated Background Information System Letter (IBIS) were not completed by Caregiver C and Caregiver D. An out-of-state report from the Department of Justice (DOJ) was not completed when Caregiver D's personal identification showed that s/he had lived in Ohio within the last 3 years. Findings include: On 02/25/2026, Surveyor reviewed Caregiver C's and Caregiver D's personnel file. Caregiver C was hired 12/30/2025 and his/her file did not include a BID form or an IBIS report. Caregiver D was hired 06/13/2023 and his/her file did not include a BID form. Caregiver D's personal identification card stated s/he lived in Ohio. Caregiver D's record did not include a DOJ report for the state of Ohio. On 03/02/2026 at 9:00 AM, Surveyor conducted	M 114		

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M 114	Continued From page 2 the exit interview with Licensee A and Manager B. Surveyor discussed the requirements for a staff provider's record. Manager B stated s/he would ensure all staff records were complete.	M 114		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider permitted an existence and continuation of a condition in the home which placed the health, safety, and welfare for residents at substantial risk of harm. Caregiver C, who did not have medication administration training, dispensed medications for Resident 1 and Resident 2. Caregiver C placed Resident 2's medications within reach of Resident 1 and did not monitor the medication. Findings include: On 02/25/2026, at approximately 12:00 PM, Surveyor observed Caregiver C dispense Resident 1's and Resident 2's medications into individual pill cups for med administration. Caregiver C placed the unlabeled pill cups on the dining room table. Resident 1 ambulated to the dining room table for his/her noon meal and Caregiver C handed Resident 1 a pill cup.	M 230		

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M 230	Continued From page 3 Another pill cup remained sitting in the middle of the dining room table, easily within Resident 1's reach, while s/he ate his/her lunch. Surveyor asked when the remaining pill cup would be administered to Resident 2. Caregiver C stated Resident 2 was at his/her day program and s/he would administer his/her medications when s/he returned to the home. At 12:33 PM, Surveyor observed Resident 2's pill cup still sitting on the dining room table when Resident 1 had finished his/her meal and was returning to his/her room. Caregiver C had been in the living room, the dining room no longer in view, while Resident 1 consumed his/her lunch; Resident 1 nor the additional pill cup had been monitored. At approximately 1:15 PM, Surveyor prepared to exit the home and Resident 2's pill cup remained on the dining room table. Surveyor asked Caregiver C when Resident 2 was due home. Caregiver C stated s/he believed Resident 2 would be home around 1:30 PM. On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and requested Caregiver C's training records. On 02/26/2026 at 11:01 PM, Licensee A forwarded Surveyor Caregiver C's medication administration training which was dated 02/26/2026. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor discussed the concern with a staff member completing med administration when they have not been provided training in medication administration and not monitoring the dispensed meds in the pill cup. Surveyor commented that the training submitted was completed after the training was requested.	M 230		

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M 230	Continued From page 4 Licensee A stated Caregiver C had received prior medication administration with another provider and the certificate could not be located. Licensee A stated s/he would speak with Caregiver C immediately as that was not acceptable medication administration practices.	M 230		
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 interview and record review, the provider did not ensure 2 of 2 staff members (Licensee A and Caregiver D) received at least 8 hours, per calendar year, of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2024 and 2025. Findings include: The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental	M 246		

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M 246	Continued From page 5 illness. On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and requested Licensee A's continuing education for 2024 and 2025, due to his/her involvement with resident cares. On 02/26/2026 at 8:38 AM, Licensee A called Surveyor via telephone and asked for clarification on what records were needed. Surveyor discussed Licensee A's and Caregiver D's training records. On 02/26/2026 at 11:01 PM, Licensee A emailed Surveyor the requested training records. Upon review, Surveyor determined that the documentation for Licensee A had been completed on 02/27/2026 and there were no training records for Caregiver D. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor discussed that Licensee A's training had been completed after it was requested. Licensee A stated s/he wanted to show that s/he took the concern seriously and completed the training.	M 246		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and	M 262		

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M 262	Continued From page 6	M 262		

interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.
3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure that access within the home was provided for a resident who was unable to ambulate without the use of an assistive device.

The home did not have 2 exits ramped to grade. Bathroom doors and resident bedroom doors did not provide a 32" clear opening.

Findings include:

The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental illness.

On 02/25/2026, at approximately 11:45 AM, Surveyor arrived at the home and walked up 2 cement steps to the entrance door.

On 02/25/2026, at approximately 11:55 AM,

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M 262	Continued From page 7 Surveyor observed a wheeled walker next to Resident 1's bedroom door. Resident 1 exited his/her room and utilized the walker to get to the dining room table for the noon meal, which was approximately 10 feet. Resident 1 sat down on the walker while s/he ate his/her meal and then utilized the walker back to his/her room, leaving it sit in the hallway outside of his/her door. On 02/25/2026 at 12:18 PM, Surveyor observed the provider's license hanging on the wall which stated the home was licensed as an ambulatory home. On 02/25/2026, at approximately 1:00 PM, Surveyor measured Resident 1's doorway which had an approximate 28-inch clearance versus the required 32 inches. On 02/26/2026, Surveyor reviewed the Department facility file and did not observe a waiver for a nonambulatory resident to reside in an ambulatory home. The Department of Health Services (DHS) Chapter 88 defines "Ambulatory" as the ability to walk without difficulty or help. Ambulating with a wheeled walker was considered receiving help, as an assistive device was being utilized by Resident 1. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor asked if the provider had filed for a waiver regarding Resident 1's ambulatory status. Licensee A stated s/he did not realize a walker would require a non-ambulatory license with conditions and stated s/he would request that the license be amended by the Department.	M 262		

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M 262	Continued From page 8 On 03/03/2026, Surveyor reviewed Resident 1's managed care organization (MCO) documentation submitted by his/her MCO provider which documented: "06/06/2025 Member currently lives at Vertex Care." "Mobility: (Decrease) Due to physical limitations, member requires assistance with mobility within [his/her] living space. Member primarily using [his/her] walker due to increased pain, dizziness, weakness ... Member reports experiencing increased dizziness, pain, weakness 2-3x (times) per week and requires stand by assistance. Member uses [his/her] cane for very short distances on days [s/he] feels strong enough or dizziness is not present and reports on average, uses [his/her] cane 1x per week. When using [his/her] cane, member requires stand by assistance."	M 262		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. Toxic chemicals were not securely stored and	M 278		

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M 278	Continued From page 9	M 278		

mouse feces like substance were found in the kitchen cabinet.

Findings include:

The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental illness.

On 02/25/2026, at approximately 12:20 PM, Surveyor toured the home and observed the following unsecured cleaning compounds located in the kitchen cabinet, underneath the sink:

-Container that could hold 63 dishwasher actionpacs
-32 fluid ounce bottle of floor cleaner
-(3) 8.1 ounce spray cans of air freshener
-32 fluid ounce bottle of bathroom foamer, mango and hibiscus scent
-32 fluid ounce bottle of all purpose cleaner with bleach
-Gallon jug of bleach
-14.8 ounce bottle of fabric freshener
-23 fluid ounce bottle of window cleaner
-32 fluid ounce bottle of window cleaner
-56 fluid ounce bottle of all purpose cleaner, refreshing lemon scent
While Surveyor moved bottles to take pictures of the cleaners, s/he observed mouse feces like substance on the surface of the cabinet.

On 02/25/2026, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home, 11/06/2023,

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M 278	Continued From page 10 with diagnoses including attention-deficit hyperactivity disorder (ADHD), autistic disorder, generalized anxiety disorder and impulse disorder. Resident 2's managed care organization (MCO) Behavior Support Plan (BSP), dated 10/21/2025, documented: "Noteworthy Behavioral Considerations & Factors: Physical Behavior, Property Destruction, Self-injurious Behaviors" On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor discussed the concerns of having unsecured cleaning compounds when the home houses vulnerable adults. Licensee A stated s/he understood and would ensure cleaning compounds were secured in the home. Surveyor commented on the cleanliness of the kitchen cabinet. Licensee A stated s/he would address the concern immediately.	M 278		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually in 2024 and 2025 with all household members, with written documentation of the date and evacuation time for each drill maintained by the home.	M 348		

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M 348	Continued From page 11 Findings include: The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental illness. On 02/25/2026, at approximately 12:30 PM, Surveyor requested the provider's 2024 and 2025 fire drills from Caregiver C. Caregiver C provided Surveyor with a binder that contained a fire drill dated 11/28/2025. Caregiver C stated s/he did not know where additional documentation would be kept. Surveyor asked if Caregiver C had conducted any fire drills during his/her employment. Caregiver C stated s/he began employment in 12/2025 and s/he had not been involved in any fire drills. On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and stated that only one fire drill for 2024 and 2025 had been located. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor stated s/he did not receive any additional documentation regarding the 2024 and 2025 fire drills. Licensee A stated s/he would ensure going forward that all required fire drills were completed.	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home	M 380		

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receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 1) received a health examination by a physician and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission.

Findings include:

On 02/25/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 01/12/2025. Resident 1's record did not contain an admission health exam, a communicable disease screen nor a TB test result.

On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and stated that Resident 1's record did not contain the admission medical exam, the communicable disease screen nor the TB test result.

On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B.

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M 380	Continued From page 13 Surveyor stated s/he did not receive any additional documentation. Licensee A stated Resident 1 was a respite intake and the proper documentation had not been completed.	M 380		
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 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 1 of 2 resident records (Resident 1) reviewed had an admission agreement completed, dated, and signed by the resident, guardian or designated representative and provider prior to admission. Findings include: The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental illness.	M 384		

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M 384	Continued From page 14 On 02/25/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 01/12/2025. Resident 1's record did not contain an admission agreement. On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and stated that Resident 1's record did not contain an admission agreement. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor stated s/he did not receive any additional documentation. Licensee A stated Resident 1 was a respite intake and the proper documentation had not been completed.	M 384		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) individual service plans (ISP) included the following: 1. A description of the services the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and community.	M 410		

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M 410	Continued From page 15 3. Identification of who will monitor the plan. 4. Signed statement of agreement. Findings include: On 02/25/2026, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home 01/12/2025 and was represented by a managed care organization (MCO) Care Manager (CM) F. Resident 1's ISP, dated 01/15/2026, was not signed by the provider nor MCO CM F, and documented: "Health - Take my meds. Let them know if there is a problem." "Personal - Remind them. Doing my laundry." "Nutrition - Let them know what food I like. If I need a change in food." "Life Skills - Keep track of doctors appointment. Pay my bills on time." "Vocational Goals - Keep track of self needs. Check with me if needs." Resident 2 moved into the home, 11/06/2023, and was represented by Guardian E and MCO CM F. Resident 2's ISP, dated 12/28/2025, was not signed by the provider, Guardian E nor MCO CM F, and documented: "Health - Stay good. Check on me." "Personal - Mellow. Care for me." "Nutrition - Healthy. Recommend healthy food." "Life Skills - Learning. Science." "Vocational Goals - Orlando, Florida. Recommend a good location." On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor asked if the provider had other	M 410		

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M 410	Continued From page 16 documentation that was utilized as a resident's ISP as the documents in the resident files, available to staff, appeared to be created by the resident and did not address required topics. Licensee A stated the residents had created the ISPs as a way for them to be a part of their goals. Licensee A stated s/he would utilize a different ISP template and ask for guidance from the MCO CM's in completing the ISP and ensuring all required care team members signed the ISP.	M 410		
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: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents medications were stored in their original container which identified who the medication was prescribed for. Resident 1's medications were dispensed into a pill organizer that did not contain his/her name nor the prescription.	M 458		

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M 458	Continued From page 17 Findings include: On 02/25/2026, at approximately 12:05 PM, Surveyor observed Resident 1's medication in the med closet. Surveyor noted that Resident 1's medications had been dispensed into a pill organizer, and the pill organizer did not contain the resident's name nor the prescription orders. On 02/25/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 01/12/2025. Resident 1's February 2026 Medication Administration Record (MAR) documented s/he was prescribed Duloxetine (medication to treat depression and anxiety), Risperidone (antipsychotic), Buspirone (medication to treat anxiety disorder), Levothyroxine (medication to treat hyperthyroidism), Gabapentin (medication for seizures and nerve pain) and Simvastatin (medication to treat high cholesterol). On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor asked if a physician, a pharmacist or a registered nurse had placed Resident 1's medications into the pill organizer. Licensee A stated the meds had been moved to the pill organizer by staff. Surveyor, Licensee A and Manager B discussed the requirements for placing medications into a pill organizer. Licensee A stated s/he would address the concern.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service	M 464		

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M 464	Continued From page 18	M 464		

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 observation, record review and interview, the provider did not ensure a written order from the resident's physician permitting the provider's staff to administer medications was received before administering medications for 1 of 2 residents (Resident 1) reviewed.

Findings include:

On 02/25/2026, at approximately 12:00 PM, Surveyor observed Caregiver C dispense Resident 1's and Resident 2's medications into individual pill cups for med administration.

On 02/25/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 01/12/2025, and his/her record did not contain a written order from the resident's physician permitting the provider's staff to administer medications.

On 02/26/2026 at 7:27 AM, Surveyor emailed the provider and stated that Resident 1's record did not contain a written order from the resident's

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M 464	Continued From page 19 physician permitting the provider's staff to administer medications. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor stated s/he did not receive any additional documentation. Licensee A stated s/he would reach out to Resident 1's prescribing physicians and obtain a written order permitting the staff to administer 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 store food under sanitary conditions. Surveyor found food items in the refrigerator and pantry that were not properly sealed to avoid contamination; food items in the freezer that were not properly sealed to avoid freezer burn; and food that required refrigeration left on the counter. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent,	M 474		

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M 474	Continued From page 20	M 474		

terminally ill, and emotionally disturbed/mental illness.

On 02/25/2026, at approximately 11:50 AM, Surveyor toured the kitchen and observed the following:

Refrigerator:
-Package of waffles that stated "Keep Frozen"
-Opened 45 ounce jar of spaghetti sauce with real ground beef that was not dated
-Opened 67 ounce jar of spaghetti sauce with flavored meat that was not dated
-A plastic container with a green lid that what appeared to be a leftover food that was not labeled or dated

Freezer:
-A bag of breaded and cooked chicken strips that was not properly sealed
-3.49 pound package of chicken drumsticks that were not properly sealed
-3 pound package of chicken nuggets that were not properly sealed
-A package of okra that was not properly sealed
-A package of broccoli florets that was not properly sealed
-A package of mixed vegetables that was not properly sealed

Pantry/Cupboards:
-An opened package of fettucine noodles that was not properly sealed
-(8) peanut butter jars that had tracings of peanut butter left along the inner side of the jar
-A clear bottle of a black liquid substance that was not labeled

Counter:
-3 pound package of tilapia that stated "Keep

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M 474	Continued From page 21 Frozen." The tilapia was soft to the touch. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor discussed his/her observation of the food in the home. Licensee A stated s/he would discuss the concern with staff and ensure food was stored appropriately. Licensee A stated the empty jars of peanut butter will be disposed of immediately.	M 474		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 2 of 2 residents. The water temperature in the resident bathroom exceeded 115° Fahrenheit (F). The doorknob on the bathroom closet had a screw sticking out of the handle mechanism that created the potential for an individual to be harmed when opening the door.	M 570		

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M 570	Continued From page 22 Findings include: The provider was licensed to provide cares for up to 4 residents in the care groups: developmentally disabled, advanced aged, physically disabled, irreversible dementia/Alzheimer's, alcohol/drug dependent, terminally ill, and emotionally disturbed/mental illness. On 02/25/2026, at approximately 12:17 PM, Surveyor tempted the water in the resident bathroom sink which tempted at 125° F. Surveyor walked towards the bathroom closet and attempted to turn the doorknob which resulted in Surveyor cutting his/her finger on a screw that was sticking out of the doorknob bracket which could not be seen until one looked under the doorknob. On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor explained the water temperature and the bathroom closet doorknob. Licensee A stated s/he would address the concerns immediately. "Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA (Division of Quality Assurance)	M 570		

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M 570	Continued From page 23 publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).	M 570		
M 596	88.10(5)(b) Grievance Procedure The grievance procedure of the adult family home shall be established in accordance with ch. HSS 94. If a resident is placed or funded by a county agency, the county grievance procedure under s. DHS 94.29 shall be used. This Rule is not met as evidenced by: Based on record review and interview, the Adult Family Home's (AFH) grievance procedure documented inaccurate and incomplete information. Findings include: On 02/26/2026, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 11/06/2023. Resident 2's admission agreement, dated 11/06/2023, documented: "Present grievance to the facility staff or manage [sic: manager] and to file complaints to the Department of Health Services (DHS). The phone number for the state Ombudsman is 1-800-242-1060." The admission agreement did not identify complete information on how to contact the complaint line for the Division of Quality Assurance (DQA) or the Department's Bureau of Assisted Living's Southern Regional Office. The contact information for the Ombudsman program	M 596		

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was incorrect.

On 02/26/2026 at 8:38 AM, Licensee A contacted Surveyor to discuss requested documentation. Surveyor discussed the concerns with the contact information identified in the admission agreement regarding grievances. Licensee A stated s/he would forward Surveyor the provider's official grievance form.

On 03/02/2026, Surveyor reviewed the grievance procedure that Licensee A had forwarded. The grievance procedure documented:
"Anyone who is receiving services for mental health issues, substance abuse or a developmental disability in Wisconsin has the "patient rights" set forth in § 51.61(1), Wis. Stats. Included in those rights is access to a grievance resolution system which is in compliance with subchapter rules developed by the Department of Health Services. The rules for the state grievance resolution process are set forth in Subchapter III of DHS 94, Wisconsin Administrative Code."
The 24-page grievance procedure did not reference that the residents have the right to advocacy assistance throughout the grievance process. An adult family home shall assist its residents as needed and enable its residents to have access to the licensing agency, the resident's service coordinator, if any, the state board on aging and long-term care and its ombudsman program, the Wisconsin coalition for advocacy and any other organization providing advocacy assistance.

On 03/02/2026 at 9:00 AM, Surveyor conducted the exit interview with Licensee A and Manager B. Surveyor discussed the concerns regarding the grievance language in the admission agreement

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M 596	Continued From page 25 and the provider's grievance policy. Licensee A stated s/he would review the grievance language and ensure that is complied with DHS Chapter 88 guidelines.	M 596		