STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018930	A. BUILDING: _____ B. WING _____	C 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EKWYNOX HOUSE LLC	4168 N 74TH STREET MILWAUKEE, WI 53216

(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 06/03/2026, Surveyor conducted a complaint investigation and standard survey at Ekwynox House. One of 1 complaint was substantiated. Eight deficiencies were identified Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver C and Caregiver D) were screened for communicable diseases, including tuberculosis (TB), within 90 days before the start of providing cares. Findings include: On 06/03/2026, Surveyor reviewed staff files and observed the following:	M 232		

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

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M 232	Continued From page 1 Caregiver C was hired on 05/11/2026, Caregiver C's files did not contain a TB Test nor a communicable disease screening. Caregiver D was hired on05/01/2026, Caregiver D's files did not contain a TB Test nor a communicable disease screening. On 06/03/2026 at 11:30 AM, Surveyor interviewed Owner A. Owner A stated they were not aware of the regulation that an employee had to be screened for communicable diseases before providing cares.	M 232		
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 home was clean, well-maintained and a homelike environment for 3 of 3 residents. Faucet in the bathroom sink was broken and could not be used. Findings include: On 12/12/2025, the department received a complaint there were maintenance concerns within the bathroom.	M 276		

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M 276	Continued From page 2 On 06/03/2026 at 9:45 AM, Surveyor toured the facility and observed the faucet in the resident bathroom was broken and could not be used. On 06/03/2026 at 11:30 AM, Surveyor interviewed Owner A. Owner A stated that there had been issues in the past with the faucet leaking so a new faucet was put in place earlier this year but now this one is not working. Owner A stated they would have someone come in to try to fix it or replace it.	M 276		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were evaluated for fire evacuation upon placement to determine whether the resident was able to evacuate the home without any assistance within 2 minutes. Resident 1 and Resident 2 were not evaluated for fire evacuation. Findings include: On 06/03/2026, Surveyor reviewed resident	M 344		

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M 344	Continued From page 3 records and identified the following: Resident 1 was admitted on 05/31/2023. Resident 1's record did not contain evidence Resident 1 was evaluated for fire evacuation. Resident 2 was admitted on 10/29/2024. Resident 2's record did not contain evidence Resident 2 was evaluated for fire evacuation. On 06/03/2026 at 11:30 AM, Surveyor interviewed Owner A, Owner A stated s/he was not aware of the evacuation evaluation and had only been completing fire drills. Owner A stated going forward, s/he would ensure evacuation evaluations are performed within 3 days of admission.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 2 of 2 residents who lived in the facility beyond one year. Resident 1's annual evacuation assessment was not completed in 2024, 2025, and to date in 2026. Resident 2's annual evacuation assessment was	M 346		

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M 346	Continued From page 4 not completed in 2025 and to date in 2026. Findings include: On 06/03/2026, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 05/31/2023. Resident 1's record did not contain evidence Resident 1 was evaluated for fire evacuation annually from 2024 to present. Resident 2 was admitted on 10/29/2024. Resident 2's record did not contain evidence Resident 2 was evaluated for fire evacuation annually from 2025 to present. On 06/03/2026 at 11:30 AM, Surveyor interviewed Owner A, Owner A stated s/he was not aware of the evacuation evaluation and the need for ongoing annual evaluations. Owner A stated going forward s/he would ensure evacuation evaluations are performed annually.	M 346		
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 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	M 380		

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M 380	Continued From page 5 within 7 days after admission. 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) were screened for communicable diseases, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Findings include: On 06/03/2026 at approximately 11:30 AM, Surveyor reviewed Resident 1's and Resident 2's records and identified the following: -Resident 1 was admitted to the facility on 05/31/2023. Resident 1's record did not include evidence of a health exam including tuberculosis skin test and communicable disease screening. -Resident 2 was admitted to the facility on 10/29/2024. Resident 2's record did not include evidence of a health exam including tuberculosis skin test and communicable disease screening. On 06/03/2026 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A stated they were not aware of the regulation that residents should be screened for TB and communicable disease. Owner A stated going forward they would ensure TB and communicable disease screening is done prior to admission.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a	M 404		

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M 404	Continued From page 6 written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment, and an individual service plan (ISP) were developed for 2 of 2 residents within 30 days after placement. Resident 1 did not have a written assessment, or an ISP completed within 30 days. Resident 2 did not have a completed written assessment or an ISP completed within 30 days. Findings include: On 06/03/2026, at 11:00 AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 05/31/2023. Resident 1's record did not include a written assessment or ISP. -Resident 2 was admitted to the facility on 10/29/2024. Resident 2's record did not include a written assessment or ISP. On 06/03/2026 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A stated they were not aware of the regulation that residents needed a written assessment, and an individual service plan (ISP) within 30 days after placement. Owner A stated going forward they would ensure a written assessment, and an ISP are completed within 30 days after placement.	M 404		

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M 424	Continued From page 7	M 424		
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 record review and interview, the provider did not ensure 2 of 2 residents (Resident 1, and Resident 2) individual service plan (ISP) were reviewed and signed every 6 months. Findings include: On 06/03/2026, at 11:00 AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 05/31/2023. Resident 1's record did not include any ISPs.	M 424		

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M 424	Continued From page 8 -Resident 2 was admitted to the facility on 10/29/2024. Resident 2's record did not include any ISPs. On 06/03/2026 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A stated they were not aware of the regulation that residents needed an individual service plan (ISP) within 30 days after placement, and for it to be reviewed and signed every six months. Owner A stated going forward they would ensure ISPs are completed within 30 days after placement and reviewed every six months.	M 424		
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 by ensuring water temperatures were kept at a safe temperature for 3 of 3 residents. The hot water temperature in the bathroom was 140.5° Fahrenheit (F).	M 570		

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M 570	Continued From page 9 Findings include: This provider was licensed on 09/12/2022 to provide care for up to 3 residents in the client groups of traumatic brain injury, developmentally disabled, physically disabled, terminally ill, advanced aged and irreversible dementia / Alzheimer's. On 06/03/2026, at 10:20 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 140.5° F. On 06/03/2026 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A stated they were not aware the water temperature was so high and they would have it corrected.	M 570		