STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018461	A. BUILDING: _____ B. WING _____	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKY HOME (THE)	3133 SOUTH 80TH STREET MILWAUKEE, WI 53219

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M 000	INITIAL COMMENTS On 05/08/2026, Surveyor concluded a standard survey Sky Home (The). Four deficiencies were identified. Census: 4	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 obtain documentation indicating staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 2 of 2 staff reviewed (Manager B and Caregiver C). Findings include: On 05/07/2026 at 1:35 p.m., Surveyor reviewed the following staff files:	M 232		

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

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M 232	Continued From page 1 Manager B was hired on 08/11/2016. Licensee A confirmed that Manager B started working with the residents in the home on 08/11/2016. Manager B was tested for tuberculosis (TB) on 11/04/2016; however, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Manager B had been screened for illness detrimental to residents, as required. Manager B's record did not contain a screening for communicable disease, and his/her TB test was almost 3 months overdue. Caregiver C was hired 09/25/2018. Caregiver C started working with the residents in the home on 09/25/2018. Caregiver C's record did not contain evidence s/he was screened for TB and communicable disease. On 05/07/2026 at 1:50 p.m., Licensee A confirmed the code requirement. Licensee A reported s/he was unsure why Caregiver C did not have a TB test and communicable disease screening in her/his record. Licensee A confirmed both records did not contain communicable disease screenings. Licensee A stated, "They have both worked for me so long. Perhaps the paperwork is misplaced."	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.	M 276		

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M 276	Continued From page 2	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a clean, well-maintained, and homelike environment for 2 of 2 residents (Resident 1 and Resident 4) in the home. The residents' bedrooms required cleaning and repairs.

Findings include:

On 05/07/2026, Surveyor toured the facility and observed the following:

Resident 1's and Resident 3's Bedroom

-No bed sheets on either bed. Surveyor observed blankets pulled over bare mattresses.
-No light covers over ceiling light fixture.
-Hole in wall, behind door. The hole appeared to be from the lock portion of the door handle, hitting the wall.
- One electrical outlet without a cover.
-Light switch missing a cover.
-Above light switch, hole in wall, measuring approximately 8.5 inches by 10 inches.
-Hole inside closet wall, measuring approximately 2.5 inches by 1.5 inches.
-Resident 1's clothing all over floor with bare hangers available in closet.

Resident 4's Room

-No light covers over ceiling light fixture.
-Resident 4's bed had an accumulation of blankets, towels, and clothing on top of an unmade bed.

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M 276	Continued From page 3 -Resident 4's floor had an accumulation of magazines, books, movies, unfolded clothing, and shoes, making it difficult to move in room. -Around the bed and dispersed around the whole bedroom floor, Surveyor observed open food bags, bowls of food and large food crumbs. -Surveyor observed an open package of crackers on the floor, a large bowl of Cheetos, an open container of pretzels, and two bags of Cheetos. On 05/07/2026 at 3:15 p.m., Licensee A explained Resident 1 was very destructive in nature. Resident 1 had an episode in late September where s/he punched the holes in the walls. However, s/he has not had trouble since then. Surveyor asked why the walls had not been repaired yet. Licensee A stated, "You are right. We will get to work on that." Licensee A stated s/he struggled with Resident 4 and his/her room cleanliness. Licensee A stated, "As long as s/he has been with us, we ask to help him/her and s/he refuses. We want to respect his/her independence. However, I am concerned about the room being both a fire hazard and a rodent issue." Licensee A stated s/he sent photographs to Resident 4's therapist and requested intervention strategies. Resident 4's therapist responded by asking if Resident 4 needed his/her room to be that clean.	M 276		
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	M 424		

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M 424	Continued From page 4 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 resident Individual Service Plans (ISPs) were updated every 6 months or upon changes (Resident 1 and Resident 2). Resident 1's and Resident 2's records did not contain evidence their ISPs were reviewed every 6 months by the licensee, the resident, or by the resident's guardian, the service coordinator, if any, the designated representative, to determine continued appropriateness of the plan and if they wanted to update the plans as necessary regarding their activities of daily living. Findings include: On 05/07/2026, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/10/2024, with diagnoses including attention-deficit/hyperactivity disorder (ADHD), autistic disorder, anxiety	M 424		

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M 424	Continued From page 5 disorder, and major depressive disorder. Resident 1 had a guardian. Resident 1's ISP located in her/his record did not contain signatures of agreement or the date it was created. Resident 1's record did not contain evidence Resident 1's ISP was reviewed in 12/2025. Resident 2 was admitted on 12/11/2018, with diagnoses including non-verbal, mental retardation, and seizure disorder. Resident 2 had a guardian. Resident 2's ISP located in her/his record did not contain signatures of agreement or the date it was created. Resident 2's record did not contain evidence his/her ISP was reviewed in May 2019, December 2019, May 2020, December 2020, May 2021, December 2021, May 2022, December 2022, May 2023, December 2023, May 2024, December 2024, May 2025, and December 2025. On 05/07/2026 at 12:25 p.m., Surveyor interviewed Licensee A, who reported the residents came into the facility with care plans. Licensee A reported s/he had always used the managed care organizations (MCO's) care plan. Licensee A reported s/he was not aware that the facility needed to complete a separate ISP, needed to update it upon changes and every 6 months. Licensee A stated a surveyor explained the code to him/her in March. Licensee A reported s/he wrote the assessments and ISPs for the residents at that time.	M 424		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the	M 582		

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M 582	Continued From page 6 resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 received all prescribed medications in the dosage as prescribed by the resident's physicians. Findings include: On 05/07/2026 at 10:40 a.m., Surveyor reviewed Resident 2's record. The following was identified: Resident 2 was admitted on 12/11/2018, with diagnoses including non-verbal, mental retardation, and seizure disorder. Resident 2 had a guardian. Resident 2's physician order dated 04/21/2026 read, "Depakote 125 mg (milligrams) tablet (tab). Take three capsules by mouth twice a day. Risperidone 0.25 mg tab. Take one tablet by mouth twice daily." Surveyor observed Resident 2's 8:00 a.m. Depakote and risperidone medication for 05/07/2026 still in the medication pill packet. The date and the time of when the medication administration was due, was observed on the back of the pill packet.	M 582		

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M 582	Continued From page 7	M 582		

Resident 2's April 2026 Medication Administration Record (MAR), dated 04/21/2026 to 05/18/2026, contained small boxes where caregivers would initial to confirm administration of medication. Surveyor observed caregiver's initials on 05/07/2026 at 8:00 a.m.

Surveyor observed initials up to May 11th in the 8:00 a.m. boxes and in the 8:00p.m. boxes up to May 10th.

On 05/07/2026 at 12:40 p.m., Surveyor interviewed Caregiver C regarding Resident 2's 8:00 a.m. Depakote and risperidone medication for 05/07/2026 being in the medication pill packet. Caregiver C stated, "I guess you are going to get me for that. [Resident 2] did not want his/her medications this morning." Surveyor confirmed Caregiver C's initials, located on the backside of the MAR, and asked why s/he put his/her initials in Resident 2's medication record up to May 11th in the 8:00 a.m. boxes and in the 8:00 p.m. boxes up to May 10th. Caregiver C stated, "I messed up. I am only human. I had the medication class. I just made a mistake." Caregiver C stated s/he would fill out a medication error report and provide it to Licensee A before the end of his/her shift.

On 05/07/2026 at 11:30 a.m., Surveyor interviewed Licensee A, who stated Caregiver C did not inform him/her of the medication error before s/he left. Licensee A stated, "I am constantly talking to staff about the importance of medications. I am disappointed. I do not know why [Caregiver C] missed Resident 2's 8:00 a.m. medication administration or signed up until May 10th and 11th."

On 05/07/2026 at 3:45p.m., Licensee A confirmed

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M 582	Continued From page 8 s/he had not received a medication error report from Caregiver C.	M 582		