STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019067	A. BUILDING: _____ B. WING _____	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN HOUSE LUXURY LIVING HOME A	421 CENTURY OAK DR 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 06/30/2025, with information gathered through 07/02/2025, Surveyor conducted a standard licensure survey at Brown House Luxury Living Home A. Ten deficiencies were identified. Census: 4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver C did not complete annual training regarding standard precautions in 2024. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training	M 235		

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

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M 235	Continued From page 1 must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." This provider is licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 06/30/2025, Surveyor and Licensee A reviewed Caregiver C's employee file. Caregiver C was hired on 04/17/2023. Caregiver C's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024. On 06/30/2025, at approximately 12:45 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure staff received the required continuing education going forward.	M 235		
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	M 246		

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M 246	Continued From page 2 received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 2 staff members (Caregiver C) 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. Findings include: This provider is licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 06/30/2025, Surveyor reviewed Caregiver C's training records. Caregiver C was hired on 04/17/2023. Caregiver C's record did not contain continuing education in 2024. On 06/30/2025, at approximately 12:45 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure staff received the required continuing education going forward.	M 246		
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 3	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not maintain a safe, clean, and homelike environment.

Findings include:

On 06/30/2025, at approximately 11:00 AM, Surveyor toured the home and observed:

Resident Bathroom:
-Surveyor attempted to temp the water, and the sink filled up and was draining very slowly. The water finally temped at 98 degrees Fahrenheit.
-Vent was covered in a thick layer of a dust like substance.
-Faucet appeared to have signs of a rust like substance.
-Toilet paper dispenser was inoperable due to one bracket missing.

Kitchen:
-Cabinets felt greasy to touch
-Interior of the microwave had what appeared to be a black burn mark on the right side
-Oven had substantial build up of what appeared to be a burned food like substance
-Stove hood had what appeared to be a dust like substance covering it
-Stove vent had a black circular stain which appeared to be a build up of grease

Resident 1's Bedroom:

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M 276	Continued From page 4 -Curtain rod was not securely adhered to the wall -Door had an approximate 6 inch crack in the top right corner -Vent had a thick layer of a dust like substance Resident 3's Bedroom: -Curtain rod was not securely adhered to the wall -Approximate 6 inch brown circular stain on the ceiling, next to the smoke detector. Resident 4's Bedroom: -Room had a urine like scent emanating throughout. The bedsheets did not appear to be clean and had a urine like scent. On 06/30/2025, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would address the concerns with staff.	M 276		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. Findings include: This provider is licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, advanced	M 342		

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M 342	Continued From page 5	M 342		

aged, irreversible dementia/Alzheimer's disease, and developmentally disabled.

On 06/30/2025, Surveyor reviewed the providers fire drills. The fire drill, dated 06/20/2024, documented the evacuation time of 7 minutes. The fire drills, dated 07/23/2024 and 01/23/2025, documented the evacuation time of 8 minutes.

On 06/30/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A. Surveyor asked for clarification as to why the evacuation times exceeded 2 minutes in great length. Licensee A stated staff must return to the home to evacuate each resident, as they need assistance. Licensee A confirmed there was only one staff member scheduled per shift. Surveyor and Licensee A reviewed the postings displayed in the home which did not include a fire evacuation plan.

On 06/30/2025, Surveyor reviewed Resident 1's and Resident 2's record.

Example 1: Resident 1

Resident 1 moved into the home, 12/13/2022, with diagnoses including profound intellectual disability, seizure disorder, cerebral palsy, and cerebrovascular accident (stroke).

Resident 1's managed care organization (MCO) Member Centered Plan, dated 07/01/2024 to 12/31/2024, documented:
"Repositioning: Person/Agency Providing Assistance"
"Transferring: Person/Agency Providing Assistance"
"Range of Motion: Person/Agency Providing Assistance"

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M 342	Continued From page 6 Resident 1's "Resident Evacuation Assessment," dated 01/02/2024, documented: "Needs Full Assistance means the resident may require physical assistance from a staff member during most of the evacuation or the total time required for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility." "Needs Only One Staff means there is no specific evidence that the resident needs help from two or more persons in a fire emergency." Example 2: Resident 2 Resident 2 moved into the home, 03/18/2024, with diagnoses including obesity and behaviors. On 06/30/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A. Surveyor asked if Resident 2 was able to evacuate the home independently. Licensee A stated, "[Resident 2] is bedbound and requires a Hoyer for transfers. [S/he] is currently hospitalized to receive wound care." Surveyor asked if s/he had a fire evacuation plan. Licensee A stated, "Is that not the resident's evacuation assessment."	M 342		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.	M 404		

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M 404	Continued From page 7	M 404		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident (Resident 1, Resident 2, and Resident 3) records reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement.

Findings include:

On 06/30/2025, at approximately 11:00 AM, Surveyor reviewed Resident 1's, Resident 2's and Resident 3's record with Licensee A.

Example 1: Resident 1

Resident 1 moved into the home, 12/13/2022, with diagnoses including profound intellectual disability, seizure disorder, cerebral palsy, and cerebrovascular accident (stroke).

Resident 1 was represented by Guardian E and managed care organization (MCO) Care Manager (CM) D.

Resident 1's MCO "Member Care Plan," dated 07/01/2024 to 12/31/2024, was signed by Licensee A on 07/01/2024. Licensee A stated s/he utilized this document as Resident 1's ISP. The "Member Care Plan" did not document any caregiver guidelines related to Resident 1. The document was not signed by Guardian E or CM D. Surveyor asked if Licensee A had created an ISP with care guidelines when Resident 1 moved into the home. Licensee A stated s/he had always utilized the MCO member care plan.

Example 2: Resident 2

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M 404	Continued From page 8 Resident 2 moved into the home, 03/18/2024, with diagnoses including obesity and behaviors. Resident 2 was represented by CM F and Power of Attorney (POA) G. Resident 2's MCO "Member Care Plan," dated 03/01/2025 to 08/31/2025, was signed by Licensee A on 02/19/2025. Licensee A stated s/he utilized this document as Resident 2's ISP. The "Member Care Plan" did not document any caregiver guidelines related to Resident 2. The document was not signed by CM F or POA G. Surveyor asked if Licensee A had created an ISP with care guidelines when Resident 2 moved into the home. Licensee A stated s/he had always utilized the MCO member care plan. Example 3: Resident 3 Resident 3 moved into the home 07/07/2023 and was represented by CM F and Guardian H. Resident 3's MCO "Member Care Plan," dated 06/01/2024 to 11/30/2024, was signed by Licensee A on 06/01/2024. Licensee A stated s/he utilized this document as Resident 3's ISP. The "Member Care Plan" did not document any caregiver guidelines related to Resident 3. The document was not signed by CM F or Guardian H. Surveyor asked if Licensee A had created an ISP with care guidelines when Resident 3 moved into the home. Licensee A stated s/he had always utilized the MCO member care plan. Licensee A stated s/he would organize care conference meetings for residents and their representatives to discuss the development of each resident's ISP.	M 404		

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M 424	Continued From page 9	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 3 residents' (Resident 1 and Resident 3) Individual Service Plan (ISP) were reviewed at least every 6 months. Findings include: On 06/30/2025, at approximately 11:00 AM, Surveyor reviewed Resident 1's and Resident 3's record with Licensee A. Example 1: Resident 1 Resident 1 moved into the home, 12/13/2022, with diagnoses including profound intellectual	M 424		

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M 424	Continued From page 10	M 424		

disability, seizure disorder, cerebral palsy, and cerebrovascular accident (stroke).

Resident 1 was represented by Guardian E and managed care organization (MCO) Care Manager (CM) D.

Resident 1's MCO "Member Care Plan," dated 07/01/2024 to 12/31/2024, was signed by Licensee A on 07/01/2024. Licensee A stated s/he utilized this document as Resident 1's ISP. The "Member Care Plan" did not document any caregiver guidelines related to Resident 1. The document was not signed by Guardian E or CM D.

Resident 1's ISP should have been reviewed in 12/2024.

Example 2: Resident 3

Resident 3 moved into the home 07/07/2023 and was represented by CM F and Guardian H. Resident 3's MCO "Member Care Plan," dated 06/01/2024 to 11/30/2024, was signed by Licensee A on 06/01/2024. Licensee A stated s/he utilized this document as Resident 3's ISP. The "Member Care Plan" did not document any caregiver guidelines related to Resident 3. The document was not signed by CM F or Guardian H.

Resident 3's ISP should have been reviewed in 12/2024.

Licensee A stated s/he would organize care conference meetings for residents and their representatives to discuss the development of each resident's ISP.

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M 458	Continued From page 11	M 458		
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 and interview, the provider did not store medications as specified by the pharmacist for 1 of 2 residents. Resident 1 had expired PRN (as needed) medications stored with his/her current medications. Findings include: On 06/30/2025, at approximately 12:05 PM, Surveyor and Licensee A observed Resident 1's medications in the med closet. Surveyor observed a blister card of Acetamin 500 MG (milligram), with a dispense date of 03/16/2023 and a 'Do Not Use Beyond' date of 03/14/2024; a blister card of Docusate Sodium, with a dispense date of 01/02/2024 and a 'Do Not Use Beyond' date of 12/31/2024. Licensee A stated the medication should have been properly disposed of.	M 458		

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M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 1 of 2 residents received the correct dosage of medication at the correct time and followed physician guidelines. Resident 1's Fluticasone was not administered as prescribed. Findings include: On 06/30/2025, at approximately 12:05 PM, Surveyor and Licensee A observed Resident 1's medications in the med closet. Surveyor observed an opened bottle of Fluticasone 50 MCG (micrograms), with a dispensed date of 10/28/2024, with a prescription that stated, "Spray once in each nostril once daily at bedtime." Surveyor stated the bottle contained 120 actuations, the bottle would have dispensed 60 days' worth of medication, meaning the medication would have needed to be replaced in January 2025. Surveyor asked if there were any other bottles of Fluticasone available for Resident 1. Caregiver B reviewed the med closet and stated s/he did not locate any other Fluticasone.	M 462		

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M 462	Continued From page 13 Surveyor requested Resident 1's pharmacy delivery reports and May and June medication administration records. Licensee A stated the information was on the electronic computer system. Licensee A would need to email Surveyor this documentation. On 06/30/2025, Surveyor reviewed Resident 1's record which was available onsite. Resident 1 moved into the home, 12/13/2022, with diagnoses including profound intellectual disability, seizure disorder, cerebral palsy, and cerebrovascular accident (stroke). As of 07/02/2025 at 8 :00 AM, Surveyor did not receive any additional documentation. "Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - July 03, 2025).)	M 462		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health.	M 470		

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BROWN HOUSE LUXURY LIVING HOME A	421 CENTURY OAK DR WAUKESHA, WI 53188

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M 470	Continued From page 14 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure each resident received a variety of food that met their individual preferences and maintained resident health. There was a limited amount of food readily available in the refrigerator, freezer, and cabinets. Residents were offered 3 food items for lunch: hotdog, peanut butter and jelly sandwich, or a ham sandwich. Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 06/30/2025, at approximately 11:05 AM, Surveyor and Caregiver B toured the home. Surveyor noted there was a limited amount of food readily available in the refrigerator and freezer. Surveyor observed a sign on the refrigerator that stated, "Daily Lunch - Choice of: Hot Dog, PB&J (peanut butter and jelly) sandwich, Ham (with or with [sic: without] cheese) sandwich (Hot or Cold)." Surveyor opened the refrigerator and Caregiver B stated that the food in the refrigerator belonged to Resident 4. Resident 4, who was sitting at the kitchen table, stated s/he liked to cook different foods. Caregiver B lead Surveyor out to the garage where another refrigerator and freezer were located. Surveyor observed the freezer and noticed 3 bags of skillet dinners, a pizza, 4 family sized creamed chipped beef dinners, 2 family	M 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019067	A. BUILDING: _____ B. WING _____	07/02/2025

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M 470	Continued From page 15 sized macaroni & beef dinners, 2 family sized chicken lasagna dinners, a bag of steak fries, a box of hamburger patties that were not sealed, 2 packages of breakfast sausages that expired in 07/2024, a package of ham slices that were not sealed and displayed freezer burn and a pumpkin pie with a best if used by date of 04/26/2024. The refrigerator contained various condiments, medications, and options for drinks. On 06/30/2025, at approximately 11:45 AM, Surveyor heard Caregiver B asked a resident, who did not reside at the home, what s/he wanted for lunch. The resident asked what the options were. Caregiver B listed hotdog, peanut butter and jelly sandwich, and ham sandwich. On 06/30/2025, at approximately 12:40 PM, Surveyor observed the food options with Licensee A. Surveyor asked Licensee A if there more food options. Licensee A stated the family size meals provided variety. (Licensee A also stated that the freezer in the garage was shared between the two homes. The Adult Family Home was connected to an adjoining Adult Family Home.) Licensee A stated s/he had groceries that were being delivered. Surveyor asked to see the grocery list. Licensee A stated s/he had to create it on the on-line application. Surveyor asked Licensee A if residents received the same 3 options every day for lunch. Licensee A stated sometimes they can have a can of soup or chili. Surveyor walked to the pantry and saw some cans of vegetables, but no soup or chili. Licensee A stated Resident 2 was the resident that would eat the soup or chili, and s/he was currently hospitalized. Surveyor asked if these options provided residents with the proper nutrition. Licensee A stated s/he understood that residents needed to have healthy food options	M 470		

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M 470	Continued From page 16 available.	M 470		
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 4 of 4 residents. Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 06/30/2025, at approximately 11:00 AM, Surveyor toured the home with Caregiver B. Surveyor and Caregiver B walked into the laundry room and the room was very warm and humid feeling. Caregiver B stated, "Yeah, when the dryer is running, it gets really warm in here."	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 570	Continued From page 17 On 06/30/2025, at approximately 11:50 AM, Surveyor and Licensee A observed the dryer vent. The vent tubing had been disconnected which created a buildup of lint behind the dryer, on the floor and the wall. Licensee A stated, "I will get this addressed, this is a fire hazard."	M 570		