STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020736	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEH ADULT FAMILY HOME LLC	6303 EASTGATE ROAD MONONA, WI 53716

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M 000	INITIAL COMMENTS From 06/15/2026 to 06/29/2026, Surveyor conducted 2 complaint investigations at DEH Adult Family Home LLC, an AFH in Monona. Four deficiencies were identified. Two of 2 complaints were substantiated. Census: 1	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure the home followed its program statement. Licensee A was not present the hours the program statement indicated s/he would be present in the adult family home. Resident 1 was not being cared for by	M 106		

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

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M 106	Continued From page 1	M 106		

highly-trained staff as indicated in the adult family home's program statement at the time of his/her choking episode on 05/31/2026, which resulted in death.

Findings include:

From 06/15/2026 to 06/29/2026, Surveyor conducted a complaint investigation alleging care concerns at the provider's home. Surveyor identified the following concerns with the provider's program statement not being followed:

Example 1 - Licensee A's Presence:

On 06/15/2026 at approximately 11:45 a.m., Surveyor arrived to the provider's home. Licensee A was not present, but arrived within 10 minutes.

On 06/19/2026 at approximately 2:00 p.m., Surveyor received documentation of communications between Guardian C and Licensee A in which Guardian C expressed his/her frustration with Licensee A not being present at the home. Documentation indicated Licensee A acknowledged on 03/16/2026 that s/he had not been at the home due to family matters and was expected to be away until 03/23/2026. *Per department records the home was licensed as an adult family home on 03/19/2026.

On 06/23/2026 at approximately 9:00 p.m., Surveyor received the provider's program statement from Licensee A, which stated the following: "[Licensee A] will be available on-site from every Mon-Sat, 6:00 a.m. to 6:00 p.m. and every other Sunday same time."

On 06/29/2026 at 12:10 p.m., Surveyor

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M 106	Continued From page 2	M 106		

interviewed Licensee A regarding his/her presence in the home. Licensee A stated his/her home was only 3 minutes from the adult family home and stated "I'm always present. I work more than any other staff there ... I am not a robot. I need rest." Licensee A expressed frustration that Guardian C wanted Licensee A to work with Resident 1 24/7. Licensee A acknowledged s/he was not physically present at the adult family home the hours listed on the program statement and stated s/he would revise the program statement.

Example 2 - Highly Trained Staff:

On 06/15/2026 at approximately 1:00 p.m., Surveyor reviewed employee records, which documented the following:

- Caregiver D's employee record indicated s/he was hired on 12/27/2024; however, Licensee A reported Caregiver D was immediately off work upon hire due to family matters and did not begin working for the provider until 03/2026. Caregiver D's record indicated s/he did not complete trainings, including first aid, until 06/03/2026.
- Caregiver E's employee record documented s/he was hired on 04/01/2026. Caregiver E's employee record indicated s/he completed trainings, including first aid, 06/05/2026.

On 06/19/2026 at approximately 2:00 p.m., Surveyor received documentation of communications between Guardian C and Licensee A. Licensee A expressed care concerns, including staff training and ability to communicate with Resident 1.

On 06/22/2026 at approximately 5:20 p.m., Guardian C followed up with Surveyor and stated

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M 106	Continued From page 3 s/he had observed Caregiver E feed Resident 1 too quickly and once had Caregiver D remove food from Resident 1's mouth because Resident 1 was beginning to choke. Guardian C stated, "Training and supervision was terrible at that home." On 06/23/2026 at approximately 9:00 p.m., Surveyor received the following from the provider: - The provider's program statement from Licensee A, which stated the following: "When not on-site, the owner is available by phone. [Adult family home] employees are available on all shifts to manage the facility. All staff are highly trained and are the hallmark of our exceptional program." - A self-report, dated 06/01/2026, that stated Caregiver D was feeding Resident 1 on 05/31/2026 when s/he began choking and that Caregiver E was also present. The self-report documented Caregiver F arrived on scene within approximately 2 minutes to administer the Heimlich maneuver. On 06/29/2026 at 12:10 p.m., Surveyor interviewed Licensee A regarding Caregiver D and Caregiver E working with Resident 1 when they were not fully trained. Licensee A acknowledged Caregiver D and Caregiver E were not fully trained and stated s/he had provided job-shadow training prior to 05/31/2026 and was working on getting the caregivers enrolled in required trainings. Licensee A stated Caregiver F, who was fully trained, was present at the home, but downstairs at the time of the 05/31/2026 choking.	M 106		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT	M 420		

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M 420	Continued From page 4 A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had an individual service plan (ISP) that included a statement of agreement from all persons involved with the development of the ISP. Resident 1's ISP was not signed by his/her legal guardian. Findings include: On 06/15/2026 at approximately 12:15 p.m., Surveyor reviewed Resident 1's record. Resident 1 resided at the home on 03/19/2025, when the home became licensed as an adult family home. Resident 1 passed away on 05/31/2026. Resident 1 had a legal guardian. Resident 1's diagnoses included brain injury, quadriplegia, visual impairment, psychosis and depression. Resident 1's record included an ISP, dated 05/21/2026, that was signed by Licensee A only. On 06/15/2026 at approximately 12:20 p.m., Surveyor interviewed Licensee A and asked if s/he had an ISP signed by Resident 1's legal guardian. Licensee A replied, "No," and stated there was a meeting scheduled for 06/10/2026. Surveyor asked if Licensee A had documentation of past ISPs that were signed by Resident 1's legal guardian. Licensee A replied, "No."	M 420		

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M 420	Continued From page 5 On 06/18/2026 at 9:17 a.m., Surveyor interviewed Resident 1's guardian, Guardian C. Surveyor asked Guardian C if s/he reviewed ISPs during Resident 1's stay at the provider's home. Guardian C stated s/he had recently been asked to sign an ISP for the first time within the past few weeks, but did not sign the ISP because it was left for him/her to sign without reviewing the document with Licensee A or Case Manager B.	M 420		
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 1 of 2 individual service plans (ISP) reviewed was updated when there	M 424		

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M 424	Continued From page 6 was a substantial change. Resident 1's ISP was not updated following a choking episode. Findings include: From 06/15/2026 to 06/29/2026, Surveyor conducted 2 complaint investigations concerning a choking incident that resulted in death at the provider's home. On 06/15/2026 at approximately 7:00 a.m., Surveyor reviewed law enforcement records and hospital records, obtained by Surveyor. Records documented the following: - An emergency room visit summary, dated 12/05/2025, documented Resident 1 was seen in the emergency room after choking on tacos. No treatment received. Group home staff were given instructions for very small bites of food and thorough chewing. - A law enforcement record, closed 06/01/2026, stated law enforcement responded to the provider's home on 05/31/2026 at approximately 5:30 p.m. for report of a resident choking on food. The report documented that Resident 1 had choked on a soft-shell taco and was transported to the hospital after receiving cardiopulmonary resuscitation and suctioning by paramedics. - A discharge summary, filed 06/03/2026, stated Resident 1 admitted to the hospital for cardiac arrest after choking on tacos at an adult family home. The report documented Resident 1 rapidly decompensated, decision was made to focus on comfort and Resident 1 passed away. The primary discharge diagnosis was cardiopulmonary arrest secondary to aspiration of food.	M 424		

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M 424	Continued From page 7 On 06/15/2026 at approximately 12:15 p.m., Surveyor reviewed Resident 1's record. Resident 1 resided at the home on 03/19/2025, when the home became licensed as an adult family home. Resident 1 passed away on 05/31/2026. Resident 1 had a legal guardian. Resident 1's diagnoses include brain injury, quadriplegia, visual impairment, psychosis and depression. Resident 1's record included an admission assessment, dated 02/18/2024, that stated Resident 1 had no difficulty swallowing and no aspiration precautions. Resident 1's record included an ISP, dated 05/21/2026, that stated s/he required full and total supervision for all cares, including eating. Resident 1's ISP did not include his/her history of choking on tacos and need for small bites of food and thorough chewing. On 06/16/2026 at 12:50 p.m., Case Manager B stated staff not feeding Resident 1 appropriately was a known concern and Guardian C was good about voicing the concern. On 06/18/2026 at 9:17 a.m., Surveyor interviewed Guardian C. Guardian C shared concern that the provider's staff fed Resident 1 too quickly. Guardian C stated, "They just shove food in [his/her] mouth." Guardian C stated within the past week of 05/31/2026, Guardian C had observed Caregiver E feeding Resident 1 too quickly and Caregiver E didn't appear to understand Guardian C when s/he tried to correct Caregiver E. Guardian C stated Resident 1 was able to eat taco with staff bringing the taco to Resident 1's mouth, but staff would need to give time to chew, swallow, breath and have sips of liquid. Guardian C stated Resident 1 had a history of opening his/her mouth for more food when s/he still had food in his/her mouth and staff	M 424		

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M 424	Continued From page 8 needed to be mindful of that. On 06/29/2026 at 12:10 p.m., Surveyor interviewed Licensee A and discussed concern that Resident 1's ISP had not been updated after his/her 12/05/2025 choking incident. Licensee A stated all staff were aware of Resident 1's dietary needs but acknowledged the ISP was not updated.	M 424		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure services specified in a resident's individual service plan (ISP) were provided or arranged for. Resident 2 did not receive dietary assistance as specified in his/her ISP. Findings include: On 06/15/2026 at 11:47 a.m., Surveyor observed Resident 2 feeding him/herself a sandwich in the dining room. Surveyor observed Resident 2 was eating from a regular plate set directly on the table and drinking from a regular cup. Caregiver E was in the provider's living room as Resident 2	M 436		

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M 436	Continued From page 9 ate his/her meal. On 06/15/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. . Resident 2 resided at the home on 03/19/2025, when the home became licensed as an adult family home. Resident 2's ISP, dated 05/21/2026, indicated s/he required full assistance with care, including eating. A "Food Preferences Assessment," dated 02/07/2025, stated Resident 2 needed food cut into thumbnail size pieces, needed to alternate between solids and liquids, needed honey thick liquids, a dycem plate guard and nosey cups. Resident 2's record included a Member Centered Plan, dated 12/01/2024, that stated staff were to be arm's length away from resident when eating, Resident 2 was to have small bites of food with a utensil and needed reminders to chew and swallow with sips of water. On 06/14/2026 at approximately 12:10 p.m., Surveyor interviewed Licensee A regarding Resident 2's dietary assistance needs. Licensee A stated Resident 2 was able to feed him/herself a sandwich to encourage upper extremity use, but that s/he should use a nosey cup and have supervision. Licensee A showed Surveyor nosey cups in the cupboard that should have been used.	M 436		