STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017979	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXTENDED ARMS AFH	5430 WEST DONGES LANE BROWN DEER, WI 53223

(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 07/30/2025, Surveyor conducted a standard survey at Extended Arms AFH. As a result, 10 deficiencies were identified. Census: 2	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 1 of 1 caregiver (Caregiver C) was screened for communicable diseases, including tuberculosis (TB), within 90 days before the start of providing cares. Caregiver C was not screened for communicable diseases including TB before providing cares. Findings include: On 07/30/2025, at 2:00 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 04/18/2022. Caregiver C's record contained a communicable disease screening questionnaire,	M 232		

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

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M 232	Continued From page 1 dated 04/18/2022. The questionnaire did not contain a signature from a registered nurse, physician, or a physician assistant on her/his communicable disease screening. Caregiver B's record did not evidence Caregiver B was screened for TB. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A, and Administrator B confirmed the code requirement. Administrator B reported s/he was unsure why Caregiver C did not have a TB test in her/his record. Licensee A and Administrator B reported they had a registered nurse who would complete the communicable disease screenings for the future.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 staff received 15 hours of training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or	M 244		

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M 244	Continued From page 2 within 6 months of starting to provide cares. Caregiver C did not receive any training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents. Findings include: On 07/30/2025, at 2:00 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 04/18/2022. Caregiver C's record did not contain any evidence of training in health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A confirmed staff required 15 hours of training. Licensee A and Administrator B reported they recently had an audit and learned about training. Licensee A and Administrator B reported they were in the process of developing a training procedure to ensure compliance with the code requirement.	M 244		
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.	M 246		

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M 246	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received annual training for 1 of 1 caregiver (Caregiver C). Caregiver C did not receive annual training in 2023, and did not receive resident rights training in 2024. Findings include: On 07/30/2025, at 2:00 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 04/18/2022. Caregiver C's record did not contain any evidence of continuing education training in 2023. Caregiver C received standard precaution training, fire safety training and first aid and choking training in 2024. Caregiver C record did not contain evidence of resident rights training in 2024. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A confirmed the code requirement. Licensee A and Administrator B reported they recently had an audit and learned about training. Administrator B reported Caregiver C received 3 trainings in 2024, but confirmed Caregiver C did not receive training in 2023. Licensee A and Administrator B reported they were in the process of developing a training procedure to ensure compliance with the code requirement.	M 246		
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	M 344		

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M 344	Continued From page 4	M 344		

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 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 07/30/2025, at 1:20 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 09/24/2023, with diagnoses including schizophrenia and neurocognitive disorder. Resident 1's record did not contain evidence Resident 1 was evaluated for fire evacuation.

Resident 2 was admitted on 05/18/2025, with unknown diagnoses. Resident 2's record did not contain evidence Resident 2 was evaluated for fire evacuation.

On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A, and Administrator B confirmed the code requirement. Licensee A and Administrator B did not offer a reason for not completing the assessments. Administrator B reported s/he would ensure

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M 344	Continued From page 5 assessments were completed.	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 ensure 1 of 1 resident (Resident 1) was evaluated annually for fire evacuation. Resident 1 was not evaluated for fire evacuation in 2024. Findings include: On 07/30/2025, at 1:20 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 09/24/2023, with diagnoses including schizophrenia and neurocognitive disorder. Resident 1's record did not contain evidence Resident 1 was evaluated for fire evacuation. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A, and Administrator B confirmed the code requirement. Licensee A and Administrator B did not offer a reason for not completing the assessments. Administrator B reported s/he would ensure assessments were completed.	M 346		

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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 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) was screened for communicable diseases including tuberculosis (TB) 90 prior to or 7 days after admission. Resident 1 was not screened for communicable diseases including TB. Findings include: On 07/30/2025, at 1:20 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/24/2023, with diagnoses including schizophrenia and neurocognitive disorder. Resident 1's record did not contain evidence s/he was screened for communicable diseases including TB. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Administrator B confirmed the code requirement. Administrator B reported s/he thought Resident 1 was screened for TB but was unable to locate the paperwork.	M 380		

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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. 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 1 of 2 residents within 30 days after placement. Resident 2 did not have a written assessment, or an ISP completed within 30 days. Findings include: On 07/30/2025, at 1:20 PM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 05/18/2025, with unknown diagnoses. Resident 2's record did not contain a written assessment or ISP. On 07/02/2025, at 12:25 PM, Surveyor interviewed Licensee A. Licensee A reported confirmed the code requirement. Licensee A reported s/he needed to develop the ISP for Resident 2 and would complete it right away.	M 404		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written	M 464		

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M 464	Continued From page 8	M 464		

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 record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications prior to administering medications for 2 of 2 residents. Resident 1's and Resident 2's record did not contain a physician signed written order to administer medications.

Findings include:

On 07/30/2025, at 1:20 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 09/24/2023, with diagnoses including schizophrenia and neurocognitive disorder. Resident 1's individual service plan (ISP) indicated Resident 1 required assistance with medication administration. Resident 1's record contained a written order stating who can administer medications which was signed by Resident 1 and Licensee A. The order was not signed by a physician.

Resident 2 was admitted on 05/18/2025, with unknown diagnoses. Resident 2's record contained a written order stating who can administer medications which was signed by

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M 464	Continued From page 9 Resident 2. The order was not signed by a physician. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A, and Administrator B was unaware the order needed to be signed by a physician. Licensee A and Administrator B reported they thought the order needed signed by the resident or guardian.	M 464		
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 2 of 2 residents. The hot water temperature in the bathroom was 126.7° Fahrenheit (F). Findings include: On 07/30/2025, at 2:30 PM, Surveyor tested the water temperature in the bathroom sink faucet.	M 570		

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M 570	Continued From page 10 The water temperature was 126.7° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents 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 Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware the water temperature was too high. Licensee A reported the water heater would be turned down.	M 570		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of	Z 005		

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Z 005	Continued From page 11 safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	Z 005		

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Z 005	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service providers had background check upon hire. Caregiver B did not have a completed background check until 113 days after her/his hire date. Findings include: On 07/30/2025, at 2:00 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired 04/18/2022. Caregiver C's record contained a Background Information Disclosure (BID) dated 05/04/2022. Caregiver C's Department of Justice (DOJ) background check and Integrated Background Information System (IBIS) check were dated 08/09/2022. Caregiver C's record did not contain evidence of a background check being completed within 60 days of employment. On 07/30/2025 at 2:35 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A, and Administrator B were unable to explain why Caregiver C's BID was not filled out upon hire. Licensee A and Administrator B reported they would ensure compliance with the code requirements.	Z 005		