STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018379	A. BUILDING: _____ B. WING _____	R-C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEES DIRECT CARE	6755 NORTH 55TH STREET MILWAUKEE, 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 01/13/2026, Surveyors completed a verification visit at Tees Direct Care. As a result, 4 of the previous 8 deficiencies were corrected. Four of the previous deficiencies were re-cited, with no new deficiencies identified; therefore, 4 total deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services (DHS) - Licensed Adult Family Home (AFH) regulations. This is a repeat deficiency from Statement of Deficiency BSPH12, dated 08/26/2025. Findings include: On 01/13/2026, Surveyors conducted a verification visit at Tee's Direct Care. As a result of the survey, the provider was issued 4	{M 216}		

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

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{M 216}	Continued From page 1 deficiencies. Four of the 4 were repeat deficiencies. The following deficiencies were identified, which includes this violation: 88.04(2)(a) - Responsibilities - This is a repeat deficiency. 88.06(3)(d)1 - Description of Services - This is a repeat deficiency. 88.07(3)(e)1 - Medication Record Keeping - This is a repeat deficiency. 88.10(3)(q) - Medications - This is a repeat deficiency. On 01/13/2026, at approximately 12:00 PM, Surveyors interviewed Licensee A, and the following was reported: Licensee A has had trouble with the computer program used to document resident care. S/He had a meeting with her/his representative from the company and was meeting with them again on 01/15/2026, to learn more about using the program. The program did not save marked information, such as the level of supervision residents needed. The residents' ISPs were sent to case managers and legal representatives with this missing information. Licensee A reported all staff were responsible for record keeping and medications. The facility utilized handwritten notes to keep track of medication refills. Licensee A had provided training to staff regarding medications and medication record keeping and acknowledged they needed more training. Licensee A was working with the nurse, pharmacy, and the computer program used for documenting care to ensure the home was in compliance with DHS Chapter 88.	{M 216}		

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{M 412}	Continued From page 2	{M 412}		
{M 412}	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not have a description of services the licensee would provide to meet the assessed need for 3 of 4 residents (Resident 2, Resident 3 and Resident 4) reviewed. Resident 2's, Resident 3's and Resident 4's Individual Service Plan (ISP) did not include the level of supervision required in the home and community. This deficiency is being cited for a 4th time. See Statement of Deficiency (SOD) 29PB11, dated 03/23/2023, SOD 29PB12, dated 10/08/2024 and SOD BSPH12, dated 08/26/2025. Findings include: On 01/13/2026, at approximately 10:00 AM, Surveyors requested Resident 2's, Resident 3's and Resident 4's ISPs from Licensee A. On 01/13/2026, at approximately 10:17 AM, Surveyors observed Licensee A documenting supervision information on Resident 2's and Resident 4's ISPs. On 01/13/2026, Surveyors reviewed Resident 2's, Resident 3's and Resident 4's records and identified the following:	{M 412}		

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{M 412}	Continued From page 3 Resident 2 -Resident 2 was admitted to the provider's home on 09/28/2022. -Resident 2's ISP, dated 01/08/2026, documented the following: "Supervision: Other - [Resident 2] can be left alone for up to 6 hours." It should be noted that this information was documented by Licensee A while Surveyors were onsite. Resident 3 -Resident 3 was admitted to the provider's home on 05/30/2023. -Resident 3's ISP was dated 01/08/2026. Resident 3's ISP did not include the level of supervision required in the home and community. Resident 4 -Resident 4 was admitted to the provider's home on 07/05/2022. -Resident 4's ISP, dated 01/08/2026, documented the following: "Supervision: 24-hour supervision in home & community." It should be noted that this information was documented by Licensee A while Surveyors were onsite. On 01/13/2026, at 10:41 AM, Surveyors interviewed Licensee A. Licensee A confirmed residents ISPs did not include their level of supervision. Licensee A reported that s/he has been having problems with Extended Care Professional (ECP) generating information that s/he inputs in the ECP software. Licensee A	{M 412}		

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{M 412}	Continued From page 4 reported s/he has a meeting on 01/15/2026 with ECP support staff.	{M 412}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications controlled, dispensed or administered for 3 of 4 resident records (Resident 1, Resident 2 and Resident 3) reviewed. The Medication Administration Records (MARs) for Resident 2 and Resident 3 contained omissions in December 2025 and January 2026. This is a repeat deficiency from Statement of Deficiency BSPH12, dated 08/26/2025. Findings include: On 01/13/2026, Surveyors reviewed resident records and identified the following: Resident 1 - Resident 1 was admitted to the home on	{M 466}		

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{M 466}	Continued From page 5 09/14/2023, with diagnoses including diabetes mellitus type 2 - insulin dependent diabetes mellitus (IDDM). - Resident 1 had a case manager (CM) from a managed care organization (MCO) and a corporate guardian. - Resident 1 required medication administration from staff at the adult family home (AFH). Surveyors reviewed Resident 1's MAR for the months of December 2025 and January 2026, and identified the following: The following entries were left blank: 12/13/2025 - 8:00 AM: - Austedo extended release (XR) 30 milligram (mg) tablet (tab), take 1 tab by mouth in the morning. - Austedo XR 18 mg tab, take 1 tab by mouth in the morning for 7 days then increase. 12/14/2025 - 8:00 AM: - Austedo XR 30 mg tab, take 1 tab by mouth in the morning. - Austedo XR 18 mg tab, take 1 tab by mouth in the morning for 7 days then increase. 12/20/2025 - 8:00 AM: - Austedo XR 24 mg tab, take 1 tab by mouth in the morning for 7 days then increase. 12/21/2025 - 8:00 AM: - Lantus solostar 100 units (U)/milliliter (mL), inject 11 units subcutaneously in the morning and 12 units at bedtime.	{M 466}		

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{M 466}	Continued From page 6 12/24/2025 - 8:00 PM: - Baclofen 10 mg tab, take 1 tab by mouth 2 times a day. - Senna-Docusate 8.6 - 50 mg tab, take 1 tab by mouth 2 times a day. - Divalproex sodium extended release (ER) 500 mg tab, take 2 tabs (1000 mg) by mouth at bedtime. - Docusate sodium 100 mg tab, take 1 tab by mouth 2 times a day. - Rosuvastatin calcium 10 mg, take 1 tab by mouth at bedtime. - Benztropine mesylate 12 mg, take 1 tab by mouth 2 times a day. - Gabapentin 600 mg tab, take 1 tab by mouth 3 times a day. - Insulin lispro kwikpen 100 U/mL, inject 3-4 times daily before meal(s) per sliding scale . . . Bedtime = 3 U. 01/07/2026 - 4:00 PM: - Ziprasidone hydrochloride (HCl) 80 mg capsule (cap), take 1 cap by mouth 2 time a day in the morning and in the evening with meals. - Insulin lispro kwikpen 100 U/mL, inject 3-4 times daily before meal(s) per sliding scale. Line 30 on Resident 1's December 2025 MAR and line 19 on Resident 1's January 2026 MAR, documented lantus solostar 100 U/mL, inject 11 units subcutaneously in the morning and 12 units at bedtime. Resident 1's MAR did not have a place to document the bedtime administration and only included an 8:00 AM pass. The 8:00 PM administration for lantus solostar was not documented or documented in the notes of a different medication administration.	{M 466}		

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{M 466}	Continued From page 7 Resident 2 -Resident 2 was admitted to the provider's home on 09/28/2022. -Resident 2 had an activated healthcare power of attorney. -Resident 2 had a case manager (CM) from a managed care organization (MCO). Surveyors reviewed Resident 2's MAR for the months of December 2025 and January 2026. The following entries in Resident 2's MARs were blank: 8:00 AM: -Eliquis 5 milligrams (mg) (Apixaban 5 mg) take 1 tablet per G-Tube 2 times day - 01/04/2026. -Multivitamin w/minerals 4.5 mg iron take 1 tablet per G-Tube in the morning - 01/04/2026. -Sertraline Hydrochloric acid (HCL) 25 mg take 1 tablet per G-Tube in the morning - 01/04/2026. -Vitamin D3 1000 unit take 1 tablet per G-Tube in the morning - 01/04/2026. -Metoprolol Tartrate 25 mg take 1/2 tablet (12.5 mg) per G-Tube every 12 hours - 01/04/2026 and 01/12/2026. -Esomeprazole Magnesium 20 mg open 1 capsule and pour contents into 6 ml syringe with 50 ml water, shake well, and administer via G-Tube in the morning - 01/04/2026. -Ipratropium-Albuterol 0.5 mg -3 mg (2.5 mg base/3 ml inhale contents of 1 vial via hand held nebulizer into the lungs 3 times a day - 01/04/2026.	{M 466}		

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{M 466}	Continued From page 8 -Amiodarone HCL 200 mg (Cordarone 200 mg) take 1/2 tablet by mouth in the morning (100 mg total) - 01/04/2026. 12:00 PM: -Jevity 1.5 cal 0.06 gram - 1.5 kcal/milliliter (ml) take 2 cartons 3 times a day in the morning, noon and evening and 1 carton at bedtime per G-Tube - 12/10/2025 and 12/24/2025. 4:00 PM: -Jevity 1.5 cal 0.06 gram - 1.5 kcal/(ml) take 2 cartons 3 times a day in the morning, noon and evening and 1 carton at bedtime per G-Tube - 12/23/2025 and 12/27/2025. -Ipratropium-Albuterol 0.5 mg -3 mg (2.5 mg base/3 ml inhale contents of 1 vial via hand held nebulizer into the lungs 3 times a day - 12/23/2025 and 12/27/2025. 8:00 PM: -Eliquis 5 mg (Apixaban 5 mg) take 1 tablet per G-Tube 2 times day - 12/28/2025. -Melatonin 3 mg take 1 tablet per G-Tube at bedtime - 12/18/2025 and 12/28/2025. -Metoprolol Tartrate 25 mg take 1/2 tablet (12.5 mg) per G-Tube every 12 hours - 12/18/2025 and 12/28/2025. -Jevity 1.5 cal 0.06 gram - 1.5 kcal/(ml) take 2 cartons 3 times a day in the morning, noon and evening and 1 carton at bedtime per G-Tube - 12/28/2025. -Doxazosin Mesylate 4 mg (Cardura 4 mg) take 1 tablet per G-Tube at bedtime - 12/28/2025.	{M 466}		

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{M 466}	Continued From page 9 -Ipratropium-Albuterol 0.5 mg -3 mg (2.5 mg base/3 ml inhale contents of 1 vial via hand held nebulizer into the lungs 3 times a day - 12/28/2025. Resident 3 -Resident 3 was admitted to the provider's home on 05/30/2023. -Resident 3 had a legal guardian. -Resident 3 had a case manager (CM) from a managed care organization (MCO). Surveyors reviewed Resident 3's MAR for the month of December 2025. The following entries in Resident 3's MARs were blank: 8:00 AM: -Aveeno 1.2 % apply 2 ml topically to hands and dry skin 2 times a day - 12/23/2025. -Chlorhexidine Gluconate 0.12 % swish and spit 15 ml by mouth 2 times a day - 12/23/2025. -Ferrous Sulfate 325 mg (65 mg iron) take 2 tablets by mouth in the morning 3 times a week on Monday, Wednesday and Friday - 12/29/2025. -Amlodipine Besylate 5 mg (Norvasc 5 mg) take 1 tablet by mouth 2 times a day in the morning and evening - 12/23/2025 and 12/29/2025. -Valsartan-hydrochlorothiazide 80-12.5 mg take 2 tablets (160-25 mg) by mouth in the morning - 12/23/2025 and 12/29/2025. 8:00 PM: -Aveeno 1.2 % apply 2 ml topically to hands and dry skin 2 times a day - 12/28/2025.	{M 466}		

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{M 466}	Continued From page 10 9:00 PM: -Chlorhexidine Gluconate 0.12 % swish and spit 15 ml by mouth 2 times a day - 12/28/2025. On 01/13/2026, at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A confirmed residents required staff assistance with medication administration. Licensee A confirmed the MARs should have been documented accurately. Licensee A stated the medication was given and staff did not document that medication was given.	{M 466}		
{M 582}	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the 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 each resident received all prescribed medications in the dosage and at the intervals prescribed by the resident's physicians for 1 of 3 residents (Resident 1) reviewed. Resident 1 did not receive medications in the correct dosages and at the correct intervals, as prescribed. Resident 1's medication	{M 582}		

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{M 582}	Continued From page 11 administration had a total of 16 missed medications within a 29-day period, between 12/12/2025 and 01/09/2026. This is a repeat deficiency from Statement of Deficiency BSPH12, dated 08/26/2025. Findings include: On 01/13/2026, at approximately 11:00 AM, Surveyors reviewed Resident 1's records and identified the following: - Resident 1 was admitted to the home on 09/14/2023, with diagnoses including diabetes mellitus type 2 - insulin dependent diabetes mellitus (IDDM). - Resident 1 had a case manager (CM) from a managed care organization (MCO) and a corporate guardian. - Resident 1 required medication administration from staff at the adult family home (AFH). Surveyor reviewed Resident 1's medication administration records (MARs) for December 2025 and January 2026, and the following was identified: December 2025 MAR: Resident 1 medication orders included the following: - Baclofen 10 milligrams (mg), take 1 tablet (tab) by mouth 2 times a day (11/19/2025 - no end date). - Senna-docusate 8.6 - 50 mg, take 1 tab by	{M 582}		

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{M 582}	Continued From page 12 mouth 2 times a day (09/09/2025 - no end date). - Docusate sodium tabs 100 mg, take 1 tab by mouth 2 times a day (10/24/2025 - no end date). - Losartan potassium 25 mg, take 1 tab by mouth in the morning (07/29/2025 - no end date). - Pantoprazole sodium 40 mg, take 1 tab by mouth in the morning (10/24/2025 - no end date). - Vitamin B-1 100 mg, take one tab by mouth in the morning (09/25/2025 - no end date). - Aripiprazole 10 mg, take one tab by mouth in the morning (12/11/2025 - 01/12/2026). - Benztropine mesylate 1 mg, take one tab by mouth 2 times a day (12/11/2025 - 01/12/2026). - Levothyroxine sodium 175 micrograms (mcg), take 1 tab by mouth at 7:00 AM (11/19/2025 - no end date). - Ziprasidone hydrochloride (HCl) 80 mg, take 1 capsule (cap) by mouth 2 times a day in the morning and evening with meals (12/11/2025 - no end date). - Furosemide 20 mg, take 1 tab by mouth in the morning (07/08/2025 - no end date). - Gabapentin 600 mg, take 1 tab by mouth 3 times a day (07/29/2025 - 12/19/2025). - Austedo extended release 18 mg, take 1 tab by mouth in the morning for 7 days then increase (12/11/2025 - 12/17/2025). On 12/12/2025, the documentation for the above	{M 582}		

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{M 582}	Continued From page 13 7:00 AM/ 8:00 AM medications indicated other (OTH) and were initialed. The notes stated, "Meds (medications) were not delivered on time to be administered." Resident 1 did not receive 13 of her/his morning medications. 12/18/2025 - - 7:00 AM - Levothyroxine sodium 175 mcg was documented "OTH" and initialed. The notes stated, "Is not available." Resident 1 did not receive this dose of medication. January 2026 MAR Resident 1 medication orders included the following: - Austedo Xr 36 mg, take 1 tab by mouth in the morning for 7 days then increase (01/07/2026 - no end date). 01/08/2026 - - 8:00 AM - Austedo Xr 36 mg was documented as "OTH" and initialed. The notes stated, "Is not available yet." Resident 1 did not receive this dose of medication. 01/09/2026 - - 8:00 AM - Austedo Xr 36 mg was documented as "OTH" and initialed. The notes stated, "Is not available at the moment." Resident 1 did not receive this dose of medication. On 01/13/2026, at approximately 11:30 AM, Surveyors interviewed Licensee A, and the following was reported:	{M 582}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018379	A. BUILDING: _____ B. WING _____	R-C 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEES DIRECT CARE	**6755 NORTH 55TH STREET MILWAUKEE, 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 582}	Continued From page 14 Licensee A confirmed notes from staff indicated medications were not available on the morning of 12/12/2025, due to the pharmacy not delivering. Surveyor inquired whose responsibility it was to ensure residents' medication refills were filled and available when needed. Licensee A reported all staff are responsible for medication refills. Handwritten notes were kept to communicate between the shifts. If third shift noted medications needed refills, dayshift was responsible for calling in the refills. S/He confirmed the facility's written notes did not note Resident 1's medications needed to be filled on/around 12/12/2025. Licensee A reported s/he needed to speak with the facility's nurse and correct the system in place to be sure residents received their medications as ordered.	{M 582}		