STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018297	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWN HOUSE (THE)	3131 80TH STREET MILWAUKEE, WI 53219

(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 03/30/2026, Surveyor completed a standard survey at The Lawn House. As a result, 13 deficiencies were identified. Census: 4	M 000		
M 218	88.04(2)(b) AWAKE STAFF FOR CONTINUOUS CARE The licensee shall ensure that he or she or a service provider is present and awake at all times if any resident is in need of continuous care. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider did not arrange for a service provider to be present in the home when a resident required services or supervision for 2 of 2 residents (Resident 1 and Resident 2). The provider shared staff between 2 provider homes. Findings include: DHS 88.02(9) defines "Continuous care" as the need for supervision, intervention, or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night. Observations On 03/23/2026, at 10:00 AM, Surveyor arrived at the adult family home (AFH). The building was an upper and lower duplex. Resident 1 opened the door for Surveyor and allowed Surveyor into the AFH.	M 218		

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

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M 218	Continued From page 1 Surveyor observed Resident 1 go back to the dining room table where a laptop was set up. Surveyor walked around the AFH and did not observe a staff member. Interviews On 03/23/2026, at 10:00 AM, Surveyor interviewed Resident 1. Resident 1 reported the caregiver was in the upstairs apartment. Resident 1 reported 3 residents lived in the facility. Resident 1 reported the caregiver [House Manager B] was working both facilities. On 03/23/2026, at 10:04 AM, Surveyor interviewed House Manager B in the adjacent AFH. House Manager B reported 4 residents lived in the downstairs apartment. House Manager B reported Resident 3 was at work and Resident 4 was at an appointment. House Manager B reported the other staff member was completing resident drop-offs. Record Review On 03/23/2026, at 10:52 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/07/2022, with diagnoses including traumatic brain injury. Resident 1 member care plan, dated 12/01/2025 from Resident 1's managed care organization (MCO) indicated the following: "Behavioral Support Plan (BSP): [Yes] Activities of daily living ... AFH assist except eating, mobility, transferring and toileting ...	M 218		

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M 218	Continued From page 2 Supervision and overnights ...agency providing assistance - [yes] ... Obstacles or risks ...member's thoughts become jumbled at times, member needs daily cues, member relies heavily on a routine, member lacks safety awareness in the community." Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Resident 2's record contained a "Member Placement Referral", dated 06/18/2025, which indicated the following: "Daily living - grooming, bathing, dressing, toileting, transferring, meal preparation, laundry/chores - due to cognitive and physical limitations, member requires assistance ... Overnight care - does member require cognitive and/or physical assistance to respond appropriately in the event of an emergency at night? Yes Does the member need assistance with incontinence cares, toileting, mobility, transfers or repositioning at night? Yes Overnight care: Yes Cognition: Needs assistance ..." On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had come in to assist with coverage or had other staff cover. Licensee A reported s/he had always made sure the home only had 4 residents between the 2 facilities when they had to operate with only 1 staff. Licensee A acknowledge Surveyor's concerns.	M 218		

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M 232	Continued From page 3	M 232		
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 1 of 1 staff (House Manager B) had been screened for communicable diseases, including tuberculosis (TB) by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. House Manager B was screened for TB 1,603 days after s/he started to provide services. House Manager B was not screened for communicable diseases. Findings include: Record Review On 03/24/2026, at 7:30 AM, Surveyor reviewed House Manager B's record. House Manager B was hired on 08/11/2016. House Manager B was screened for tuberculosis (TB) on 12/31/2020. Surveyor was unable to locate evidence House Manager B had been screened for communicable	M 232		

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M 232	Continued From page 4 diseases. Interview On 03/23/2026, at 10:05 AM, Surveyor interviewed House Manager B. House Manager B reported s/he had been employed by Licensee A since 2016. House Manager B reported s/he worked at other homes for Licensee A prior to their closing. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had House Manager B's TB and communicable disease screening from her/his hire and indicated s/he would send it to Surveyor. As of 03/30/2026 at 8:00 AM, Surveyor was unable to review evidence of a completed TB and communicable disease screening for House Manager B.	M 232		
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. This Rule is not met as evidenced by:	M 246		

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M 246	Continued From page 5 Based on record review and interview, the provider did not ensure each service provider received annual training for 1 of 1 caregiver (House Manager B). House Manager B did not receive annual training in 2024. Findings include: On 03/24/2026, at 7:30 AM, Surveyor reviewed House Manager B's record. House Manager B was hired on 08/11/2016. House Manager B received 8 hours of annual training in 2025. Surveyor was unable to locate evidence of annual training in 2024. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he must of missed sending the 2024 training. Licensee A indicated s/he would send Surveyor the training documentation. As of 03/30/2026 at 8:00 AM, Surveyor was unable to review evidence of a completed 2024 training for House Manager B.	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 6	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was well-maintained, clean, and a homelike environment for 4 of 4 residents. The kitchen and living room required cleaning and maintenance. This had the potential to affect 4 of 4 residents residing in the home.

Findings include:

On 03/23/2026, at 10:00 AM, Surveyor toured the facility and observed the following:

Living Room

The sectional couch was a brown suede like material. The couch contained numerous stains varying in color. Some stains were a yellowish white color; other stains were black. The part of the sectional on the west wall was covered up with a sleeping bag.

The carpet was littered with debris like paper, food wrappers and food debris. The carpet was a cream color, also contained spots of numerous dark stains in shades of black and brown. One stain in the corner of the living room was a dark brown, rust color circle, approximately 12 inches in diameter.

The walls contained what appeared to be cobwebs with a dark grayish substance similar to dust.

Kitchen

Food debris, including popcorn and what appeared to be bits of paper, was scattered over the floor. There was a pile of popcorn near the kitchen table by the west wall.

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M 276	Continued From page 7 The stainless-steel oven door was covered in what appeared to be food debris. The south wall in the kitchen, next to the stove was covered in golden brown areas similar to food debris. This area measured approximately 15 inches wide by 19 inches high. Another area of the countertop laminate in front of the sink was lifting in 2 areas. The area of the cabinet doors around the cabinet pulls contained areas of black sticky substance. Surveyor was able to scratch it off with her/his nail. This affected 9 upper cabinets, 7 lower cabinets and 5 cabinet drawers. An area of the counter contained a golden brown, almost orange area of staining, similar to a burn mark. The area measured approximately 5 inches long. At the edge of the counter, the counter laminate was lifting and separating from the wood. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported staff were responsible for cleaning. Licensee A acknowledged Surveyor's concerns.	M 276		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was	M 290		

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M 290	Continued From page 8 inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 03/23/2026, at 10:05 AM, Surveyor interviewed House Manager B. House Manager B reported s/he did not have access to the safety files, as they were kept in Licensee A's office. On 03/23/2026, at 2:14 PM, Surveyor requested safety files by noon on 03/24/2026. At 4:56 PM, Licensee A responded s/he arrived at the facility and would have the files available. At 5:03 PM, Surveyor requested for Licensee A to fax or email the files. At 6:00 PM, Licensee A submitted the requested files. On 03/24/2026, at 7:30 AM, Surveyor reviewed the files emailed from Licensee A. Surveyor did not locate evidence of a furnace inspection. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had the furnace inspected every other year. Licensee A reported s/he thought it was in the documentation sent to Surveyor by email. Licensee A reported s/he would send the information. As of 03/30/2026, at 8:00 AM, Surveyor did not receive documentation of a furnace inspection.	M 290		
M 322	88.05(3)(m) 2 EXITS TO GRADE-BEDROOMS IN BASEMENT	M 322		

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M 322	Continued From page 9	M 322		

No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of a single family dwelling unless there are 2 exits to the grade from that floor level.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure there were 2 exits to grade from a basement dwelling. Resident 2 slept in the basement and there was not a second exit to grade.

Findings include:

Observations:

On 03/23/2026, at 10:16 AM, Surveyor observed Resident 2 walk up the basement stairs.

At 10:22 AM, Surveyor toured the home with House Manager B. Surveyor observed a shared bedroom. Resident 1 was lying in bed and the second bed in the room did not have any bedding.

At 11:30 AM, Surveyor toured the basement with House Manager B. Surveyor observed a mattress on the floor and clothing hung up on a rod. There was no egress window. There was only 1 exit to grade, which was the stairs to the first level.

Interviews

On 03/23/2026, at 10:16 AM Surveyor interviewed Resident 2. Resident 2 stated, "I live downstairs." When Surveyor inquired why, Resident 2 did not offer a response.

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M 322	Continued From page 10 At 10:22 AM, Surveyor interviewed House Manager B. House Manager B reported Resident 2 chose to sleep in the basement due to her/his mental health diagnosis. House Manager B reported Resident 2 struggled with audio hallucinations and would yell out at the hallucinations. House Manager B reported Resident 2 did not want to disturb the other residents, so s/he chose to sleep in the basement. House Manager B reported s/he purchased noise cancelling headphones to help the other residents, but Resident 2 still wanted to sleep in the basement. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 2 preferred to sleep in the basement. Licensee A reported s/he was intending to put in an egress window and create a bedroom for Resident 2. Licensee A reported s/he let Resident 2's managed care organization (MCO) team know about Resident 2 sleeping in the basement, and they were not concerned. Cross Reference M0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 322		
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 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.	M 344		

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M 344	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was evaluated for fire evacuation to determine whether the resident was able to evacuate the home without any assistance within 2 minutes. Resident 2 was not evaluated for fire evacuation. Findings include: On 03/23/2026, at 10:52 AM, Surveyor reviewed Resident 2's record Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Surveyor was unable to locate evidence Resident 2 was evaluated for fire evacuation. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported the assessment should have been in Resident 2's file.	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	M 346		

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M 346	Continued From page 12 provider did not complete an annual evacuation assessment review for 1 of 1 resident (Resident 1) who lived in the facility beyond one year. Resident 1 annual evacuation was not completed in 2025 and to date in 2026. Findings include: On 03/23/2026, at 10:52 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/07/2022, with diagnoses including traumatic brain injury. Resident 1's record contained an initial evacuation evaluation dated 10/08/2022. Resident 1's annual evaluation assessments were dated 01/16/2023 and 01/24/2024. Surveyor was unable to locate evidence of completed annual evacuation assessments for Resident 1 in January 2025 and January 2026. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A did not indicate if the assessment was completed in 2025 and 2026.	M 346		
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	M 380		

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M 380	Continued From page 13 within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), within 90 days prior to placement or within 7 days after admission for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's records did not contain evidence of a completed communicable disease screening or TB test. Findings include: On 03/23/2026, at 10:52 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/07/2022, with diagnoses including traumatic brain injury. Surveyor was unable to locate evidence of a completed screening for communicable disease, including TB, within 90 days prior to placement or within 7 days after admission in Resident 1's record. Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Surveyor was unable to locate evidence of a completed screening for communicable disease, including TB, within 90 days prior to placement or within 7 days after admission in Resident 2's record. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A acknowledged Surveyor's concerns regarding the inability to locate the paperwork.	M 380		

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M 404	Continued From page 14	M 404		
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 individual service plan (ISP) was completed for 2 of 2 residents (Resident 1 and Resident 2) residents within 30 days of placement. Findings include: On 03/23/2026, at 10:52 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/07/2022, with diagnoses including traumatic brain injury. Resident 1's record did not contain a written assessment or an ISP. Resident 1 member care plan, dated 12/01/2025 from Resident 1's managed care organization (MCO) indicated the following: "Behavioral Support Plan (BSP): [Yes] Activities of daily living ... AFH assist except eating, mobility, transferring and toileting ... Supervision and overnights ...agency providing assistance - [yes] ...	M 404		

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	0018297	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWN HOUSE (THE)	3131 80TH STREET MILWAUKEE, WI 53219

(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 404	Continued From page 15 Obstacles or risks ...member's thoughts become jumbled at times, member needs daily cues, member relies heavily on a routine, member lacks safety awareness in the community." Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Resident 2's record contained a "Member Placement Referral", dated 06/18/2025, which indicated the following: "Daily living - grooming, bathing, dressing, toileting, transferring, meal preparation, laundry/chores - due to cognitive and physical limitations, member requires assistance ... Overnight care - does member require cognitive and/or physical assistance to respond appropriately in the event of an emergency at night? Yes Does the member need assistance with incontinence cares, toileting, mobility, transfers or repositioning at night? Yes Overnight care: Yes Cognition: Needs assistance ..." Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Resident 2's record did not contain a written assessment or an ISP. On 03/23/2026, at 11:20 AM, Surveyor interviewed House Manager B. House Manager B reported Resident 1 was independent with cares and was able to go out to the community independently. House Manager B reported Resident 1 previously lived at home, where s/he had physical aggressions and had to move into a	M 404		

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M 404	Continued From page 16 facility. House Manager B reported Resident 1 had been seeing therapy which had helped with Resident 1's aggressions. House Manager B reported Resident 2 struggled with her/his mental illness. House Manager B reported Resident 2's audio hallucinations would take place often when Resident 2 was self-isolating. House Manager B reported when Resident 2 was struggling, staff would ensure they interacted with her/him which helped with the hallucinations. House Manager B reported Resident 2 needed assistance with cooking and prompting for personal cares. House Manager B reported Resident 2 had a bus pass and was able to be in the community independently. House Manager B reported s/he thought Resident 1's and Resident 2's assessments and ISPs were in Licensee A's office. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported the residents come in with a care plan. Licensee A reported s/he had always used the MCO's care plan. Licensee A reported s/he was not aware of the facility needed to complete a separate ISP. Licensee A reported s/he would start ensuring s/he completed the assessment and facility ISPs for the residents.	M 404		
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.	M 458		

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M 458	Continued From page 17	M 458		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 4 of 4 residents' (Resident 1, Resident 2, Resident 3 and Resident 4) prescription medications were securely stored. The medication filing cabinet was unsecured.

Findings include:

On 03/23/2026, at 10:00 AM, Surveyor entered the facility. Resident 1 was the one to let Surveyor into the facility. Resident 1 reported the staff member was upstairs at another Adult Family Home (AFH). Surveyor observed Resident 1 at the dining room table on a laptop. The dining room was part of the living room. Surveyor observed a black file cabinet with a lock. The lock was not engaged. Surveyor opened the file cabinet and observed the following prescription medications:

Resident 1
8:00 AM medications
Amantadine 100 milligrams (mg), aripiprazole 5 mg, buspirone 20 mg

12:00 PM medications
Amantadine 100 mg

8:00 PM medications
Quetiapine 50 mg, buspirone 20 mg, rosuvastatin 10 mg

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M 458	Continued From page 18 As needed (PRN) Acetaminophen 325 mg, antacid 1000 mg Resident 2 8:00 AM medications Gabapentin 300 mg, lisinopril 2.5 mg, olanzapine 5 mg, one-a day tablet, Jardiance 25 mg, potassium chloride 20 milliequivalents (mEq), allopurinol 100 mg, aripiprazole 10 mg, aspirin 81 mg, bumetanide 2 mg, carvedilol 12.5 mg, ferrous sulfate 325 mg 12:00 PM medications Gabapentin 300 mg 4:00 PM medications Bumetanide 2 mg, carvedilol 12.5 mg 8:00 PM medications Atorvastatin 40 mg, gabapentin 300 mg, melatonin 3 mg PRN medication Hydroxyzine 10 mg Resident 3 8:00 AM medications Prazosin 1 mg, propranolol 80 mg, ziprasidone 40 mg, clomipramine 100 mg, losartan 25 mg, methimazole 5 mg 12:00 PM medications Prazosin 1 mg 4:00 PM medications Fluphenazine 2.5 mg, prazosin 1 mg, propranolol 20 mg 8:00 PM medications	M 458		

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M 458	Continued From page 19 Famotidine 20 mg, prazosin 1 mg, topiramate 100 mg, trazodone 100 mg, ziprasidone 40 mg Resident 4 8:00 AM medications Amlodipine 2.5 mg, diclofenac sodium 75 mg, divalproex 250 mg, sertraline 50 mg 8:00 PM medications Diclofenac sodium 75 mg, divalproex 250 mg, docusate 250 mg, omeprazole 40 mg, quetiapine 50 mg, simvastatin 40 mg Surveyors observed residents moving freely around the facility. At 11:06 AM, Caregiver C arrived at the facility and House Manager B came back to work in the AFH. Surveyor left the facility at approximately 12:45 PM, the medication filing cabinet remained unlocked. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A acknowledged Surveyor's concerns.	M 458		
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 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.	M 464		

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M 464	Continued From page 20 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 for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's record did not contain a written order to administer medications. Findings include: On 03/23/2026, at 10:52 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/07/2022, with diagnoses including traumatic brain injury. Resident 1's record did not contain evidence of a written order for staff to administer medications to Resident 1. Resident 2 was admitted on 08/04/2025 with diagnoses including schizophrenia. Resident 2's record did not contain evidence of a written order for staff to administer medications to Resident 2. On 03/23/2026, at 11:20 AM, Surveyor interviewed House Manager (HM) B. HM B reported Resident 1 and Resident 2 required staff to administer prescription medications. On 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported s/he would ensure a written order was completed.	M 464		

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M 570	Continued From page 21	M 570		
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. The dryer vent consisted of a flexible type of material. The hot water temperature was 136° Fahrenheit (F). Findings include: On 03/23/2026, at 10:10 AM, Surveyor toured the facility and observed the following: - Surveyor tested the water temperature. The water temperature was 136° F. - The dryer vent had approximately 70 inches of flexible type vent. "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	M 570		

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M 570	Continued From page 22 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 03/25/2026, at 2:10 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware the water temperature was too high. Licensee A indicated they tested water temperature monthly. Licensee A reported s/he would ensure the water temperature and dryer vent was corrected.	M 570		