STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019783	A. BUILDING: _____ B. WING _____	09/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISS HOMES	215 S MORELAND BLVD 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 09/09/2026, Surveyor conducted an standard survey at Bliss Homes located on S. Moreland Blvd. in Waukesha, WI. Nineteen defiiciencies were identified. Census: 2	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 Licensee did not ensure the home was in compliance with Chapter DHS 88 and other laws governing the home. On 05/10/2024, the Department issued Licensee A a nonambulatory Adult Family Home license to provide services to up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026, Surveyor conducted a standard licensing survey. Census on 09/09/2026 was 2. Eighteen violations (including this violation) of Chapter DHS 88 and 1 deficiency of Chapter DHS 50 were identified. The 18 deficiencies of Chapter DHS 88 include:	M 216		

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

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M 216	Continued From page 1 M0216 DHS 88.04(2)(a) Responsibilities M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months M0262 DHS 88.05(2)(a) Difficulty Walking M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills M0380 DHS 88.06(2)(a) Admission- Health Exam M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0404 DHS 88.06(3)(a) Individual Service Plan & Assessment M0420 DHS 88.06(3)(d)5 Signed Statement Of Agreement M0464 DHS 88.07(3)(d) Medication-Written Order M0466 DHS 88.07(3)(e)1 Medication Record Keeping M0468 DHS 88.07(3)(e)2 Medication- Record Of Side Effects M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way M0544 DHS 88.10(2) Explanation Of Resident Rights M0582 DHS 88.10(3)(q) Medications The violation of Chapter DHS 30 is: Z0005 DHS 50.065(2)(b) Entity Background Check Requirements On 09/09/2026 at 10:21 AM, Surveyor interviewed Licensee A who stated s/he returned from a 1-year trip to Africa 3 days after Resident 1	M 216		

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M 216	Continued From page 2 was admitted, and according to Resident 1's record (provided to Surveyor by Licensee A on 09/0-9/2026), s/he was admitted 07/24/2026. Cross Reference: M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months M0262 DHS 88.05(2)(a) Difficulty Walking M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills M0380 DHS 88.06(2)(a) Admission- Health Exam M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0404 DHS 88.06(3)(a) Individual Service Plan & Assessment M0420 DHS 88.06(3)(d)5 Signed Statement Of Agreement M0464 DHS 88.07(3)(d) Medication-Written Order M0466 DHS 88.07(3)(e)1 Medication Record Keeping M0468 DHS 88.07(3)(e)2 Medication- Record Of Side Effects M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way M0544 DHS 88.10(2) Explanation Of Resident Rights M0582 DHS 88.10(3)(q) Medications Z0005 DHS 50.065(2)(b) Entity Background Check Requirements	M 216		

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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 ensure all service providers had been screened for illness detrimental to residents including tuberculosis (TB) within 90 days prior to start of providing service for 1 of 2 caregivers reviewed. Caregiver C did not have a communicable disease screen completed and his/her TB test was completed late. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026, Surveyor reviewed Caregiver C's	M 232		

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M 232	Continued From page 4 employee record. S/he was hired 02/02/2026. His/her record contained a TB test dated 04/28/2026. The record did not contain a communicable disease screen. On 09/09/2026 at 11:02 AM, Surveyor interviewed Licensee A who stated prior to Caregiver C's hire date, s/he came to the home and observed cares and the daily routine, then started working as a caregiver sometime between February 2026 and March 2026. On 09/09/2026 at 1:14 PM, Surveyor discussed concerns regarding communicable disease screen and TB test with Licensee A and Manager B. Licensee A stated s/he thought the TB test was sufficient. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months Z0005 DHS 50.065(2)(b) Entity Background Check Requirements	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.	M 244		

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M 244	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider completed 15 hours of training approved by the licensing agency prior to or within 6 months after starting to provide care related to: health, safety and welfare of residents; resident rights; treatment appropriate to residents served; fire safety and first aid for 2 of 2 caregivers reviewed. Caregiver C did not receive training in health, safety and welfare of residents, treatment appropriate to clients served or fire safety. Caregiver D received no training within 6 months of providing cares. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026, Surveyor reviewed Caregiver C's and Caregiver D's employee records. Example 1- Caregiver C Caregiver C was hired 02/02/2026. His/her record contained training in resident rights, 1st aid and choking and medications. The record contained no training documentation in health safety and welfare of residents, treatment appropriate to clients served, or fire safety.	M 244		

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M 244	Continued From page 6 Example 2- Caregiver D Caregiver D was hired 03/23/2025. His/her record contained no training documentation. On 09/09/2026 at 10:58 AM, Surveyor interviewed Licensee A who stated no training was provided for Caregiver D since hire. On 09/09/2026 at 11:02 AM, Surveyor interviewed Licensee A who stated prior to Caregiver C's hire date, s/he came to the home and observed cares and the daily routine, then started working sometime between February 2026 and March 2026. Licensee A stated if training was not included in the record, then it was not completed. On 09/09/2026 at 1:14 PM, Surveyor discussed training concerns with Licensee A and Manager B. Licensee A stated s/he had not had Caregiver C complete all required training yet. Licensee A stated Caregiver D worked "on and off" and training would be provided. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0232 DHS 88.04(2)(g)1 Health Screening For Staff Z0005 DHS 50.065(2)(b) Entity Background Check Requirements	M 244		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily	M 262		

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M 262	Continued From page 7 negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure when a resident was unable to walk at all or only with assistance of crutches, cane or walker the exits from the home were ramped to grade with handrails. Resident 1 used a wheelchair for mobility. The front exit ramp was missing part of it's handrail. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026 throughout Survey's onsite visit (with arrival at 7:30 AM to departure at	M 262		

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M 262	Continued From page 8	M 262		

approximately 2:00 PM), Surveyor observed Resident 1 using a wheelchair for mobility multiple times throughout the day.

On 09/09/2026 at 1:05 PM while touring facility with Licensee A, Surveyor observed:

Example 1- Emergency Exit Diagram (Photo 1)
Emergency exits identified on the emergency exit diagram included the front door and the side door near the basement steps. A 3rd exit, not identified on the emergency exit diagram, was located between the kitchen and a half bathroom and led out onto the deck.

Example 2- Front entrance (Photo 2)
The front entrance was ramped to grade with a cement ramp. There was a handrail on right but no handrail on left from the bottom of the ramp to midway up ramp. From midway up ramp to landing (at front door), there was a handrail on left but none on right, and when Surveyor tested (by grasping it) sturdiness of handrail on right, the handrail swayed approximately 3-4 inches from left to right.

Example 3-Side entrance (Photo 3)
The side entrance was ramped to grade with a cement ramp with a handrail running the length of the ramp on the left side. A handrail was present at top of ramp on right side adjacent to side of house and only ran approximately a quarter length down ramp. An area of ramp on right side next to house consisted of stones but no cement. City utility components were attached to the house approximately 1' above the stoned area and 2 large city garbage/recycle cans were stored (partially on cement and partially on stones) on the ramp, obstructing entire width of the ramp.

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M 262	Continued From page 9 Example 3- Exit leading to deck (Photo 4) An exit (not identified as an emergency exit) led onto a deck with 3 steps leading from the deck to ground. On 09/09/2026 at 1:09 PM, Surveyor interviewed Licensee A who stated because staff assisted residents to evacuate s/he did not think condition of ramps was an issue. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 262		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.	M 334		

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M 334	Continued From page 10	M 334		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure smoke detectors were located in each required location when the living room's smoke detector unit was missing.

Findings include:

The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged.

On 09/09/2026 at 12:37 PM, while touring the home with Licensee A, Surveyor observed a smoke detector bracket attached to the living room ceiling with no smoke detector unit attached to it.

On 09/09/2026 at 12:37 AM, Surveyor interviewed Licensee A who stated s/he did not know why the smoke detector was missing from the living room. Surveyor observed Licensee A ask Manager B where the living room's smoke detector was. Manager B stated s/he had taken it down because it was beeping. Manager B retrieved the smoke detector from a shelf and showed it to Surveyor and Licensee A.

On 09/09/2026 at 1:14 PM, Surveyor discussed concern of smoke detectors not located in all required locations with Licensee A and Manager B. Licensee A stated s/he would take care of the living room smoke detector right away.

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M 334	Continued From page 11 Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0262 DHS 88.05(2)(a) Difficulty Walking M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 334		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each new resident was evaluated to determine whether the resident was able to evacuate the home without any help within 2 minutes. No evacuation assessment was completed with Resident 2. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within	M 344		

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M 344	Continued From page 12 the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026, Surveyor reviewed Resident 1's record. S/he was admitted 07/24/2026. The record did not contain an evacuation assessment. On 09/09/2026 at 10:41 AM, Surveyor interviewed Licensee A who stated they had not completed Resident 1's evacuation assessment yet. On 09/09/2026 at 1:14 PM, Surveyor discussed concern of Resident 1's evacuation assessment not completed with Licensee A and Manager B. Licensee A Resident 1's evacuation assessment was not completed because s/he was just admitted. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0262 DHS 88.05(2)(a) Difficulty Walking M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using	M 346		

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M 346	Continued From page 13	M 346		

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 each resident was evaluated annually for evacuation time.

Resident 2's evacuation time was not assessed annually.

Findings include:

The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged.

On 09/09/2026, Surveyor reviewed Resident 2's record. S/he was admitted 04/09/2025.

The record contained an evacuation assessment dated 04/12/2025, and handwritten (on the bottom of the last page) was "100%".

The record did not contain an evacuation assessment for 2026.

On 09/09/2026 at 8:54 AM, Surveyor interviewed Manager B who stated Resident 1's 2026 annual evacuation assessment had not yet been completed.

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M 346	Continued From page 14 On 09/09/2026 at 1:14 PM, Surveyor discussed concern of Resident 2's annual evacuation assessment not completed yet with Licensee A and Manager B. Licensee A stated completion of Resident 2's annual evacuation assessment slipped his/her mind. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0262 DHS 88.05(2)(a) Difficulty Walking M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure semi-annual fire drills were conducted with written documentation including the evacuation time for each drill. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible	M 348		

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M 348	Continued From page 15	M 348		

dementia/Alzheimer's, traumatic brain injury and advanced aged.

The home was licensed 05/10/2024.

On 09/09/2026, Surveyor reviewed the home's fire drill documentation since licensed on 05/10/2024.

There was no documentation of fire drills conducted during 2024.

The 2025 fire drills were dated 04/30/2025, 05/30/2025 and 06/30/2025 with no evacuation time documented for any of the 3 drills.

There was no documentation of drills conducted yet during 2026.

On 09/09/2026 at 12:26 PM, Surveyor interviewed Licensee A who stated s/he did not have documentation of 2024 fire drills and s/he did not remember why. Licensee A stated no fire drills were conducted yet during 2026.

On 09/09/2026 at 1:14 PM, Surveyor discussed concern no fire drills documented in 2024 or yet in 2026 and no evacuation times documented for 2025 fire drills with Licensee A and Manager B. Licensee A stated s/he would complete the 2026 fire drills and document evacuation times.

Cross Reference:
M0216 DHS 88.04(2)(a) Responsibilities
M0262 DHS 88.05(2)(a) Difficulty Walking
M0334 DHS 88.05 (4)(b)1 Fire Safety-Smoke Detectors
M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review
M0346 DHS 88.05(4)(d)2.b Fire Evacuation

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M 348	Continued From page 16 Annual Evaluation	M 348		
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 health exams by a physician (to identify health problems) and screening for communicable disease including tuberculosis (TB) were completed within 90 days prior to admission or within 7 days after admission for 2 of 2 residents reviewed. Neither Resident 1 nor Resident 2 had health examinations completed or were screened for communicable disease including TB. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible	M 380		

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M 380	Continued From page 17	M 380		

dementia/Alzheimer's, traumatic brain injury and advanced aged. Census on 09/09/2026 was 2.

On 09/09/2026, Surveyor reviewed Resident 1's and Resident 2's records.

Example 1- Resident 1
Resident 1 was admitted 07/24/2026. His/her record did not contain an admission health exam or screening for communicable disease including TB.

Example 2- Resident 2
Resident 2 was admitted 04/09/2025. His/her record did not contain an admission health exam or screening form communicable disease including TB.

On 09/09/2026 at 9:10 AM, Surveyor interviewed Licensee A who stated s/he told Resident 2's family to provide the TB test documentation as a condition of Resident 2's admission. Licensee A stated Resident 2's TB test was done but s/he could not find the documentation. Licensee A stated s/he was not aware and admission health exam was needed because the managed care organization said only a TB test and admission agreement was required for admission.

On 09/09/2026 at 10:26 AM, Surveyor interviewed Licensee A who stated if the admission health exam was not in Resident 1's chart then they did not have it. Licensee A stated Resident 1 needed an identification card which s/he did not have on admission to have a TB test administered.

On 09/09/2026 at 1:14 PM, Surveyor discussed concern of no admission health exams or communicable disease screens including TB with

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M 380	Continued From page 18 Licensee A and Manager B. Licensee A stated s/he could not find Resident 2's TB test and now that Resident 1 had an identification card, s/he would schedule a TB test. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0232 DHS 88.04(2)(g)1 Health Screening For Staff	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was entered into prior to admission for each resident admitted to the home and the service agreements were signed by the licensee and the resident or the resident's legal representative for 2 of 2 residents reviewed. No service agreement was completed for Resident 1 and Resident 2's service agreement was not signed.	M 384		

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M 384	Continued From page 19 Findings include: On 09/09/2026, Surveyor reviewed Resident 1's and Resident 2's records. Example 1- Resident 1 Resident 1 was admitted 07/24/2026. His/her record did not contain a service agreement. Example 2- Resident 2 Resident 2 was admitted 04/09/2025. S/he had an activated Power of Attorney for Health Care Document with family member serving as agent (legal representative for health care). The Admission Agreement stated " ...This Contract for Service is entered into on 04/09/2025 ..." The admission agreement was not signed or dated. On 09/09/2026 at 8:47 AM, Surveyor interviewed Manager B who stated s/he did not provide Resident 2's health care agent with an admission agreement. On 09/09/2026 at 10:21 AM, Surveyor interviewed Licensee A who stated Resident 1's admission agreement was not yet completed because Resident 1 was admitted 3 days after Licensee A's return from a 1-year trip outside the country. Licensee A stated, "That's always something I can print and do with [Resident 1]." On 09/09/2026 at 1:14 PM, Surveyor discussed concerns regarding admission/service agreements with Licensee A and Manager B. Licensee A stated s/he would get Resident 1's printed and signed and Resident 2's signed. Cross Reference:	M 384		

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M 384	Continued From page 20 M0216 DHS 88.04(2)(a) Responsibilities M0544 DHS 88.10(2) Explanation Of Resident Rights	M 384		
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 an individual service plan was developed for each resident within 30 days after placement for 2 of 2 residents reviewed. An ISP was not developed for Resident 1. Resident 2's ISP was not developed within 30 days of admission. Findings include: Example 1- Resident 1 On 09/09/2026, Surveyor reviewed Resident 1's record. S/he was admitted 07/24/2026. The record contained a discharge assessment dated 07/24/2026 completed by the skilled nursing facility s/he was discharged from to the adult family home. The record did not contain an ISP.	M 404		

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M 404	Continued From page 21 Example 2- Resident 2 Resident 2 was admitted 04/09/2025. The record contained an ISP dated 10/15/2025. 09/09/2026 at 9:19 AM, Surveyor interviewed Licensee A and Manager B. Licensee A stated the managed care organization (MCO) completed the admission assessment and then s/he developed the ISP based on the assessment. Licensee A stated s/he remembered reviewing the MCO's care plan with Resident 2's MCO and family members. On 09/09/2026 at 1:14 PM, Surveyor discussed concern regarding ISPs with Licensee A and Manager B. Licensee A stated Resident 1's ISP was not completed yet because they were waiting for the MCO to complete their assessment and the MCO was scheduled to complete it on 09/09/2026. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0420 DHS 88.06(3)(d)5 Signed Statement Of Agreement	M 404		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT 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:	M 420		

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M 420	Continued From page 22 Based on record review and interview, the provider did not ensure a statement of agreement with individual service plan (ISP) was signed and dated by all persons involved in developing the ISP. Resident 2's ISP was not signed and dated. Findings include: On 09/09/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted 04/09/2025. S/he had an activated Power of Attorney for Health Care Document with family member serving as agent (legal representative for health care). The record contained an unsigned ISP dated 10/15/2025 and a 2nd unsigned and undated ISP. On 09/09/2026 at 9:19 AM, Surveyor interviewed Licensee A and Manager B. Licensee A stated 10/15/2025 was the 1st 6 month ISP review and the 2nd ISP was completed after Manager B started on 06/25/2026. Licensee A stated s/he remembered reviewing the MCO's care plan with Resident 2's MCO and family members. On 09/09/2026 at 1:14 PM, Surveyor discussed concern of the Resident 2's ISP not signed with Licensee A and Manager B. Licensee A stated the ISP was completed but not signed. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0404 DHS 88.06(3)(a) Individual Service Plan & Assessment	M 420		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER	M 464		

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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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure before the licensee or service provider dispensed or administered a prescription medication to a resident, a written order was obtained from the physician specifying who was permitted to administer the medication for 2 of 2 residents reviewed.
Written physician orders for staff to administer medications were not obtained for Resident 1 or Resident 2.

Findings include:
The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged.

On 09/09/2026 at 7:51 AM, Surveyor observed Licensee A administer medications to Resident 1.

On 09/09/2026, Surveyor reviewed Resident 1's

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M 464	Continued From page 24 and Resident 2's records. Example 1- Resident 1 Resident 1 was admitted 07/24/2026. His/her record did not contain a physician's order for staff to administer medications. Example 2- Resident 2 Resident 2 was admitted 04/09/2025. His/her record did not contain a physician's order for staff to administer medications. On 09/09/2026 at 9:35 AM, Surveyor interviewed Licensee A who stated staff administered medication to Resident 1 and Resident 2 and s/he had not obtained physician orders for staff to administer medications to Resident 1 or Resident 2 because s/he trained staff on medication administration. On 09/09/2026 at 1:14 PM, Surveyor discussed concern regarding no physician order for staff to administer medications with Licensee A and Manager B. Licensee A stated s/he would obtain orders for staff to administer the medications. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0466 DHS 88.07(3)(e)1 Medication Record Keeping M0468 DHS 88.07(3)(e)2 Medication- Record Of Side Effects M0582 DHS 88.10(3)(q) Medications	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered	M 466		

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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 observation, record review and interview, the provider did not ensure a record was kept of all prescription medications controlled, dispensed or administered by staff including the names of the medications, date and time resident took the medications and errors and omissions for 2 of 2 residents reviewed.

Findings include:

The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. Census on 09/09/2026 was 2.

On 09/09/2026 at 7:51 AM, Surveyor observed Resident 1's MAR dated 08/30/2026-09/26/2026 and interviewed Licensee A because the MAR was blank. Licensee A stated medication administration was documented on daily note sheets, not on the MARs and the empty blister (after the medication was removed for administration) signified the medication was administered (Note: medications were dispensed from pharmacy in blister pack cards, and pharmacy labeled each blister with the date the

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medications were to be administered and listed each medication in the blister). Licensee A stated since licensed MARs were never used.

On 09/09/2026 at 7:56 AM, Surveyor observed Licensee A administer medications to Resident 1. Licensee A did not document the administration.

On 09/09/2026, Surveyor reviewed Resident 1's and Resident 2's records and on 09/09/2026 at 12:01 PM, Surveyor inspected the medication cart with Licensee A. Surveyor observed medications were dispensed from pharmacy in blister pack cards. Each blister pack contained medication(s) for a specified medication administration time.

Example 1- Resident 1
A blister pack card with pharmacy label identifying:
Resident 1
8:00 AM
APAP (acetaminophen) 325 MG (2 tablets), aspirin 81 MG (1 tablet), lamotrigine 100 MG (2 tablets) and pantoprazole 40 MG (2 tablets)
Medications were removed from the 09/10/2026 and 09/11/2026 blisters (Photo 5)

A blister pack card with pharmacy label identifying:
Resident 1
8:00 AM
Lamotrigine 26 MG (2 tablets)
Tetrabenazin 12.5 MG (1 tablet)
The medications were removed from the 09/10/2026 and 09/11/2026 blisters (Photo 6).

Resident 1 was admitted 07/24/2026.
Medication Administration Record (MAR) dated 08/30/2026-09/26/2026 identified Resident 1's

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scheduled medications included: acetaminophen 325 MG 2 tablets twice daily (start 08/19/2026), aspirin 81 MG EC 1 tablet once daily (start 08/19/2026); atorvastatin 20 MG 1 tablet once daily at bedtime (start 08/19/2026); Benefiber Powder mix 1 TSP with liquid and drink daily, hold for loose stools (start date 07/27/2026); calcium D 500/200 1 tablet once daily for supplement (start 07/28/2026); Culturelle 10B 1 capsule once daily (start date 07/28/2026); lamotrigine 100 MG 2 tablets once daily (start date 07/28/2026) and 25 MG 2 tablets once daily (to equal 250 MG total daily) (start date 07/28/2026); levothyroxine 112 MCG 1 tablet once daily (start date 07/28/2026); Lidocaine 4% patch apply 1 patch topically to mid/lower back once daily for pain (start date 07/28/2026); loratadine 10 MG 1 tablet once daily (start date 07/28/2026); memantine 5 MG 1 tablet twice daily (start date 07/27/2026); multivitamin 1 tablet once daily (start date 07/28/2026); Mybetriq 50 MG 1 tablet once daily (start 07/28/2026); oxcarbazepine 150 MG 1 tablet once daily (start date 07/28/2026) and 300 MG 1 tablet daily (to equal 450 MG total daily) (start date 07/28/2026); pantoprazole 40 MG 1 tablet twice daily (start date 07/27/2026); tetrabenazine 12.5 MG 1 tablet twice daily (start date 07/28/2026); vitamin D 3 25 MCG 1 tablet once daily (start date 07/28/2026).

The MAR identified Resident 1's as needed medications included: acetaminophen 325 2 tablets every 6 hours PRN(start date 07/27/2026); bisacodyl 10 MG suppository 1 suppository retally every 24 hours PRN (start date 07/27/2026); hemorrhoidal ointment insert 1 application rectally every 6 hours PRN (start date 07/27/2026); loperamide 2 MG 1 capsule daily PRN (start date 07/27/2026); melatonin 3 MG 1 tablet every 24 hours PRN (start date 07/27/2026); Milk of

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(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
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Magnesia 400 MG/5ML take 30 ML PRN (start date 07/27/2026); Narcan spray 4 MG 1 spray in 1 nostril PRN (start date 07/27/2026; and poly glycol 3350 mix 17 grams in 4-8 ounces of liquid and drink daily PRN (start date 07/27/2026).

From 08/30/2026 AM to 09/09/2026 AM, the MAR was blank (meaning staff had not documented medication administration to Resident 1 on the MAR).

Daily Notes sheets dated 08/29/2026-09/09/2026 (received via email from Manager B on 09/10/2026 at 1:26 PM):
08/29/2026- " ...took 8 pm pills ...complain of pain at 2 pm. Gave pain pills (PRN) ...MEDS 8 am ...8 pm ..."
08/30/2026- " ...took morning medications ...took 8 PM pills ...MEDS 8 am ...8 PM ..."
08/31/2026- " ...Took morning medications ...took evening pills ...Took 8 pm pills ...MEDS 7 am ...8 am ...8 pm ..."
09/02/2026- " ...took morning pills ...Took evening medications...MEDS 7 am ... 8 am ...8 pm ..."
09/03/2026- " ...Took morning medications ...Took 8 pm pills ...MEDS 7 am ...8 am ...8 pm ..."
09/04/2026- " ...took morning medications ...Took 8 pm pills ...MEDS: 7 am ...8 am ...8 pm ..."
09/05/2026- " ...Took morning medications ...Took night medications ...MEDS 7 am ...8 am ...8 pm ..."
09/06/2026- " ...took morning medications ...Took night pills ... MEDS 7 am ...8 am ...8 pm ..."
09/07/2026- " ...took morning medications ...took night medications ... MEDS 7 am ...8 am ...8 pm ..."
09/08/2026- " ...Took morning medications ...Took night medications ...Took pain pills (PRN) at 3 pm ... MEDS 7 am ...8 am ...8 pm ..."
The daily notes did not include the names of the

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medications administered or reason why on 09/09/2026 medications were removed from the blister packs on 09/10/2026 and 09/11/2026.

Example 2 - Resident 2
A blister pack card with pharmacy label identifying:
Resident 2
11:00 AM
Lisdexamfeta 20 MG capsules 1 capsule daily.
The medication was removed from the 09/10/2026 and 09/11/2026 blisters (Photo 7).

Resident 2 was admitted 04/09/2025.
MAR dated 08/30/2026 - 09/26/2026 identified Resident 2's scheduled medications included: clotrimazole 10 MG 1 tablet in AM (start 07/22/2026); desvenlafaxine ER 100 MG 1 tablet in morning (start date 07/22/2026); dexamethasone 0.5 MG/5ML solution swish and spit 5 ML twice daily (start date 02/06/2026); diclofenac sodium DR 75 MG 1 tablet twice daily (start date 04/01/2026); famotidine 20 MG 1 tablet once daily (start date 01/07/2026); FeroSul 325 MG 1 tablet once daily (start date 11/05/2025); Foundayo 2.5 MG 1 tablet once daily (start date 08/21/2026); hydroxychloroquine 200 MG 1 tablet twice daily (start 02/05/2026); lithium carb 300 MG 3 capsules once daily at bedtime (start date 08/19/2026); losartan 50 MG 1 tablet once daily (start 06/07/2026); multivitamin 1 tablet once daily (start 04/29/2026); olanzapine 20 MG 1 tablet nightly (start date 07/22/2026); omeprazole 40 MG 1 capsule once daily (start date 04/01/2026); prazosin HCL 1 MG 1 capsule once daily at bedtime (start date 07/22/2026) and prazosin HCL 2 MG 1 capsule once daily at bedtime (start date (08/18/2026) (to equal 3 MG daily); quetiapine 200 MG 1 tablet daily (start date 07/22/2026) and 25 MG 1 tablet daily (start date

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07/22/2026) (to equal 225 MG daily); and Symbicort AER 160-4.5 inhale 2 puffs twice daily (start date 06/01/2026). PRN medications included: beta diprop 0.05% gel apply twice daily PRN (star date 06/26/2026); famotidine 40 MG ½ tablet once daily PRN in addition to scheduled dose (start date 01/07/2026); lorazepam 2 MG 1 tablet 3 times daily PRN (start date 08/26/2025); meclizine 25 MG 1 tablet 3 times daily PRN (start date 04/28/2025); Senna-S 8.5-50 MG 2 tablets twice daily PRN (start date 04/18/2025); and Ventolin HFA AER inhale 2 puffs into the lungs every 4 hours PRN (start date 06/01/2026).

From 08/30/2026 AM to 09/09/2026 AM, the MAR was blank.

Daily note sheets dated 08/29/2026-09/09/2026 (received via email from Manager B on 09/10/2026 at 1:26 PM):
08/28/2026- " ...took 8 am medications ...Took 4 pm and 8 pm medications ...MEDS 8 am ...11 am ...4 pm ...8 pm ..."
08/29/2026- " ...took morning medications ...took 11 am pills ...took 4 pm medications ...MEDS 8 am ...11 am ...4 pm ...8 pm ..."
08/30/2026- " ...took morning medications ...Took 11 am pills ...took 4 pm pills ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
08/31/2026- " ...took morning medications ...took 11 am pills ...took 4 pm pills ...Took 8 pm medications ...Took 1 tab lorazepam at 12:15 pm ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/01/2026- " ...took all [his/her] morning medications ...took 11 am pills ...At 8 pm [s/he] took [his/her] medications ...MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/02/2026- " ...took 8 am medications ...11 am pills was [sic] were taken with the [family members] ...At 8 pm gave [him/her] pills ...Took

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11 am pills and 1 tab lorazepam ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/03/2026- " ...took morning medications ...took 11 am pills ...took 4 pm pills ...took 8 pm pills ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/04/2026- " ...took morning medications ...took 4 pm medications ...took 8 pm pills ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/05/2026- " ...Took 8 am medications ...took 11 am pills ...Took 4 pm pills ...took [his/her] pills at 8 pm ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/06/2026- " ...Took 8 am medications ...Took 11 am pills ...took 4 pm p ills ...I gave [him/her] 1 tab meclizine 25 MG at 10 am ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/07/2026- " ...took morning medications ...took 11 am pills ...Took 4 pm pills ...Gave [him/her] 8 pm pills ...I gave [him/her] 1 tab meclizine 25 mg 15 9:00 am ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
09/08/2026- " ...took morning medications ...took 11 am pills ...At 8 PM [s/her] took night medications ... MEDS 8 am ...11 am ...4 pm ...8 pm ..."
The daily notes did not include the names of the medications administered or reason why on 09/09/2026 medications were removed from the blister packs on 09/10/2026 and 09/11/2026.

On 09/09/2026 at 12:01 PM, Surveyor interviewed Licensee A who stated s/he did not know why on 09/11/2026 Resident 1's and Resident 2's medications were removed from 09/10/2026 and 09/11/2026 blisters.

On 09/09/2026 at 1:14 PM, Surveyor discussed concern of not recording all required documentation regarding of medications administered by staff with Licensee A and Manager B. Licensee A stated they would start

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M 466	Continued From page 32 documenting medication administration on the MARs. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0464 DHS 88.07(3)(d) Medication-Written Order M0468 DHS 88.07(3)(e)2 Medication- Record Of Side Effects M0582 DHS 88.10(3)(q) Medications	M 466		
M 468	88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication. This Rule is not met as evidenced by: Based on record review and medications, the provider did not ensure each resident record contained information describing potential side effects and adverse reactions caused by each prescription medication for 2 of 2 residents reviewed. Neither Resident 1's or Resident 2's records contained information regarding possible side effects of prescribed medications. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. Census on 09/09/2026 was 2.	M 468		

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M 468	Continued From page 33 On 09/09/2026, Surveyor reviewed Resident 1's and Resident 2's records. Resident 1 was admitted 07/24/2026 and Resident 2 was admitted 04/09/2025. Neither Resident 1's or Resident 2's records contained information regarding possible side effects of prescribed medications. On 09/09/2026, Surveyor interviewed Licensee A who stated they did not have lists of medication's side effects for either Resident 1 or Resident 2 because the pharmacy did not provide it. On 09/09/2026 at 1:14 PM, Surveyor discussed concern of not having information regarding possible side effects for the medications with Licensee A and Manager B. Licensee A stated s/he would request the information from the pharmacy. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0464 DHS 88.07(3)(d) Medication-Written Order M0466 DHS 88.07(3)(e)1 Medication Record Keeping M0582 DHS 88.10(3)(q) Medications	M 468		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	M 474		

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M 474	Continued From page 34 This Rule is not met as evidenced by: Based on observation and interview, the provider did not stre food under sanitary conditions. Food items were expired and food items in the refrigerator were not properly sealed to avoid contamination. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026 AT 12:54 pm, while touring home with Licensee A, Surveyor observed: Example 1- In kitchen cupboards: 1 open bag of pistachios, not labeled with opened date and expired 11/03/2024 (photo 8) 1 package Ramen noodles expired 01/23/2026 (Photo 9) 1 package Thai noodles expired 08/15/2026 (Photo 10) 1 open box of biscuit mix, not labeled with opened date and expired 08/29/2025 (Photo 11) Example 2- In kitchen refrigerator's freezer: 1 open bag sausage patties not labeled with opened date (Photo 12) 1 open bag mixed vegetables not labeled with opened date (Photo 12) Example 3 - In kitchen refrigerator: 1 storage container containing lima beans, not dated (Photo 13)	M 474		

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M 474	Continued From page 35 1 opened bag of burritos not labeled with opened date (photo 13) 2 quart-sized storage bags containing pizza pieces not dated (Photo 14) 1 quart-sized storage bag containing a pretzel bread stick not dated (Photo 14) 1 open box of mini chocolate donuts, not labeled with opened date and expired 07/29/2026 (Photo 15) 1 open deli container of sweet corn muffins, not labeled with opened date and expired 07/30/2026 (Photo 16) 1 open package of flour tortillas, not labeled with opened date and expired 08/03/2026 (Photo 17) 1 open deli container of cinnamon rolls, not labeled with opened date and expired 08/29/2026 (Photo 18) 1 open deli container of chocolate chip cookies, not labeled with opened date and expired 08/07/2026 (Photo 19) 1 open deli container of frosted mini donuts, not labeled with opened date and expired 04/29/2026 (Photo 20) 1 open package of ham sandwich meat, not labeled with opened date and expired 08/19/2026 (Photo 21) 1 open package shredded cheese, not labeled with opened date and expired 09/05/2026 (Photo 22) 1 quart-sized storage bag containing 2 peeled boiled eggs not labeled with date (Photo 23) On 09/09/2026 at 12:48 PM, Surveyor interviewed Licensee A who stated Manager B was responsible for monitoring for unlabeled and expired food. On 09/09/2026 at 1:14 PM, Surveyor discussed concern of food not labeled with open dates and expired food with Licensee A and Manager B.	M 474		

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M 474	Continued From page 36 Licensee A stated most of the unlabeled food belonged to the resident discharged 2-3 days ago. Licensee A stated they did not exercise their due diligence by monitoring food. M0216 DHS 88.04(2)(a) Responsibilities	M 474		
M 544	88.10(2) EXPLANATION OF RESIDENT RIGHTS EXPLANATION OF RESIDENT RIGHTS. The licensee shall explain and provide copies of the resident rights under sub. (3) and the grievance procedure under sub. (5) to the person being admitted, that person's guardian, family members involved in the placement and any designated representative of the person before the service agreement is signed. This Rule is not met as evidenced by: Based on record review and interview, the provider did not explain and provide copies of the resident rights and the grievance procedure to the resident or the resident's legal representative before or at the time the admission agreement was signed for 2 of 2 residents reviewed. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. Census on 09/09/2026 was 2. On 09/09/2026, Surveyor reviewed Resident 1's	M 544		

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M 544	Continued From page 37 and Resident 2's records. Example 1- Resident 1 Resident 1 was admitted 07/24/2026. S/he did not have a legal representative for health care. His/her record did not contain a service agreement or proof the resident rights and grievance procedure were explained and provided to Resident 1 at time of admission. Example 2- Resident 2 Resident 2 was admitted 04/09/2025. S/he had an activated Power of Attorney for Health Care Document with family member serving as agent (legal representative for health care). The Admission Agreement stated " ...This Contract for Service is entered into on 04/09/2025 ..." The admission agreement was not signed or dated. Resident 2's record did not contain proof the resident rights and grievance procedure were explained and provided to Resident 2 at time of admission. On 09/09/2026, Surveyor interviewed Licensee A who stated the resident rights and grievance procedure were posted on the wall. Licensee A stated s/he did not provide explanation or provide copies of resident rights and grievance procedure to when Resident 1 and Resident 2 were admitted. On 09/09/2026 at 1:14 PM, Surveyor discussed concern of resident rights and grievance procedure were not reviewed and copies of each were not provided at time of admission with Licensee A and Manager B. Licensee A stated s/he thought the postings were sufficient. Cross Reference:	M 544		

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M 544	Continued From page 38 M0216 DHS 88.04(2)(a) Responsibilities M0384 DHS 88.06(2)(b) Service Agreement Except Respite	M 544		
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 observation, record review and interview, the provider did not ensure residents received all prescribed medications in the dosages and at intervals prescribed by the resident's physician for 1 of 2 residents reviewed. Staff did not apply Resident 1's scheduled lidocaine pain patches as prescribed by his/her physician. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and	M 582		

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M 582	Continued From page 39	M 582		

advanced aged. Census on 09/09/2026 was 2.

On 09/09/2026 at 11:52 AM while inspecting the medication cart with Licensee A, surveyor observed a clear bag with a pharmacy label adhered to it.
Pharmacy label identified (Photo 24)
Resident 1
Lidocaine 4% patches apply 1 patch topically to mid/lower back once a day for pain (12 hours on, 12 hours off)
Quantity 30
Delivered (from pharmacy) 07/28/2026.
The bag contained 19 pain patches.

On 09/09/2026 at 11:52 PM, Surveyor interviewed Licensee A who stated Resident 1's lidocaine patches were only to applied PRN (as needed) and since Resident 1 did not complain of pain the patches were not applied. Surveyor reviewed the pharmacy label with Licensee A who stated s/he agreed the patches should have been applied daily.

On 09/09/2026, Surveyor reviewed Resident 1's record. S/he was admitted 04/09/2025.

Physician orders included lidocaine 4% patch apply 1 patch topically to mid/lower back once daily for pain (start date 07/28/2026).

On 09/09/2026 at 1:14 PM, Surveyor discussed concern of staff not applying Resident 1's lidocaine pain patches daily as ordered by the physician with Licensee A and Manager B. Licensee A stated s/he did not know why staff applied the patches only when Resident 1 complained of pain and not daily as prescribed.

On 09/11/2026 at 9:26 AM, Surveyor interviewed

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M 582	Continued From page 40 Pharmacy Tech E who stated 30 lidocaine patches were dispensed for Resident 1 on 07/28/2026, none had been dispensed after that. Pharmacy Tech E stated the order had not changed since 07/28/2026, patches were to be applied daily. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0464 DHS 88.07(3)(d) Medication-Written Order M0466 DHS 88.07(3)(e)1 Medication Record Keeping M0468 DHS 88.07(3)(e)2 Medication- Record Of Side Effects	M 582		
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 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.	Z 005		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLISS HOMES	215 S MORELAND BLVD 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
Z 005	Continued From page 41 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete background check was conducted at time of hire for 1 of 2 caregivers reviewed. A complete background check consists of a Background Information Disclosure form (BID),	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019783	A. BUILDING: _____ B. WING _____	09/11/2026

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Z 005	Continued From page 42 Department of Justice record (DOJ) and a Government Findings Report. Findings include: The facility is licensed as a nonambulatory adult family home able to serve up to 4 residents within the client groups of physically disabled, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury and advanced aged. On 09/09/2026, Surveyor reviewed Caregiver C's employee record. S/he was hired 02/02/2026. The record contained a DOJ and Government Findings Report but no BID. On 09/09/2026 at 11:02 AM, Surveyor interviewed Licensee A who stated no BID was completed for Caregiver C, that s/he obtained the DOJ and Government Findings Report without a BID. Surveyor explained the importance of having the employee complete the BID especially if the potential employee lived in another state (other than Wisconsin) within the past 3 years requiring obtaining a background check from the previous state. Licensee A stated Caregiver C had moved to the US right before s/he was hired and s/he did not know how to obtain a background check from the country Caregiver C moved from. Cross Reference: M0216 DHS 88.04(2)(a) Responsibilities M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months	Z 005		