STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019051	A. BUILDING: _____ B. WING _____	R-C 12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANIYAHS HOUSE	1063 SUMMER ST WEST BEND, WI 53090

(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 12/02/2025, Surveyors conducted a verification visit for ELLN12 and investigated 2 complaints at Aniyahs House. Additional information was gathered through 12/08/2025. As a result of the survey, 11 deficiencies were identified; two(2) deficiencies were repeat violations for a second time, eight (8) deficiencies were repeat violations for a third time and there was 1 new violation. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with department request for information about residents, services and operation of the home when records were not available for review. Findings include: The provider is licensed to provide services for up to 3 residents who may have a developmental disability, traumatic brain injury, Alzheimer's/dementia, emotionally disturbed/mentally illness, correctional clients,	M 204		

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

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M 204	Continued From page 1 terminally ill, and/or be advanced aged. On 12/02/2025 at 11:00 AM, Surveyors conducted an unannounced verification visit and 2 complaint investigations at Aniyahs House. Surveyors rang the doorbell and Caregiver G answered the door and left Surveyors in. Surveyors informed Caregiver G they were there to conduct a verification visit and investigate 2 complaints. Caregiver G called Licensee A at 11:30 AM, Licensee A told Surveyors s/he would be on his/her way. Surveyors informed Licensee A they were conducting a verification visit and investigating 2 complaints and that Licensee A would need to bring the staff and resident records. Licensee A acknowledged and stated it would take him/her about 30 minutes to arrive at the adult family home. At approximately 1:40 PM, Licensee A, arrived at the house and did not have the resident or staff records available for Surveyors to review. On 12/03/2025 Surveyors spoke with Caregiver G who stated s/he was unable to find the requested information and that s/he had reached out to Caregiver E who was unable to find the staff and resident files. On 12/03/2025 at 2:52 PM, Surveyors called Licensee A and left a message and email Licensee A with the list of items needed for the survey. As of 12/08/2025, 10:00 AM, Surveyors did not hear from Licensee A. There were 11 deficiencies which are all repeat violations and 1 new deficiency for impeding the survey and not responding or providing the requested information. Surveyor was unable to review staff and resident records during the verification visit and 2 complaint investigations.	M 204		

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{M 216}	Continued From page 2	{M 216}		
{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 record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH). This is a repeat deficiency. See Statement of Deficiency (SOD) ELLN12, dated 07/01/2025. Findings include: The provider is licensed to provide services for up to 3 residents who may have a developmental disability, traumatic brain injury, Alzheimer's/dementia, emotionally disturbed/mentally illness, correctional clients, terminally ill, and/or be advanced aged. On 12/02/2025 at 11:00 AM, Surveyors entered with Caregiver G who stated s/he did not have access to the resident or staff records and Surveyors needed to wait for Licensee A as s/he keeps the resident and staff records in his/her Milwaukee office. Caregiver G called Licensee A at 11:30 AM. Surveyors spoke with Licensee A on the phone informing him/her a verification visit was being conducted, and Surveyors were investigating two (2) complaints. Licensee A stated s/he would bring the requested records and would be at the facility in approximately 30 minutes. Licensee A arrived approximately 1:40	{M 216}		

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{M 216}	Continued From page 3 and stated s/he did not have the records for staff or residents. Licensee A stated s/he did not know s/he was due for a verification visit. Licensee A did not provide any documentation s/he had adhered to the special orders stating: Within 45 days of receipt of this notice, the licensee will correct the deficiencies identified in Statement of Deficiency (SOD) ELLN12 in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consult will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis Stat. ch. 50) and knowledge of the client groups served by Aniyahs House. Two (2) deficiencies were repeat violations for a second time and eight (8) deficiencies were repeat violations for a third time, and 1 new violation. N204 DHS 88.03(8)(a) Monitoring Of Home Based on record review and interview, the provider did not comply with department request for information about residents, services and operation of the home when records were not available for review. N216 DHS 88.04(2)(a) Responsibilities Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH). N232 DHS 88.04(2)(g)1 Health Screening For Staff (Repeat) Based on record review and interview, Licensee A did not ensure 4 of 4 caregivers (Caregiver B, Caregiver C, Caregiver E and Caregiver G) reviewed were screened for illness detrimental to	{M 216}		

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{M 216}	Continued From page 4 residents, including for tuberculosis (TB) within 90 days before the start of providing care. N244 DHS 88.04(5)(a) Training 15 Hours Within 6 Months (Repeat) Based on record review and interview, the provider did not ensure that 3 of 3 service providers (Caregiver B, Caregiver E and Caregiver G) received resident rights training with his/her 15 hours of initial training. N276 DHS 88.05(3)(a) Home Environment Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provide a homelike environment for 3 of 3 residents. N346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation (Repeat) Based on record review and interview, the provider did not ensure 3 of 3 residents were evaluated annually for evacuation time, using the Department's form. N384 DHS 88.06(2)(b) Service Agreement Except Respite (Repeat) Based on record review and interview, the provider did not have a service agreement for 3 of 3 residents (Resident 1, Resident 2 and Resident 4) prior to admission. N404 DHS 88.06(3)(a) Individual Service Plan & Assessment (Repeat) Based on record review and interview, the licensee did not ensure 3 of 3 residents (Resident 1, Resident 2 and Resident 4's) records had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement.	{M 216}		

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{M 216}	Continued From page 5 N446 DHS 88.07(2)(b)4 Record of Medical Visits And Reports (Repeat) Based on record review and interview, Licensee A did not ensure record was kept of all medical visits, reports and recommendations for 3 of 3 residents requested. N482 DHS 88.09(1)(a) Resident Records (Repeat) Based on observation, record review and interview, the provider did not maintain records for 3 of 3 residents (Resident 1, Resident 2 and Resident 4) in a secure location within the home. N556 DHS 88.10(3)(e) Self-Direction (Repeat) Based on observation, record review and interview, the provider did not ensure the right to freedom of choice for 3 of 3 residents in the home. The licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH).	{M 216}		
{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.	{M 232}		

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{M 232}	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 4 of 4 caregivers (Caregiver B, Caregiver C, Caregiver E and Caregiver G) reviewed were screened for illness detrimental to residents, including for tuberculosis (TB) within 90 days before the start of providing care. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 12/02/2025 at 11:00 AM, Surveyors entered with Caregiver G and requested Caregiver B, Caregiver C, Caregiver E and Caregiver G's communicable disease screening and tuberculosis tests. Caregiver G stated s/he did not have access to the records and Surveyors needed to wait for Licensee A. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed staff records. Licensee A stated s/he would be on his/her way and would be at the facility in approximately 30 minutes. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the staff records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and	{M 232}		

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{M 232}	Continued From page 7 Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A a list of items needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 232}		
{M 244}	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 3 of 3 service providers (Caregiver B, Caregiver E and Caregiver G) received resident rights training with his/her 15 hours of initial training. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11,	{M 244}		

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{M 244}	Continued From page 8 dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: The provider is licensed to provide services for up to 3 residents who may have a developmental disability, traumatic brain injury, Alzheimer's/dementia, emotionally disturbed/mentally illness, correctional clients, terminally ill, and/or be advanced aged. On 12/02/2025 at 11:00 AM, Surveyors requested Caregiver B, Caregiver E and Caregiver G's record for resident rights training from Caregiver G. Caregiver G stated s/he did not have access to the records and Surveyors needed to wait for Licensee A. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed staff records. Licensee A stated s/he would be on his/her way. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the staff records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he did not recall obtaining 15 hours of training and was unable to find the requested information. S/he stated s/he had also checked with Caregiver E. Caregiver G acknowledged	{M 244}		

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{M 244}	Continued From page 9 s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A with a list of items still needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 244}		
{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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provide a homelike environment for 3 of 3 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) ELLN12, dated 07/01/2025. Findings include: On 12/02/2025, at approximately 11:00 AM, Surveyors conducted a tour of the home and observed the living room carpet with multiple areas of fraying and/or carpet missing. Surveyors observed an area rug in the middle of the living room.	{M 276}		

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{M 276}	Continued From page 10 On 12/02/2025, at 2:00 PM, Caregiver G stated s/he believed the landlord would need to replace the carpet. Caregiver G was unsure if Licensee A had reached out or if there was any plan to replace carpet. On 12/03/2025 at 2:52 PM, Surveyors emailed Licensee A to schedule an exit conference. As of 10:00 AM on 12/08/2025, no additional information was received, Licensee A did not respond to Surveyors' requests. The provider did not ensure the adult family home was well-maintained and provided a homelike environment for 3 of 3 residents.	{M 276}		
{M 346}	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents were evaluated annually for evacuation time, using the Department's form. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025.	{M 346}		

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{M 346}	Continued From page 11 Findings include: On 12/02/2025 at 11:00 AM, Surveyors requested Resident 1, Resident 2 and Resident 4's record. Caregiver G stated s/he did not have access to any resident records. Caregiver G acknowledged Licensee A had all resident records at the office in Milwaukee. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed resident records. Licensee A stated s/he would be on his/her way. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the resident records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A with a list of items needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 346}		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE	{M 384}		

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{M 384}	Continued From page 12 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 have a service agreement for 3 of 3 residents (Resident 1, Resident 2 and Resident 4) prior to admission. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 12/02/2025 at 11:00 AM, Surveyors requested Resident 1, Resident 2 and Resident 4's record. Caregiver G stated s/he did not have access to any resident records. Caregiver G acknowledged Licensee A had all resident records at the office in Milwaukee. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed resident records. Licensee A stated s/he would be on	{M 384}		

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{M 384}	Continued From page 13 his/her way. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the resident records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A with a list of items needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{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 licensee did not ensure 3 of 3 residents (Resident 1, Resident 2 and Resident 4's) records had a written assessment and individual service plan	{M 404}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019051	A. BUILDING: _____ B. WING _____	R-C 12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANIYAHS HOUSE	1063 SUMMER ST WEST BEND, WI 53090

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{M 404}	Continued From page 14 (ISP) completed and developed within 30 days after placement. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 12/02/2025 at 11:00 AM, Surveyors requested Resident 1, Resident 2 and Resident 4's record. Caregiver G stated s/he did not have access to any resident records. Caregiver G acknowledged Licensee A had all resident records at the office in Milwaukee. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed resident records. Licensee A stated s/he would be on his/her way. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the resident records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and had not seen the residents' ISPs previously. Caregiver G stated s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM,	{M 404}		

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{M 404}	Continued From page 15 Surveyors emailed Licensee A with a list of items still needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 404}		
{M 446}	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure record was kept of all medical visits, reports and recommendations for 3 of 3 residents requested. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 12/02/2025 at 11:00 AM, Surveyors requested Resident 1, Resident 2 and Resident 4's record. Caregiver G stated s/he did not have access to any resident records. Caregiver G acknowledged Licensee A had all resident records at the office in Milwaukee. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed resident records. Licensee A stated s/he would be on his/her way. At approximately 1:40 PM, Licensee	{M 446}		

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{M 446}	Continued From page 16 A arrived at the adult family home. Licensee A did not have the resident records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A with a list of items still needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 446}		
{M 482}	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not maintain records for 3 of 3 residents (Resident 1, Resident 2 and Resident 4) in a secure location within the home. This requirement is being cited for third time.	{M 482}		

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{M 482}	Continued From page 17 See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 12/02/2025 at 11:00 AM, Surveyors requested Resident 1, Resident 2 and Resident 4's record. Caregiver G stated s/he did not have access to any resident records. Caregiver G acknowledged Licensee A had all resident records at the office in Milwaukee. On 12/02/2025 at 11:30 AM, Surveyors talked with Licensee A on the phone. Surveyors stated a verification visit was being conducted and informed Licensee A, Surveyors needed resident records. Licensee A stated s/he would be on his/her way. At approximately 1:40 PM, Licensee A arrived at the adult family home. Licensee A did not have the resident records with him/her. Licensee A stated s/he did not know the verification visit was due. Surveyors shared Licensee A received SOD ELLN12, dated 07/01/2025 on 07/29/2025. Caregiver G stated s/he will continue to work with Licensee A and Caregiver E to find the requested information. On 12/03/2025 at approximately 11:00 AM, Surveyors talked to Caregiver G. Caregiver G stated s/he was unable to find the requested information and s/he had also checked with Caregiver E. Caregiver G acknowledged s/he had not received any information from Licensee A. At 2:52 PM, Surveyors emailed Licensee A with a list of items still needed for the survey. Surveyors asked for all information to be sent by 12/04/2025. As of 10:00 AM on 12/08/2025, no additional information was received.	{M 482}		

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{M 556}	Continued From page 18	{M 556}		
{M 556}	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the right to freedom of choice for 3 of 3 residents in the home. This requirement is being cited for third time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024 and #ELLN12, dated 07/01/2025. Findings include: On 09/10/2025, the Bureau of Assisted Living (BAL) received a complaint resident right for freedom of choice were being violated. On 11/21/2025, BAL received a complaint with concerns resident rights for freedom of choice were being violated. On 12/02/2025 at approximately 11:00 AM,	{M 556}		

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{M 556}	Continued From page 19 Surveyors toured the home and interviewed residents. On 12/002/2025 at 11:45 AM, Surveyors interviewed Resident 1. Resident 1 stated s/he doesn't always like the food and when s/he requests to go out to get food s/he is told no. Resident 1 stated Licensee A told him/her "have to eat here what we feed you." Resident 1 confirmed there is a 9:00 PM curfew. Resident 1 stated they are told to stay in room, they cannot go in the living room but are allowed to play games at certain times at the kitchen table. On 12/02/2025 at 12:03 PM, Surveyors interviewed Caseworker (CW) F. CW F stated s/he had concerns with rules Licensee A is enforcing. CW F confirmed there were no court orders or restrictions in place for 3 of 3 residents. CW F stated his/her clients had expressed concerns being restricted from sitting at the kitchen table if they had already eaten and others were late to eat. CW F stated 3 of 3 residents stay in their rooms as the living room is utilized by staff that work 24/7 for several days in a row, and residents are not allowed in there. CW F stated Resident 2 and Resident 4 have expressed concerns being told they cannot wear the pajamas in the common area and only can come in the kitchen if they wear their hair up. On 12/02/2025 at 12:15 PM, Surveyors interviewed Resident 2 and Resident 4. Resident 2 and Resident 4 shared concerns with the rules posted in house and new rules Caregiver E kept inventing. Resident 2 and Resident 4 stated Caregiver E found a hair in the kitchen and states the residents cannot come in the kitchen if they do not have their hair up. Resident 2 stated Licensee A will not let him/her have friends over	{M 556}		

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{M 556}	Continued From page 20	{M 556}		

and will text him/her it is after 9:00 PM and his/her friends cannot be there. Resident 2 stated Caregiver F has called him/her names. Resident 4 stated s/he feels the caregivers are belittling them, and caregivers are making false accusations. Resident 2 stated they are not allowed to walk through the living room. Resident 4 stated Caregiver F has banned residents from going into the refrigerator. Resident 4 stated the caregivers won't let him/her wear pajama shorts because they are short and revealing, s/he stated they are normal short/shirt pajamas. Resident 4 wanted to buy a dresser for his/her room and caregivers told him/her s/he wasn't able to purchase a dresser for his/her room. Resident 4 stated they are told to not use the milk and are only allowed ½ cup of Kool-Aid.

On 12/02/2025 at approximately 1:00 PM, Surveyors interviewed Caregiver G. Caregiver G stated s/he doesn't normally work at this house. Caregiver G acknowledged the rules posted in the kitchen, but stated s/he lets the residents do what they want. Surveyors observed several pieces of paper posted in the kitchen, and observed the following rules: residents are not allowed in the kitchen after 9:00 PM or if the kitchen is being cleaned, Kitchen closes at 9 PM (NO EXCEPTIONS) and Visitors are allowed until 10 PM.

On 12/03/2025 at 2:52 PM, Surveyors emailed Licensee A to schedule an exit conference. As of 10:00 AM on 12/08/2025, no additional information was received, Licensee A did not respond to Surveyors request.

The provider did not ensure the right to freedom of choice for 3 of 3 residents in the home.