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 04/30/2026

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 04/29/2026, Surveyors conducted a verification visit at Aniyahs House. Additional information was gathered through 04/30/2026. As a result of the survey five previous deficiencies were corrected and 6 repeat violations were identified. Two (2) of the repeat violations were cited for a 3rd time and four (4) were cited for a 4th time. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 1	{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 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 requirement is being cited for third time. See Statements of Deficiency (SOD) ELLN12, dated 07/01/2025 and SOD ELLN13, dated 12/08/2025. 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	{M 216}		

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

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{M 216}	Continued From page 1 disturbed/mentally illness, correctional clients, terminally ill, and/or be advanced aged. On 04/29/2026 at 8:46 AM, Surveyors entered with Caregiver H who stated s/he did not have access to the resident or staff records and Surveyors needed to wait for Licensee A. Caregiver H called Licensee A at 9:00 AM and informed him/her Surveyors were at the facility to conduct a verification visit. Licensee A stated s/he would be on his/her way. On 04/29/2026 at 10:08 AM, Licensee A arrived at the facility. Licensee A stated s/he had records at his/her sister facility. Surveyors requested documentation that the legal representative and the case manager for each resident were provided with a copy of the SOD and a copy of the notice and order letter. Surveyor requested the consultation contact and corrective measures s/he developed and how they were implemented. Licensee A stated the information was at his/her other location. On 04/29/2026 at approximately 11:45 AM, Surveyors followed Licensee A to the sister location. Licensee A stated the records were at his/her home in Milwaukee. Licensee A stated s/he would send the information to Surveyors by the end of the day. As of 7:00 AM on 04/30/2026, Licensee A did not provide any documentation s/he stated s/he would provide by end of the day on 04/29/2026, that 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) ELLN13 in consultation with a qualified professional (e.g., registered nurse, health care administrator), not	{M 216}		

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{M 216}	Continued From page 2 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. Licensee A did not provide documentation or evidence s/he had hired a consultant. Two (2) deficiencies were repeat violations for a third time and four (4) deficiencies were repeat violations for a fourth time. N216 DHS 88.04(2)(a) Responsibilities (Repeat) 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 2 of 2 caregivers (Caregiver C and Caregiver G) reviewed were screened for illness detrimental to residents, including for tuberculosis (TB) within 90 days before the start of providing care. N276 DHS 88.05(3)(a) Home Environment (Repeat) Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provided a homelike environment for 1 of 1 resident. N404 DHS 88.06(3)(a) Individual Service Plan & Assessment (Repeat) Based on record review and interview, the licensee did not ensure 1 of 1 resident (Resident 1) record had a written assessment and individual	{M 216}		

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{M 216}	Continued From page 3 service plan (ISP) completed and developed within 30 days after placement. 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 records were kept of all medical visits, reports and recommendations for 1 of 1 resident requested. N482 DHS 88.09(1)(a) Resident Records (Repeat) Based on observation, record review and interview, the provider did not maintain records for 1 of 1 resident (Resident 1) in a secure location within 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 4 This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 2 of 2 caregivers (Caregiver C 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 fourth time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024, #ELLN12, dated 07/01/2025 and #ELLN13, dated 12/08/2025. Findings include: On 04/29/2026 at 8:46 AM, Surveyors entered with Caregiver H and requested Caregiver C and Caregiver G's communicable disease screening and tuberculosis tests. Caregiver H stated s/he did not have access to the records and Surveyors needed to wait for Licensee A. Caregiver H called Licensee A at 9:00 AM and informed him/her Surveyors were at the facility to conduct a verification visit. Licensee A stated s/he would be on his/her way. On 04/29/2026 at 10:08 AM, Licensee A arrived at the facility. Licensee A provided Caregiver H and Caregiver G's employee record. Caregiver G was hired 07/11/2025. There was no evidence Caregiver G had been screened for communicable disease, including tuberculosis. Caregiver H was hired 07/18/2023. Caregiver H had a tuberculosis test on 11/23/2026. There was no evidence Caregiver H had been screened for communicable disease. On 04/29/2026 at 11:00 AM, Surveyors	{M 232}		

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{M 232}	Continued From page 5 interviewed Licensee A. Licensee A acknowledged s/he did not have a tuberculosis test for Caregiver G and s/he did not have communicable disease screening for Caregiver G and Caregiver H. Licensee A confirmed Caregiver G and Caregiver H were currently working in the facility. Licensee A did not ensure caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis (TB) within 90 days before the start of providing care.	{M 232}		
{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 provided a homelike environment for 1 of 1 resident. This requirement is being cited for third time. See Statements of Deficiency (SOD) ELLN12, dated 07/01/2025 and SOD ELLN13, dated 12/08/2025. Findings include:	{M 276}		

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{M 276}	Continued From page 6 On 04/29/2026 at 8:46 AM, Surveyors entered with Caregiver H. 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. Surveyors observed dirty vents and stained flooring in the kitchen. On 04/29/2026 at 10:08 AM, Licensee A acknowledged the land lord would not replace the carpet in the living room. Licensee A stated s/he did not have any information on replacing the carpet, but that s/he had placed an area rug in the middle of the living room. The provider did not ensure the adult family home was well-maintained and provided a homelike environment for 1 of 1 resident.	{M 276}		
{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 1 of 1 resident (Resident 1) record had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. This requirement is being cited for fourth time.	{M 404}		

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{M 404}	Continued From page 7 See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024, #ELLN12, dated 07/01/2025 and #ELLN13, dated 12/08/2025. Findings include: On 04/29/2026 at 8:46 AM, Surveyors entered with Caregiver H and requested Resident 1's ISP. Caregiver H provided Surveyors with the medication administration record (MAR) and stated that is all s/he had access to. Caregiver H stated when s/he started Licensee A provided information needed for Resident 1's cares. Caregiver H confirmed s/he did not have any other resident information. Caregiver H stated if there are concerns staff would call Licensee A who has the resident record and information. Resident 1's date of admission was 11/14/2022. On 04/29/2026 at 10:08 AM, Licensee A arrived at the facility. Licensee A stated s/he had records at his/her sister facility. Licensee A stated s/he had a flood and was redoing all the resident records. Licensee A acknowledged s/he trains all caregivers when s/he admits new residents. Licensee A confirmed s/he did not have ISP's in the facility available for staff and confirmed s/he did not develop ISP's with residents, guardians and power of attorneys. The licensee did not ensure resident records had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement.	{M 404}		
{M 446}	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS	{M 446}		

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{M 446}	Continued From page 8 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 records were kept of all medical visits, reports and recommendations for 1 of 1 resident requested. This requirement is being cited for fourth time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024, #ELLN12, dated 07/01/2025 and #ELLN13, dated 12/08/2025. Findings include: On 04/29/2026 at 8:46 AM, Surveyors requested Resident 1's record. Caregiver H stated s/he did not have access to any resident records. Caregiver H acknowledged Licensee A had all resident records at the office in Milwaukee. Resident 1's date of admission was 11/14/2022. On 04/29/2026 at 10:08 AM, Licensee A arrived at the facility. Licensee A stated s/he had records at his/her sister facility. On 04/29/2026 at approximately 11:45 AM, Surveyors followed Licensee A to the sister location. Licensee A stated the records were at his/her home in Milwaukee. Licensee A stated s/he would send the information to Surveyors by the end of the day. As of 7:00 AM on 04/30/2026, Licensee A did not provide any documentation s/he stated s/he would provide by end of the day on 04/29/2026.	{M 446}		

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{M 446}	Continued From page 9 Licensee A did not ensure records were kept of all medical visits, reports and recommendations for residents.	{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 1 of 1 resident (Resident 1) in a secure location within the home. This requirement is being cited for fourth time. See Statement of Deficiency (SOD) #ELLN11, dated 11/12/2024, #ELLN12, dated 07/01/2025 and #ELLN13, dated 12/08/2025. Findings include: On 04/29/2026 at 8:46 AM, Surveyors requested Resident 1's record from Caregiver H. Caregiver H stated s/he did not have access to any resident records. Caregiver H provided Resident 1's medication administration record (MAR) and stated that is the only information s/he had. Caregiver H acknowledged Licensee A had all resident records at the office in Milwaukee. On 04/29/2026 at 10:08 AM, Licensee A arrived at the facility. Licensee A stated s/he was redoing	{M 482}		

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{M 482}	Continued From page 10 the resident records. Licensee A acknowledged s/he had Resident 1's record at his/her office in Milwaukee. As of 04/30/2026 at 7:00 AM, Licensee A did not provide any documentation s/he stated s/he would provide by end of the day on 04/29/2026. The provider did not maintain records for residents in a secure location within the home.	{M 482}		