STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013508	A. BUILDING: _____ B. WING _____	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JANETS HOUSE	4812 N 55TH ST MILWAUKEE, WI 53218

(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 06/09/2026 with information gathered through 06/26/2026, Surveyor conducted a standard survey, at Janet's House, an Adult Family Home (AFH) in Milwaukee, WI. Four deficiencies were identified. Census: 4	M 000		
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 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, record review and interview, the provider did not ensure there were two ramped exits to grade with a hard surfaced	M 262		

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

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M 262	Continued From page 1	M 262		

pathway with handrails from the facility for 3 of 4 residents (Resident 1, Resident 2 and Resident 3) reviewed. Resident 1, Resident 2 and Resident 3 utilized a wheelchair for mobility. The front ramp was missing hand rails. The rear ramp was missing a wood plank, had a 1/2 inch lift to maneuver onto, and did not have handrails.

Findings include:

This facility was issued an ambulatory license on 05/18/2011 to serve up to 4 residents with the following client groups: emotionally disturbed/mental illness, developmentally disabled, traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's, terminally ill and advanced aged.

On 06/09/2026, at approximately 3:00 PM, Surveyor toured the facility with Administrator A and observed the following:

-The facility is a ranch-style home.

-The front exit ramp did not have handrails.

-The rear exit ramp was missing wood plank, had a 1/2-inch lift and did not have handrails.

On 06/09/2026 through 06/26/2026, Surveyor reviewed resident records and identified the following:

Resident 1
-Resident 1 was admitted to the provider's home on 07/25/2013.

-Resident 1's Individual Service Plan (ISP), dated 12/31/2025, documented the following: "Mobility & Walking - Full Assistance. Current Status:

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M 262	Continued From page 2 Member uses wheelchair but can walk a little bit whenever [s/he] wants. Staff will hold [Resident 1] two hands and walk with [him/her] but for a short distance. [Resident 1] needs help standing up, getting in and out of [his/her] wheelchair, and in and out of [his/her] bed. Resident's Desired Goals & Outcomes: Staff to comfortably and safely assist [Resident 1] with walking, getting in and out of [his/her] wheelchair and [his/her] bed whenever [s/he] wants to avoid falling. Service Provider Responsibilities: Staff. Measurable Goals, Outcomes and Review: Member to comfortably walk with Staff as needed." Resident 2 -Resident 2 was admitted to the provider's home on 02/09/2019. -Resident 2's ISP, dated 05/23/2026, documented the following: "Mobility and Transferring - As Needed Assistance. Current Status: Resident is wheelchair bound but can wheel [his/herself] around. Resident's Desired Goals & Outcomes: To be wheeling [his/herself] freely and staff to assist as needed. Service Provider Responsibilities: Resident/Staff. Measurable Goals, Outcomes and Review: Continues to wheel [his/herself] around with as needed assistance from staff." Resident 3 -Resident 3 was admitted to the provider's home on 07/31/2023. -Resident 3's ISP, dated 02/23/2026, documented the following: "Mobility and Transferring - As needed every day. Current Status: Uses wheelchair for all mobility. Unable to self propel [his/her] wheelchair so staff pushes the wheelchair for [him/her] to move around.	M 262		

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M 262	Continued From page 3 Requires full assistance of two persons for transfers; including physical and verbal assistance. Requires hands-on assistance with helping to stand up, sit down, lay down and repositions. Resident's Desired Goals & Outcomes: Staff to help Resident with all [his/her] mobility and transfer needs daily and as needed. Service Provider Responsibilities: Staff. Measurable Goals, Outcomes and Review: Staff to continue to help Resident with all [his/her] mobility and transfer needs." On 06/09/2026, at approximately 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1, Resident 2 and Resident 3 utilized a wheelchair for mobility. Administrator A acknowledged the above-mentioned issues. Administrator A reported s/he was not aware of the above requirements.	M 262		
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: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 3) reviewed individual service plans (ISP) included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's and Resident 3's ISPs did not include a signed	M 420		

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M 420	Continued From page 4 statement of agreement with all parties involved. Findings include: On 06/09/2026, Surveyor reviewed Resident 1's and Resident 3's record and identified the following: Resident 1 -Resident 1 was admitted to the provider's home on 07/25/2013. -Resident 1 had a legal guardian. -The consumer roster identified Resident 1 had an managed care organization (MCO) case management team. -Resident 1's ISPs, dated 06/28/2025 and 12/31/2025, did not contain his/her guardian signature. -Resident 1's ISP, dated 12/31/2025, did not contain MCO case management team signatures. Resident 3 -Resident 3 was admitted to the provider's home on 07/31/2023. -Resident 3 had a legal guardian. -The consumer roster identified Resident 3 had an MCO case management team. -Resident 3's ISP, dated 02/23/2026, did not contain his/her guardian or MCO case management team signatures. On 06/09/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1's and Resident 3's ISPs were not signed by the above-mentioned parties. Administrator A reported s/he did not realize ISPs were not signed by the above-mentioned parties until Surveyor requested documentation.	M 420		

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M 550	Continued From page 5	M 550		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was provided privacy in caring for personal needs. Caregiver B exposed Resident 1's private areas after bathing. Findings include: On 06/09/2026, at 11:33 AM, Surveyor observed Caregiver B come out of the bathroom pushing Resident 1 in his/her wheelchair with private areas being exposed. On 06/09/2026, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 07/25/2013.	M 550		

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M 550	Continued From page 6 -Resident 1's Individual Service Plan, dated 12/31/2025, documented the following: "Dressing - Full Assistance. Current Status: Resident needs help with dressing and undressing daily. [Resident 1] does not like to wear cloth, don't want sheet on [his/her] bed but likes to wear [sic] and cover [him/herself] with a cozy blanket. Resident's Desired Goals & Outcomes: To be well dressed in appropriate [sic] for the season, cover with a cozy [sic] every day and as needed. Service Provider Responsibilities: Staff. Measurable Goals, Outcomes and Review: To maintain good hygiene." On 06/09/2026, at 11:36 AM, Surveyor interviewed Caregiver B. Caregiver B reported s/he had provided Resident 1 with a bath. Caregiver B reported Resident 1 cannot stand and does not like clothes. Caregiver B reported that Resident 1 refuses clothing. On 06/09/2026, at approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A reported Resident 1 needs help with dressing and undressing daily. Resident 1 does not like to wear clothes. Administrator A reported Caregiver B should have covered Resident 1's private areas with a cozy blanket.	M 550		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to	M 570		

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M 570	Continued From page 7 be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring 1 of 2 ramps was unobstructed. The front exit ramp landing was obstructed by a vehicle. Findings include: This facility was issued an ambulatory license on 05/18/2011 to serve up to 4 residents with the following client groups: emotionally disturbed/mental illness, developmentally disabled, traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's, terminally ill and advanced aged. On 06/09/2026, at approximately 3:00 PM, while touring the facility with Administrator A, Surveyor observed the following: -A vehicle was obstructing the front exit ramp landing which prevented safe egress from the home. On 06/09/2026, at approximately 3:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged staff vehicle was obstructing the front exit ramp landing. Administrator A reported that staff should not be parking there, and s/he will have staff move his/her vehicle.	M 570		