

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/27/2026
NAME OF PROVIDER OR SUPPLIER LANCASTER AFH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE W5990 FRIEDEL RD FORT ATKINSON, WI 53538		
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M 000	INITIAL COMMENTS On 06/29/2026, with information obtained through 07/07/2026, and from 07/15/2026 through 07/27/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation at Lancaster AFH LLC, an adult family home (AFH) located in Fort Atkinson, WI. As a result of the survey, 9 deficiencies were identified. The complaint was substantiated. Census: 2	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 licensee did not comply with all Department requests for information about the operation of the home. Staff-related records provided by Licensee A were at times either not provided in requested deadlines, not provided at all, or inconsistent with Licensee A's previously provided records and reports to Surveyor, all of which limited Surveyor's ability during a complaint investigation to verify staffing of the home and the specific service providers that came into contact with the provider's residents.	M 204		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 204	Continued From page 1 Findings include: On 06/29/2026, with information obtained through 07/27/2026, Surveyor conducted a complaint investigation into allegations that staff who worked in the home were misrepresenting their identities. At approximately 12:10 p.m., Surveyor conducted a phone interview with Licensee A and during this requested a staff roster that identified all current and former employees who worked at the home from 01/01/2026 through the current day. Surveyor checked in with Licensee A on 1:15 p.m. and 3:16 p.m. regarding the roster status, during which Licensee A reported s/he was still working on it. At approximately 3:53 p.m., Surveyor received the staff roster via e-mail from Licensee A. The roster identified Caregiver B, Caregiver F, Caregiver G, and Caregiver J as current service providers. The roster identified Former Caregiver H and Former House Manager I as former service providers, who both ended employment on 05/08/2026. There were no other service providers identified on the rosters. At approximately 4:56 p.m., Surveyor e-mailed Licensee A, stating, "If you maintain a staff schedule showing who worked which shifts on which days, I would like to see that for April, May, and June." Surveyor gave a deadline of 06/30/2026 at 12:00 p.m. The only record provided by Licensee A in response related to staffing was a "Staffing Plan" document that identified that 2 staff were scheduled every day of the week from 7:00 a.m. - 7:00 p.m., and that 1 staff was scheduled every day of the week from	M 204			

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M 204	Continued From page 2 7:00 p.m. - 7:00 a.m. The specific staff working were not identified. On 07/15/2026, Surveyor reviewed outside interview and documentation evidence into the staffing concerns outlined from the complaint allegations. On 07/16/2026, at approximately 10:59 a.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A to confirm that the staff roster that was initially provided on 06/29/2026 was current as to the request of Surveyor's last onsite visit. Licensee A replied that it was and confirmed that all employees who worked in the home from 01/01/2026 through 06/29/2026 were identified on the roster. Surveyor requested information identifying who worked when in the home for the months of February, March, April, May, and June, and gave a deadline of 5:00 p.m. that day. Licensee A replied with a schedule typed in the body of his/her e-mail and reported, "The facility serves two residents on shared staffing and also additional staff for [Resident 1] when needed." At approximately 4:42 p.m., Surveyor e-mailed Licensee A back and reported, "Regarding the line about 'additional staff for [Resident 1] when needed' - that is why I specifically am requesting confirmation of exactly who worked and when from February through June. If additional staff were needed and worked, you need to tell me who and when..." At approximately 5:08 p.m., Licensee A e-mailed a reply: "...The additional staff is me, [Licensee A], and sometimes [Caregiver G] when needed, especially for outings ..."	M 204			

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M 204	Continued From page 3 At approximately 5:42 p.m., Surveyor e-mailed Licensee A back: "This does not answer when either of you worked in the home." On 07/17/2026, at approximately 8:23 a.m., Licensee A e-mailed Surveyor and reported, "To clarify [Resident 1]'s staffing was shared staffing, consistent with [his/her] needs. In addition to the required shared staffing, Lancaster AFH provided additional staff support when appropriate, such as for community outings or when additional behavioral support was warranted ...[Licensee A] and [Caregiver G] were not assigned to the routine staffing schedule. They were on-call staff who provided backup coverage when additional support was needed ..." At approximately 2:51 p.m., Surveyor replied, "I understand your remarks that you and [Caregiver G] provided supplemental staffing as needed. I'm not disputing what staffing was required, what I am asking is [sic] for is if either of you worked in the home from February through June, provide the dates and times. This is due tomorrow ..." Nothing further was provided. From 07/17/2026 - 07/18/2026 Surveyor reviewed outside interview and documentation evidence into the staffing concerns outlined from the complaint allegations. In attempting to coordinate an interview with Licensee A, Surveyor e-mailed him/her on 07/21/2026, at approximately 1:41 p.m., asking if s/he had any availability that afternoon. Licensee A replied the next day on 07/22/2026 at approximately 7:39 a.m. and asked if 1:00 p.m. or 2:00 p.m. that day would work. Surveyor replied on 07/23/2026 at approximately 7:54 a.m. and	M 204			

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M 204	Continued From page 4 reported that s/he was available any time that day and requested Licensee A to let him/her know a time that worked best. The next e-mail from Licensee A was sent the next day, on 07/24/2026 at approximately 7:01 a.m. saying that s/he would call Surveyor at 1:00 p.m. that day. Surveyor did not receive a call from Licensee A at or around 1:00 p.m. At approximately 1:09 p.m., Surveyor called Licensee A from his/her number as identified from Department records. No one answered and a recording stated that the voicemail box was full, which left Surveyor unable to leave a message. At approximately 1:12 p.m., Surveyor e-mailed Licensee A informing him/her of the attempt to call and letting him/her know that s/he was available until 1:30 p.m. Licensee A called Surveyor back at approximately 1:27 p.m. On 07/24/2026, at approximately 1:27 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A to verify and confirm the staff schedules that were previously provided by him/her, specifically for the periods Former Caregiver H and Former House Manager I were identified by him/her to have worked. Licensee A stated, "That's the hours they always worked," and reported they coordinated their own scheduled amongst each other. When asked if s/he was aware of any issues with MAR documentation or of staff signing as other staff, Licensee A reported s/he was not. When Surveyor discussed the concern with Former House Manager I's absence in March despite his/her MAR initials, Licensee A replied that March was around the time that Resident 1 moved in and that there was one time Former House Manager I had gone out of state with Resident 1 and Resident 1's legal guardian. Licensee A stated that there was "No other time I know of that [s/he] went out of state." Licensee A	M 204		

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M 204	Continued From page 5 again confirmed s/he was unaware of a time that Former House Manager I had been out of state. Licensee A reported that in the absence of Former House Manager I, it would have been him/herself or Caregiver G that worked. Licensee A stated, "I have to go back and look in my records." Licensee A then reported that s/he had staff that s/he did not include in the rosters provided to Surveyor and it was probably one of those staff that had worked that period. Licensee A reported s/he had just begun using a system of paystubs approximately 1-2 months ago. When Surveyor asked if Licensee A would then be able to provide the paystub records for the last 1-2 months worked, Licensee A stated, "Not for Lancaster." Surveyor gave Licensee A an opportunity to provide follow up documented evidence of who specifically worked in the home throughout March 2026 and gave a deadline of 4:00 p.m. Of note, Licensee A's report of having staff that s/he did not include on the roster that may have worked in March 2026 was not in accordance with Surveyor's initial 06/29/2026 staff roster request. It was inconsistent with Licensee A's own confirmation of the provided staff roster accuracy by him/her on 07/16/2026 and staff schedule provided by him/her that same day, which only showed staff on the roster working in the home. That report also conflicted his/her 07/16/2026 e-mail exchange with Surveyor in which s/he only identified him/herself and Caregiver G as having been staff to fill in as needed. At approximately 3:39 p.m., Surveyor received an e-mail from Licensee A that stated, "Hi [Surveyor] I just confirmed after careful review that [Caregiver P] worked those shifts in march, thank you."	M 204		

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M 204	Continued From page 6 Nothing further was received. No documentation evidence, in accordance with Surveyor's request, was provided with Licensee A's e-mail. Of note, Caregiver P was not identified on the current/former employee roster provided and later confirmed for accuracy from Licensee A, nor on the staff schedules from e-mail exchanges with Licensee A. At approximately 4:16 p.m., Surveyor e-mailed Licensee A back: "Please confirm what dates and times [s/he] worked and provide your source documentation that confirms this, as initially requested during our exit." On 07/27/2026 at 10:15 a.m., approximately 2.5 days after Surveyor's deadline, Licensee A e-mailed Surveyor. In the e-mail, Licensee A reported, "Please find attached screenshots of text message conversations involving staff [Caregiver P] and [Caregiver O], along with screenshots showing payments made to both staff for work performed from March 14 through the end of March on the 7:00 AM-7:00 PM day shift. I have also attached copies of text message conversations that support that [Caregiver P] and [Caregiver O] were working those day shifts during that period ..." Of note, neither Caregiver P nor Caregiver O were identified on the current/former employee roster provided and later confirmed for accuracy to Surveyor by Licensee A. Neither Caregiver P nor Caregiver O were identified on the initial staff schedule provided by Licensee A, nor were they identified during subsequent e-mail exchanges discussing staffing. Licensee A's report of them having worked at the home was also inconsistent with his/her 07/24/2026 interview confirmation of	M 204			

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M 204	Continued From page 7 the staff schedule. Of note, Caregiver O was also not identified on the 07/24/2026 e-mail Licensee A sent to Surveyor in which s/he reported only that Caregiver P worked "those shifts in March." Cross Reference: M0230 88.04(2)(f) Condition Which Represents Risk or Harm	M 204		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review and interview, the licensee permitted an existence of a condition in the home which placed the safety and welfare of residents at substantial risk of harm by staff misrepresenting either their worked shifts/caregiving tasks completed or their identities regarding worked shifts and caregiving tasks. Findings include: On 06/29/2026, with information obtained through 07/27/2026, Surveyor conducted a complaint investigation into allegations that staff who worked in the home were misrepresenting their identities. On 06/29/2026, at approximately 12:10 p.m., Surveyor interviewed Licensee A. Licensee A	M 230		

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M 230	Continued From page 8 reported staff records were not maintained at the home, except for select records, and that s/he generally maintained them virtually. Licensee A confirmed that only s/he could access the service provider records. Surveyor requested a staff roster in order to further select service provider records for review. Surveyor specifically requested the roster to identify any current employees and former employees who worked at the home from 01/01/2026 through the current day. At approximately 1:15 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he was still working on the staff roster to provide to Surveyor. At approximately 3:16 p.m. (approximately 3 hours after the initial request for a staff roster), Surveyor interviewed Licensee A. Licensee A reported s/he was still working on the staff roster to provide to Surveyor. Licensee A reported s/he was out of the country and was having issues with his/her internet. At approximately 3:53 p.m., Surveyor received the staff roster via e-mail from Licensee A. The roster identified Caregiver B, Caregiver F, Caregiver G, and Caregiver J as current service providers. The roster identified Former Caregiver H and Former House Manager I as former service providers, who both ended employment on 05/08/2026. There were no other service providers identified on the rosters. At approximately 4:56 p.m., Surveyor e-mailed Licensee A, stating, "If you maintain a staff schedule showing who worked which shifts on which days, I would like to see that for April, May, and June." Surveyor gave a deadline of 06/30/2026 at 12:00 p.m.	M 230		

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M 230	Continued From page 9 The only record provided by Licensee A related to staffing was a "Staffing Plan" document that identified that 2 staff were scheduled every day of the week from 7:00 a.m. - 7:00 p.m., and that 1 staff was scheduled every day of the week from 7:00 p.m. - 7:00 a.m. The specific staff working were not identified. On 07/15/2026, Surveyor reviewed text message exchanges. The text messages identified texts coming from a number that was the same number identified as belonging to Licensee A on Department records for the provider. The texts included the following: - Sent 11/16/2025 (7:19 p.m.) in a succession: "[Person L] name will be [Person M]," "I can't log in but I do have file for [him/her] in my email," "So [Person L] won't be [Person N]," "Tell [him/her] that." - Sent 01/03/2026 (9:37 a.m.): "I need [Person L] to work at friedel rd ..." "Starting Monday [Person L] should work at friedel rd," "[Person L] don't have a file ..." "Unless [Person L] is you or [Former Caregiver H] then [s/he] can stay where [s/he] is at," "But [Person L] needs to know that," "And no one in that house should talk to anyone about [Person L] being there." Of note, Friedel Road, discussed above, is the road from which Lancaster AFH LLC is on. On 07/15/2026, at approximately 11:03 a.m., Surveyor interviewed Former House Manager I. Former House Manager I reported that s/he worked with the provider from October 2025 through May 2026. Former House Manager I reported that s/he had concerns about Licensee	M 230		

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M 230	Continued From page 10 A's staffing, including having staff who worked with the residents that were not identified on employee rosters due to either legal status, legal working restrictions, or concerns for their criminal history. Former House Manager I reported that these staff, under Licensee A's direction, would misrepresent themselves as staff who were on record as being employed by Licensee A. Former House Manager I reported that this misrepresentation included on medication administration records (MARs), where the unlisted staff would sign off on medication administration using the initials of the listed staff. Former House Manager I reported s/he was involved in the text message exchanges described above. Regarding the 11/16/2025 text messages, Former House Manager I reported that there was an employee by the name of Person L who s/he believed might not have been legally able work in the United States at that time. Former House Manager I reported that because of this, Licensee A had Person L assume the identify of Person N, who was a former employee, when s/he was working caregiving shifts for the provider. Former House Manager I reported that there was an issue of a personal nature that later developed between Licensee A and Person N, and that was why Licensee A then later changed Person L's employee identity to a different former employee, Person M. Regarding the 01/03/2026 text messages about Person L, Former House Manager I reported that this was the same person as from the 11/16/2025 text messages. Former House Manager I reported that his/her understanding from the text exchange was that Licensee A was directing for Person L to pose as him/herself when s/he	M 230		

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M 230	Continued From page 11 worked caregiving shifts. During the interview, Surveyor reviewed resident MAR documentation with Former House Manager I, including the March MAR for Resident 1 and Resident 2. Former House Manager I confirmed that there were no other employees at the home that had the same initials as him/her. Surveyor identified that Former House Manager I's initials were on Resident 1's 8:00 a.m. and 8:00 p.m. medication administration entries from 03/15/2026 through 03/31/2026, and on Resident 2's 8:00 a.m., 2:00 p.m., 5:00 p.m., and 8:00 p.m. medication administration entries from 03/01/2026 through 03/29/2026. Despite his/her initials on the MARs, Former House Manager I reported that s/he did not work at the home from 03/15/2026 through around 03/22/2026 because s/he had been fired by Licensee A. Former House Manager I reported s/he had not been in Wisconsin during that approximate 1-week period as s/he had gone out of state to be with family. On 07/15/2026, Surveyor received an e-mail from Former House Manager I which reported s/he had text messages from his/her phone showing s/he had stayed with a family member from 03/15/2026 through 03/22/2026. Former House Manager I reported s/he returned to work on 03/23/2026. The text messages, provided as screenshots for date/timestamp verification, appeared to identify him/her meeting up with another person and running errands to pinned locations identified at a city in a different state between 03/15/2026 and 03/22/2026. A photo provided by Former House Manager A with a date/timestamp of 03/15/2026 (11:21 a.m.) contained a location tag of a city in a different state.	M 230		

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M 230	Continued From page 12 On 07/16/2026, at approximately 10:59 a.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A to confirm that the staff roster that was initially provided on 06/29/2026 was current as to Surveyor's request of identifying all staff who worked in the home since 01/01/2026. Licensee A replied that it was and confirmed that all employees who worked in the home from 01/01/2026 through 06/29/2026 were identified on the roster. Surveyor requested information identifying who worked when in the home for the months of February, March, April, May, and June, and gave a deadline of 5:00 p.m. that day. At approximately 4:37 p.m., Surveyor received an e-mail from Licensee A that identified the following in the typed body of an e-mail: "Feb to May, 2026 - [Former House Manager I] - Day shift, 7:00a-7:00p - [Former Caregiver H] - Night shift, 7:00p-7:00a" "May and June, 2026 - [Caregiver F] - 7:00a-8:30p - [Caregiver B] - 7:00a-7:00p - [Caregiver J] - 8:15p-7:00a" Of note, this was inconsistent with the report from Former House Manager I that s/he did not work in the home from 03/15/2026 through 03/22/2026 as well as the text message screenshots from his/her phone. In the e-mail, Licensee A reported, "The facility serves two residents on shared staffing and also additional staff for [Resident 1] when needed." At approximately 4:42 p.m., Surveyor e-mailed Licensee A back and reported, "Regarding the	M 230		

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M 230	Continued From page 13 line about 'additional staff for [Resident 1] when needed' - that is why I specifically am requesting confirmation of exactly who worked and when from February through June. If additional staff were needed and worked, you need to tell me who and when..." At approximately 5:08 p.m., Licensee A e-mailed a reply: " ...The additional staff is me, [Licensee A], and sometimes [Caregiver G] when needed, especially for outings ..." At approximately 5:42 p.m., Surveyor e-mailed Licensee A back: "This does not answer when either of you worked in the home." On 07/17/2026, at approximately 8:23 a.m., Licensee A e-mailed Surveyor and reported, "To clarify [Resident 1]'s staffing was shared staffing, consistent with [his/her] needs. In addition to the required shared staffing, Lancaster AFH provided additional staff support when appropriate, such as for community outings or when additional behavioral support was warranted ...[Licensee A] and [Caregiver G] were not assigned to the routine staffing schedule. They were on-call staff who provided backup coverage when additional support was needed ..." At approximately 2:51 p.m., Surveyor replied, "I understand your remarks that you and [Caregiver G] provided supplemental staffing as needed. I'm not disputing what staffing was required, what I am asking is [sic] for is if either of you worked in the home from February through June, provide the dates and times. This is due tomorrow ..." Nothing further was provided. On 07/17/2026, at approximately 1:03 p.m.,	M 230			

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M 230	Continued From page 14 Surveyor interviewed Former House Manager I. Former House Manager I again confirmed s/he was out of state between 03/15/2026 through 03/22/2026. Regarding his/her initials on the MARs, Former House Manager I reported s/he returned to the home for work on 03/23/2026, and upon his/her return, saw that the resident MARs were incomplete. Former House Manager I reported there was a different person that had been working in his/her absence that had left a lot of the medication administration entries blank. Former House Manager I reported that s/he believed that person was Person O and that Person O worked for only approximately a 1-month period with Licensee A. Former House Manager I reported s/he filled in the MARs out of concern of his/her employment being terminated. Of note, Person O was not identified on the current/former employee roster provided and confirmed for accuracy from Licensee A, nor on the staff schedules from e-mail exchanges with Licensee A. On 07/18/2026, Surveyor reviewed a statement provided by Former House Manager I. The statement documented, " ...I did send photos to prove that I was in [different state] from around March 15th to March 23rd where I stayed due to being fired on the former date. Those screenshots show my communications with a relative that asks to take a dog out ...that is shown in a photo having a pup cup in [out of state city]. The relative also sent me to run errands which shows my involvement from having the address to helping around. Although I was away during the week my signature shows up on the mars. This was my own initials that I've written, the gap and randomly filled out times by other staff lead me to resort to writing them in the right	M 230		

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M 230	Continued From page 15 way, in fear of losing my job if asked about I [sic] consistencies ..." On 07/24/2026, at approximately 1:27 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A to verify and confirm the staff schedules that were previously provided by him/her, specifically for the periods Former Caregiver H and Former House Manager I were identified by him/her to have worked. Licensee A stated, "That's the hours they always worked," and reported they coordinated their own scheduled amongst each other. When asked if s/he was aware of any issues with MAR documentation or of staff signing to cover other staff, Licensee A reported s/he was not. When Surveyor discussed the concern regarding Former House Manager I's absence in March despite his/her MAR initials, Licensee A replied that March was around the time that Resident 1 moved in and that there was one time Former House Manager I had gone out of state with Resident 1 and Resident 1's legal guardian. Licensee A stated that there was "No other time I know of that [s/he] went out of state." Licensee A again confirmed s/he was unaware of a time that Former House Manager I had been out of state. Licensee A reported that in the absence of Former House Manager I, it would have been him/herself or Caregiver G that worked. Licensee A stated, "I have to go back and look in my records." Licensee A then reported that s/he had staff that s/he did not include in the rosters provided to Surveyor and it was probably one of those staff that had worked that period. Licensee A reported s/he had just begun using a system of paystubs approximately 1-2 months ago. When Surveyor asked if Licensee A would then be able to provide the paystub records for the last 1-2 months worked, Licensee A stated, "Not for	M 230			

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M 230	Continued From page 16 Lancaster." Surveyor gave Licensee A an opportunity to provide follow up documented evidence of who specifically worked in the home throughout March 2026 and gave a deadline of 4:00 p.m. At approximately 3:39 p.m., Surveyor received an e-mail from Licensee A that stated, "Hi [Surveyor] I just confirmed after careful review that [Caregiver P] worked those shifts in march, thank you." Nothing further was received. Of note, Caregiver P was not identified on the current/former employee roster provided and later confirmed for accuracy from Licensee A, nor on the staff schedules from e-mail exchanges with Licensee A. Surveyor noted that Caregiver P did not have the same initials as Former House Manager I. At approximately 4:16 p.m., Surveyor e-mailed Licensee A back: "Please confirm what dates and times [s/he] worked and provide your source documentation that confirms this, as initially requested during our exit." Nothing further was received until 07/27/2026 at 10:15 a.m., approximately 2.5 days after Surveyor's deadline. In the e-mail, Licensee A reported, "Please find attached screenshots of text message conversations involving staff [Caregiver P] and [Caregiver O], along with screenshots showing payments made to both staff for work performed from March 14 through the end of March on the 7:00 AM-7:00 PM day shift. I have also attached copies of text message conversations that support that [Caregiver P] and [Caregiver O] were working those day shifts during that period ...during the second week of March, [Former House Manager I] signed	M 230		

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M 230	Continued From page 17 portions of the MAR with future dates that had not yet occurred. This issue was identified, discussed with [him/her] and documented at the time ..." Of note, neither Caregiver P nor Caregiver O were identified on the current/former employee roster provided and later confirmed for accuracy to Surveyor by Licensee A. Neither Caregiver P nor Caregiver O were identified on the staff schedule provided by Licensee A for the relevant periods that s/he later reported them working, nor were they identified during e-mail exchanges discussing staffing. Licensee A's report of them having worked at the home was also inconsistent with his/her 07/24/2026 interview confirmation of the staff schedule. Of note, Caregiver O was also not identified on the 07/24/2026 e-mail Licensee A sent to Surveyor in which s/he reported only that Caregiver P worked "those shifts in March." Licensee A's 07/27/2026 e-mail to Surveyor identified known MAR documentation concerns with Former House Manager I, but this was inconsistent with his/her 07/24/2026 interview in which s/he denied having any awareness of MAR documentation issues. Of note, the supplemental evidence provided by Licensee A on 07/27/2026, after Surveyor's deadline, consisted of 2 screenshots and a separate text message exchange. The 2 screenshots appeared to show Zelle payments made to Caregiver O and Caregiver P (1 screenshot for each employee). The payment to Caregiver O showed a date of 04/10/2026 with the description, "Zelle payment to [Caregiver O]." The payment to Caregiver P showed a date of 05/04/2026 with the description, "Zelle payment to [Caregiver P]." Neither identified when Caregiver O or Caregiver P worked in the home. The text message exchanges appeared to show texts in	M 230			

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M 230	Continued From page 18 which Resident 1's legal guardian and an individual only identified by initials discussed aspects of Resident 1's day between 03/16/2026 - 03/17/2026, 03/18/2026 and 03/20/2026. Of note, from the initials alone there was no way to identify the person from the texts. The texts did not show verification of who specifically worked which hours from 03/15/2026 through 03/22/2026. On 07/27/2026, Surveyor reviewed records for the 2 residents of the home, which identified the following: - Resident 1: Admitted to the provider on 03/09/2026. His/her individual service plan (ISP), signed 04/23/2026, identified the that s/he had "diminished" verbal skills with the potential need for staff assistance to anticipate wants/needs, required "full assistance" for bathing, dressing, oral care, and toileting; and required staff assistance to administer medications and monitor for recurring illness. The ISP identified that Resident 1 was at risk for the following that warranted staff supervision, redirection, and/or monitoring: wandering, elopements, destructive/abusive behaviors, and aggressive/combatative behaviors. Resident 1 had a behavioral support plan (BSP), with the same date as his/her ISP, consisting of information staff were to be aware of regarding his/her specific behavior triggers and warning signs. The BSP also identified specific interventions staff were directed to follow with different courses of action dependent on the 6 various stages of Resident 1's behaviors as well as overall directives for staff "crisis response expectations," post-incident staff follow-up, and behavior incident documentation. - Resident 2: Admitted to the provider on	M 230		

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M 230	Continued From page 19 12/28/2022 with diagnoses including Asperger's syndrome, attention-deficit hyperactivity disorder, and bipolar disorder. Both of his/her most recent 2 ISPs, dated 12/08/2025 and 05/07/2026, identified that s/he required assistance to make his/her needs known. The ISPs also identified that s/he required staff monitoring and/or verbal cuing for bathing, dressing, and oral care. Resident 2 required staff to administer his/her medications. Cross Reference: M0204 88.03(8)(a) Monitoring of Home	M 230		
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 that the adult family home was safe and provided a homelike environment when the temperatures in the home's living room and Resident 1's bedroom ranged from 76.8°F to 81.7°F. Findings include: On 06/29/2026, at approximately 11:30 a.m., Surveyor entered the home to conduct a survey.	M 276		

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M 276	Continued From page 20 At approximately 11:38 a.m., Surveyor entered Resident 1's bedroom. One of Resident 1's windows was open. Surveyor took a temperature of Resident 1's bedroom, which was 79.3°F. Caregiver B stated, "It's kind of hot." At approximately 11:40 a.m., Surveyor observed the home's thermostat on the main level, located near the living room. The thermostat indicated a temperature of 79°F. The thermostat displayed a notice to "Clean filter," (Photo 1). It was unclear based on the display if the temperature indicator was a current indoor temperature reading or the temperature the thermostat was set to. At approximately 12:32 p.m., Surveyor viewed weather information from the National Weather Service (NWS). Based approximately on Surveyor's location at the home, the outdoor temperature was approximately 88°F at that time and projected to reach a high of 92°F. The local area was under an "Extreme Heat Warning" which was projected to last until 7:00 p.m. the next day (Photo 2). According to the NWS, "An Extreme Heat Warning is issued when extremely dangerous heat conditions are expected or occurring...Stay indoors in an air-conditioned space as much as possible..." (Source: NWS, Understanding Heat Alerts, (no date), https://www.weather.gov/safety/heat-ww (retrieved July 8, 2026).). At approximately 12:46 p.m., Surveyor observed Caregiver B at the thermostat. Caregiver B appeared to be trying to adjust the temperature. After Caregiver B walked away, Surveyor observed the thermostat. The thermostat read a temperature of 72°F. Surveyor then took a temperature of the living room, which was 76.8°F	M 276		

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M 276	Continued From page 21 (Photo 3). At this time, Surveyor observed Resident 2 in the kitchen area next to the living area. The home's main level had an open-concept style such that there were no walls separating the living room and kitchen. Resident 2 appeared to be preparing his/her lunch. At approximately 12:58 p.m., Surveyor interviewed Resident 2. Resident 2 reported that s/he felt hot. Resident 2 reported that due to feeling hot s/he used a fan in his/her room. Resident 2 requested Surveyor to ask staff if the air conditioning was on. At approximately 1:03 p.m. and 1:09 p.m., Surveyor took temperatures of the living room, which were both 78.8°F (Photos 4 and 5). At approximately 1:10 p.m., Surveyor again observed Resident 1's room. The window was still open. The initial temperature was 80.6°F (Photo 6), however, within approximately 1 minute of being in the room the temperature increased to 81.7°F (Video 1). Caregiver B reported that staff typically opened Resident 1's window to get fresh air when they were getting him/her ready for the day. After that, Caregiver B recalled that Resident 1's window was open. Caregiver B then closed Resident 1's window. Of note, Resident 1 was due back to the provider shortly after this, as Caregiver F had left at approximately 12:35 p.m. to pick him/her up from day programming and return home. At approximately 1:15 p.m., Surveyor interviewed Caregiver B. Caregiver B reported understanding of Surveyor's concerns of the warm temperatures within the home. Surveyor asked Caregiver B if the home had any fans to help cool the area. Caregiver B left the area and returned with an	M 276		

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M 276	Continued From page 22 appliance. Caregiver B reported s/he wasn't sure if the appliance s/he had was a fan or a heater. Caregiver B reported that was all s/he could find. On 07/07/2026, at approximately 12:52 p.m., Surveyor discussed his/her concerns of the warm temperatures within the home with Licensee A. Licensee A reported understanding of Surveyor's concerns.	M 276			
M 354	88.05(5) TELEPHONE TELEPHONE. A home shall provide a non-pay phone for residents to make and receive telephone calls. The home may require that long distance calls be made at a resident's own expense. Emergency telephone numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance, shall be located on or near each telephone. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that a non-pay telephone was provided for residents to make and receive telephone calls. Findings include: On 06/29/2026, Surveyor reviewed Department records for the provider and observed that the home's listed phone number was the same as the licensee's contact phone number. On 06/29/2026, at approximately 11:30 a.m., Surveyor interviewed Caregiver B. Caregiver B reported there was no house phone. Surveyor	M 354			

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M 354	Continued From page 23 reviewed the listed phone number provided for the home with Caregiver B, who confirmed that it was not the house number since there was no house phone. Caregiver B reported s/he believed the identified phone number was Licensee A's direct contact number. On 06/29/2026, while observing the home's common areas at approximately 12:45 p.m., Surveyor did not observe a house phone. On 07/21/2026, at approximately 1:55 p.m., Surveyor interviewed Consultant K, who reported s/he functionally served as the case manager for Resident 2 from his/her managed care organization. When discussing Consultant K's ability to get in contact with Resident 2, Consultant K reported s/he had to typically call either his/her relative (who did not live with the provider) or the provider's house manager directly. Consultant K reported there was no house number s/he could call. On 07/24/2026, at approximately 1:27 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he had a home for the house but it was not connected. Licensee A reported s/he had ordered a new phone for the home.	M 354		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any,	M 406		

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M 406	Continued From page 24 with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1's individual service plan (ISP) and assessment was developed with his/her legal guardian. Findings include: On 06/29/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 03/09/2026. On 07/16/2026, at approximately 10:59 a.m., Surveyor interviewed Licensee A. Surveyor requested the 2 most recently signed ISPs for Resident 1, if more than 1 existed since his/her admission, to be e-mailed to him/her. Surveyor gave a deadline of 5:00 p.m. that day. No ISPs were received. On 07/16/2026, at approximately 7:05 p.m., Surveyor e-mailed Licensee A and confirmed that no ISPs were received. On 07/17/2026, at approximately 8:45 a.m. (approximately 12 hours after Surveyor's deadline), Surveyor received one ISP and behavioral support plan (BSP) for Resident 1. Both were dated "03/2026." Resident 1's ISP documented, "This agency-level resident packet has been developed using [Resident 1]'s individualized [electronic record platform]	M 406		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/27/2026
NAME OF PROVIDER OR SUPPLIER LANCASTER AFH LLC			STREET ADDRESS, CITY, STATE, ZIP CODE W5990 FRIEDEL RD FORT ATKINSON, WI 53538		
(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 406	Continued From page 25 information, behavior support planning, crisis cycle data, service planning needs, and support goals." There was no information about either the ISP or BSP having been developed with his/her legal guardian. A line at the beginning of the ISP allowed for the identification of his/her guardian, which was blank, and a spot for his/her guardian's signature at the end of the ISP was also blank. The ISP was signed by his/her case manager and Licensee A on 04/23/2026, approximately 1.5 months after his/her admission. At approximately 9:12 a.m., Surveyor e-mailed Licensee A to confirm the request s/he initially made was for the most recently reviewed ISPs with signatures as appropriate. At approximately 9:44 a.m., Surveyor received an e-mail from Licensee A stating, "[Resident 1] only had one ISP since [s/he] came on March 2026." Nothing further was provided. On 07/24/2026, at approximately 1:27 p.m., Surveyor interviewed Licensee A. Licensee A listened to Surveyor's concerns about Resident 1's ISP development but said nothing further.	M 406			
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and	M 424			

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M 424	Continued From page 26 method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the individual service plan (ISP) for 1 of 1 applicable resident reviewed, was reviewed every 6 months by the resident and the resident's service coordinator. The 2 most recent ISPs for Resident 2, dated 12/08/2025 and 05/07/2026, did not have any evidence of being reviewed by anyone other than the provider. Findings include: On 06/29/2026, Surveyor reviewed a partial record for Resident 2. Resident 2 was admitted to the provider on 12/28/2022 and was identified as being his/her own legal representative. Resident 2's record onsite did not identify his/her service coordinator information, but information provided by Licensee A via text to Caregiver B at approximately 1:03 p.m. identified his/her managed care organization as well as his/her service coordinator's e-mail contact and phone number.	M 424		

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M 424	Continued From page 27 On 07/16/2026, at approximately 10:59 a.m., Surveyor interviewed Licensee A and requested the two most recently signed and/or reviewed ISPs for Resident 2. Surveyor gave a deadline of 5:00 p.m. that day. No ISPs were received. At approximately 7:05 p.m., Surveyor e-mailed Licensee A and confirmed that no ISPs as requested were received. On 07/17/2026, at approximately 8:45 a.m. (approximately 12 hours after Surveyor's deadline), Surveyor received one ISP for Resident 2. The ISP was dated 05/07/2026, but there was no evidence of it having been reviewed by either Resident 2 or his/her service coordinator. At approximately 9:12 a.m., Surveyor e-mailed Licensee A and confirmed that during the previous interview with him/her that what was requested was the two most recently reviewed ISPs for Resident 2 with signatures with appropriate. An e-mail response received from Licensee A at 9:44 a.m. contained an attachment showing an ISP dated 12/08/2025. The e-mail itself did not address the review of either of Resident 2's ISPs (the one from 05/07/2026 or from 12/08/2025). Upon review of the ISP from 12/08/2025, there was no evidence of it having been reviewed by either Resident 2 or his/her service coordinator. On 07/21/2026, at approximately 1:55 p.m., Surveyor interviewed Consultant K, who was the service coordinator for Resident 2. Consultant K reported s/he began working with Resident 2 since March and that s/he essentially worked as	M 424			

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M 424	Continued From page 28 his/her case manager. Consultant K reported s/he had never seen an ISP from the provider and that the provider had never discussed any aspects of Resident 2's ISP with him/her. On 07/24/2026, at approximately 1:27 p.m., Surveyor interviewed Licensee A. Licensee A listened to Surveyor's concerns about Resident 2's ISP review but said nothing further.	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered 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 record review and interview, the provider did not ensure that the record of all prescription medications administered by staff showed either the administration of the medications or their omissions. Resident 1's medication administration record (MAR) for May 2026 contained a collective 107 blank entries across 4 medications within a period of 23.5 days. This is a repeat deficiency. See Statement of Deficiency (SOD) F3SB11, dated 09/30/2025.	M 466		

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M 466	Continued From page 29 Findings include: On 06/29/2026, Surveyor reviewed Resident 1's partial record. Resident 1's partial record included MARs in which staff initialed off on the administration of Resident 1's medications. At approximately 12:15 p.m., Caregiver B confirmed that staff controlled and administered Resident 1's medications. In reviewing Resident 1's May MAR, Surveyor observed the following: - Entry for cetirizine 10 mg tablets, with an order start date of 03/11/2026 and instructions to, "Take 1 tablet by mouth twice daily." Subentries within this entry documented administration at 8:00 a.m. and 8:00 p.m. daily. Staff initialed off on all administrations from 05/01/2026 through the 8:00 a.m. administration on 05/08/2026, but the remainder of the administrations for the month, 47 entries across 23.5 days, were blank. - Entry for Culturelle capsules, with an order start date of 03/11/2026 and instructions to, "Take 1 capsule by mouth once daily." Staff initialed off on all administrations from 05/01/2026 through 05/11/2026, but the remainder of the administrations for the month, 20 daily entries, were blank. - Entry for desvenlafax 50 mg tablets, with an order start date of 03/31/2026 and instructions to, "Take 1 tablet by mouth once daily." Staff initialed off on all administrations from 05/01/2026 through 05/11/2026, but the remainder of the administrations for the month, 20 daily entries, were blank. - L-methylfolate 15 mg tablets, with an order start date of 03/06/2026 and instructions to, "Take 1	M 466		

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M 466	Continued From page 30 tablet by mouth once daily." Staff initialed off on all administrations from 05/01/2026 through 05/11/2026, but the remainder of the administrations, 20 daily entries, were blank. On 07/07/2026, at approximately 11:03 a.m., Surveyor interviewed Pharmacy Representative C, from the pharmacy that dispensed Resident 1's medications. Pharmacy Representative C confirmed from the prescriptions that the orders for the above medications were active as written and actively dispensed multiple times since their start dates, including in May. At approximately 12:52 p.m., Surveyor interviewed Licensee A. Licensee A reported understanding Surveyor's concerns about Resident 1's blank MAR entries and reported s/he would have to look further into it. Licensee A reported s/he wasn't sure if a portion of the gaps were when Resident 1's legal guardian took him/her out for a home visit.	M 466		
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 record review and interview, the provider did not ensure that the name, address, and phone number of Resident 1's service coordinator as well as the name, address, and	M 482		

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M 482	Continued From page 31 phone number of Resident 1's legal guardian were maintained within his/her record within the home. Findings include: On 06/29/2026, Surveyor reviewed Resident 1's partial record, which was located within the home. At approximately 12:15 p.m., Surveyor was reviewing Resident 1's medication administration records (MARs) and asked Caregiver B about administration initials that did not appear to match the provider's staff initials. Caregiver B reported they were the initials of Person D, who was Resident 1's family member. At approximately 12:35 p.m., Caregiver B reported s/he was unsure if Person D or another family member of Resident 1 served as his/her legal guardian. In reviewing the entirety of Resident 1's record available at the home, Surveyor did not find any records identifying any guardian information, including contact information, for Resident 1. Resident 1's record identified the agency that placed him/her but in reviewing the entirety of Resident 1's record available at the home, Surveyor did not find any records identifying the service coordinator that coordinated his/her needs and care outside of the provider. At approximately 12:48 p.m., Surveyor reviewed a business card provided by Caregiver B on his/her phone. The business card identified a name and contact information from someone through Resident 1's placing agency, but the person's role was identified as a functional screen specialist. Caregiver B reported s/he believed this person was Resident 1's case manager from his/her placing agency. At approximately 1:00 p.m., Caregiver B reported	M 482		

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M 482	Continued From page 32 that Person E, who s/he was only able to identify by first name, was the case manager for Resident 1. Surveyor noted that this was a different person than who had previously been identified by Caregiver B. On 07/02/2026, at approximately 3:20 p.m., Surveyor e-mailed Licensee A and requested the service coordinator full name and contact phone number for Resident 1 as well as information confirming Resident 1's guardianship status. On 07/03/2026, Surveyor reviewed the response from Licensee A which identified Person E as Resident 1's case manager and contained his/her contact information. The records sent also identified that Resident 1 had co-guardians, one of whom was identified as Person D. On 07/07/2026, at approximately 12:52 p.m., Surveyor interviewed Licensee A. Licensee A acknowledged Surveyor's concern that the entirety of Resident 1's record, which included the names and phone numbers of his/her guardians and service manager, was not maintained as part of his/her record in the home.	M 482		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment.	M 540		

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M 540	Continued From page 33 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the records of 4 of 4 current service provider were available at the adult family home for review by the licensing agency or that the records for 2 of 2 former service providers were retained for at least 3 years after ending employment. Findings include: On 06/29/2026, at approximately 12:10 p.m., Surveyor interviewed Licensee A. Licensee A reported staff records were not maintained at the home, except for select records, and that s/he generally maintained them virtually. Licensee A confirmed that only s/he could access the service provider records. Surveyor requested a staff roster in order to further select service provider records for review. On 06/29/2026, Surveyor reviewed the only staff records available in the home, which consisted of 1 background information disclosure (BID) each for the 2 staff on shift, Caregiver B and Caregiver F. At approximately 1:15 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he was still working on the staff roster to provide to Surveyor. At approximately 3:16 p.m. (approximately 3 hours after the initial request for a staff roster), Surveyor interviewed Licensee A. Licensee A reported s/he was still working on the staff roster to provide to Surveyor. Licensee A reported s/he was out of the country and was having issues with his/her internet.	M 540		

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M 540	Continued From page 34 At approximately 3:53 p.m., Surveyor received the staff roster via e-mail from Licensee A. The roster identified Caregiver B, Caregiver F, Caregiver G, and Caregiver J as current service providers. The roster identified Former Caregiver H and Former House Manager I as former service providers, who both ended employment on 05/08/2026. At approximately 4:56 p.m., Surveyor requested from Licensee A the background checks, communicable disease screens, and all training records for Caregiver B, Caregiver F, Caregiver G, Former Caregiver H, Former House Manager I, and Caregiver J. On 06/30/2026, Surveyor reviewed the documents received. No records for Former Caregiver H and Former House Manager I were provided. On 07/02/2026, at approximately 3:20 p.m., Surveyor again requested from Licensee A the communicable disease screens and training records for Former Caregiver H and Former House Manager I. On 07/03/2026, at approximately 2:19 p.m., Surveyor received an e-mail from Licensee A. In the e-mail, Licensee A reported s/he had terminated both Former Caregiver H and Former House Manager I and that on the day their employment ended, s/he "discovered that both of their personnel files were missing from the facility." Licensee A reported s/he contacted both staff and requested they return their records immediately but that both refused to return them. Licensee A reported that as a result of this experience, s/he implemented a "secure virtual	M 540			

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M 540	Continued From page 35 backup system for all personnel files going forward to prevent this from happening again." Licensee A confirmed s/he did not have any service provider records for Former Caregiver H and Former House Manager I. On 07/07/2026, at approximately 12:52 p.m., Surveyor interviewed Licensee A. Licensee A reported understanding of Surveyor's concerns that the records for Former Caregiver H and Former House Manager I were not retained and that there was no current system to ensure service provider records were available at the home for review by Surveyor.	M 540		