STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017827	A. BUILDING: _____ B. WING _____	R-C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT HOME LLC	7837 W DENVER AVE MILWAUKEE, WI 53223

(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 11/10/2025, Surveyors conducted a standard survey and 3 complaint investigations at Covenant Home LLC. As a result, 13 deficiencies were identified and 3 complaints were substantiated. Seven citations were repeat violations. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be 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 requests for information during the survey process. Surveyors were unable to review staff files during the survey. Surveyors were unable to thoroughly investigate financial misappropriation for 1 of 1 resident (Resident 3) due to not being able to review all relevant documents. Findings include: On 10/09/2025, the department received a complaint with concerns regarding resident funds. Example 1	M 204		

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

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M 204	Continued From page 1 On 11/10/2025, at 10:20 AM, Surveyors conducted a verification visit. On 11/10/2025, at 11:05 AM, Surveyors requested a staff roster with dates of hire and to review employee files. Surveyors were unable to review staff files during survey. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and all staff files were locked in the office. RN D reported Licensee A had the key for the office and would return before the end of the month. Example 2 On 11/10/2025, at 10:50 AM, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability. Resident 3 had a guardian. Resident 3's individual service plan (ISP), undated indicated the following: "Money management: the owner assists member in purchase of needed wears, e.g. under wears [sic], whose [sic] and other needed item. The owner manages members monthly allowance and keeps accurate records ..." Surveyors requested financial records for Resident 3. Surveyors were unable to review financial records. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported s/he was unsure of code requirement. RN D reported s/he would need to speak with Licensee A, who was out of the country during the survey.	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 provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. Findings include: On 10/05/2025, Surveyors reviewed department files and identified the following: On 08/07/2025, the Department issued Statement of Deficiency (SOD) IJR311 and Notice and Order Letter notifying the provider of the results of a standard survey at Covenant Home LLC. As a result of the survey, the following 11 deficiencies were identified: M0134 88.03(5)(e)1 Significant Change To The Resident M0235 88.04(2)(h) Comply with OSHA M0244 88.04(5)(a) Training - 15 Hours Within 6 Months M0246 88.04(5)(b) Training - 8 Hours Annually M0276 88.05(3)(a) Homelike Environment M0344 88.05(4)(d)2a Fire Safety Evacuation Plan	M 216		

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M 216	Continued From page 3 Review M0346 88.05(4)(d)2b Fire Evacuation Annual Evaluation M0384 88.06(2)(b) Service Agreement Except Respite M0402 88.06(2)(c)8 Resident Rights and Grievance M0404 88.06(3)(a) Individual Service Plan and Assessment M0464 88.07(3)(d) Medication - Written Order The Special Orders from the Notice and Order Letter included the following: " . . . SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Covenant Home LLC: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider. Regardless of date of hire, each service provider will be fully trained before assuming the responsibilities of providing direct care without the supervision of a trained service provider. WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following: - Each service provider employed at least 6 months will have completed all initial training as	M 216		

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M 216	Continued From page 4	M 216		

required by Wis. Admin. Code § DHS 88.04(5)(a); and
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.

ADDITIONALLY,
The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.

WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2024.
Training will be provided by qualified instructors.
Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

2. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to address each deficiency in

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M 216	Continued From page 5 Statement of Deficiency IJR311. The corrective measures will include the development (or revision) of a written procedure to address: ADMISSION PROCESS, including how the licensee will ensure: - Sufficient information is obtained from a prospective resident prior to admission to determine whether the person's needs can be met with the services identified in the home's program statement. - Each resident receives a health examination by a physician to identify health concerns. - A comprehensive written assessment and individual service plan are completed and on file for each resident within 30 days after placement. - Screening for communicable disease, including TB is completed within 90 days before admission or 7 days after admission. - Written information regarding services available and the charge for those services is provided prior to admission. - Service agreements are given in writing, signed, and dated by the resident or resident's legal representative. - Written orders from the prescribing practitioner are obtained and medications are available to be administered as prescribed. - Resident rights, grievance procedure and house rules, if any, are provided and explained. - Evaluation of resident evacuation limitations, using the department's form, is completed within 3 day of admission. - All staff responsible for providing services to a resident will review the service plan and provide services in accordance with the plan. - Each resident shall have a separate record and include all required information and documentation as specified by Wis. Admin. Code § DHS 88.09(1)(a).	M 216		

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M 216	Continued From page 6 Additionally, All employees with assigned responsibilities related to admission procedures will receive training regarding the provider's written procedure required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. 3. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency IJR311 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #3. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request." On 11/10/2025, Surveyors completed a verification visit and 3 complaint investigations at Covenant Home LLC. As a result of the survey, 4 deficiencies were corrected, 14 deficiencies were cited, and 3 complaints were substantiated. Seven of 14 were repeat deficiencies. The following deficiencies were identified: M0204 88.03(7)(8)(a) Monitoring of Home M0216 88.04(2)(a) Responsibilities M0235 88.04(2)(h) Comply with OSHA- This is a repeat cite M0244 88.04(5)(a) Training - 15 Hours Within 6 Months - This is a repeat cite	M 216		

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M 216	Continued From page 7 M0246 88.04(5)(b) Training - 8 Hours Annually - This is a repeat cite M0262 88.05(2)(a) Difficulty Walking M0276 88.05(3)(a) Homelike Environment - This is a repeat cite M0346 88.05(4)(d)2b Fire Evacuation Annual Evaluation - This is a repeat cite M0384 88.06(2)(b) Service Agreement Except Respite - This is a repeat cite M0402 88.06(2)(c)8 Resident Rights and Grievance - This is a repeat cite M0420 88.06(3)(d)5 Signed Statement of Agreement M0438 88.07(2)(b) Services Directed To Goals M0550 88.10(3)(b) Privacy M0558 88.10(3)(f) Financial Affairs On 11/10/2025, at 11:05 AM, Surveyors requested a staff roster with dates of hire and to review employee files. Surveyors were unable to review staff files during survey. Surveyors were unable to review any evidence of the development or implementation of corrective measures to address 8 of the previous 11 deficiencies identified in special orders in the Statement of Deficiency IJR311. Surveyors did not review any evidence a copy of SOD IJR311, or a copy of the Notice and Order Letter was provided to each resident, legal representative, and case manager (if any) as outlined in the special orders. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and all staff files, to include training were locked in the office. RN D reported Licensee A had the key for the office and would return before the end of the	M 216		

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M 216	Continued From page 8 month. RN D reported s/he was unaware of what corrective measures and trainings were conducted in response to the previous SOD.	M 216		
{M 235}	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregivers received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025. Findings include: On 11/10/2025, at 10:20 AM, Surveyors	{M 235}		

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{M 235}	Continued From page 9 conducted a verification visit. On 11/10/2025, at 11:05 AM, Surveyors requested a staff roster with dates of hire and to review employee files. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and all staff files were locked in the office. RN D reported Licensee A had the key for the office and would return before the end of the month.	{M 235}		
{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 staff received 15 hours of training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025.	{M 244}		

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{M 244}	Continued From page 10 Findings include: On 11/10/2025, at 10:20 AM, Surveyors conducted a verification visit. On 11/10/2025, at 11:05 AM, Surveyors requested a staff roster with dates of hire and to review employee files. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and all staff files were locked in the office. RN D reported Licensee A had the key for the office and would return before the end of the month.	{M 244}		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received annual training for 1 of 1 years (2024). This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025.	{M 246}		

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{M 246}	Continued From page 11 Findings include: On 11/10/2025, at 10:20 AM, Surveyors conducted a verification visit. On 11/10/2025, at 11:05 AM, Surveyors requested a staff roster with dates of hire and to review employee files. Surveyors were unable to review a staff roster and employee files. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and all staff files were locked in the office. RN D reported Licensee A had the key for the office and would return before the end of the month.	{M 246}		
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	M 262		

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M 262	Continued From page 12 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 2 of 2 exits from the home were ramped to grade. The front exit ramp contained an approximately 1-inch rise from the concrete landing to the ramp. The side door exit ramp of the home contained an approximately 1-inch rise from the concrete landing to the ramp. Findings include: The facility was licensed on 10/04/2019, to serve up to 4 non-ambulatory residents. On 11/10/2025, at 09:45 AM, Surveyors toured the facility and observed the following: - The front exit ramp contained an approximately 1-inch rise from the concrete landing to the ramp. - The side door exit ramp of the home contained an approximately 1-inch rise from the concrete landing to the ramp. Surveyors observed Resident 3 in her/his room. Resident 3 utilized a walker for assistance with ambulation. Resident 2 was observed in her/his room. Resident 2 utilized a wheelchair for assistance with ambulation. On 11/10/2025, at 9:45 AM, Surveyors reviewed the facility emergency evacuation diagram which identified the front and side doors as emergency exits.	M 262		

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M 262	Continued From page 13 On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported s/he was unaware of the code requirement for ramps.	M 262		
{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 a clean, well-maintained and homelike environment. The bathroom was dirty and in need of cleaning and repairs. This had the potential to affect 3 of 3 residents in the home. This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025. Findings include: On 11/10/2025, at approximately 10:55 AM, Surveyors conducted a tour of the facility and observed the following: -Bathroom tub/shower had black spots in grout lines areas consistent with mold. -Bathroom sink was not attached to the wall. -Bathroom tissue fixture did not have a tissue	{M 276}		

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{M 276}	Continued From page 14 roller to hold tissue. Tissues were placed on top of a commercial tissue dispenser that was not stocked. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported s/he believed Licensee A completed the repairs and cleaning required. RN D reported s/he was unsure of what repairs and cleaning was conducted in response to the previous SOD.	{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 complete an annual evacuation assessment review for 2 of 2 resident (Resident 3 and Resident 4) who lived in the facility beyond one year. Resident 3 and Resident 4 did not have an evacuation assessment completed in 2024 to date in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025. Findings include: On 11/10/2025, at 10:50 AM, Surveyors reviewed	{M 346}		

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	0017827	A. BUILDING: _____ B. WING _____	R-C 11/10/2025

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{M 346}	Continued From page 15 residents' records and identified the following: - Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability. Resident 3's record did not contain evidence of an updated evaluation in November 2024 and to date in 2025. - Resident 4 was admitted on 05/19/2021 with unknown diagnoses. Resident 4's record did not contain evidence of an updated evaluation in May 2024 and to date in 2025. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported s/he was unsure why the forms were not in the resident files. RN D reported the forms may be locked in the office. RN D was unable to confirm if the evaluations were completed.	{M 346}		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents'	{M 384}		

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{M 384}	Continued From page 16 (Resident 3 and Resident 4) reviewed had a service agreement completed signed and dated by the licensee, resident, or resident's guardian or designated representative prior to admission. This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025. Findings include: On 11/10/2025, Surveyor reviewed residents' records and identified the following: On 11/10/2025, at 10:50 AM, Surveyors reviewed residents' records and identified the following: - Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability. Resident 3 had a guardian. Resident 3's service agreement, undated, was only signed by Resident 3. Resident 3's record did not contain a service agreement which was signed by the licensee and Resident 3's legal representative. Resident 4 was admitted on 05/19/2021 with unknown diagnoses. Resident 4 was her/his own person. Resident 4's service agreement, undated, was only signed by Resident 4. Resident 4's record did not contain a service agreement which was signed by the licensee and Resident 4. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported Licensee A was out of the country and was unsure if there were signed service agreements. RN D was unable to confirm if the service agreements were completed.	{M 384}		

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{M 402}	Continued From page 17	{M 402}		
{M 402}	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 3 and Resident 4) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the residents' and residents' responsible parties. This is a repeat deficiency. See Statement of Deficiency (SOD) IJR311, dated 06/27/2025. Findings include: On 11/10/2025, at 10:50 AM, Surveyors reviewed residents' records and identified the following: - Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability. Resident 3 had a guardian. Resident 3's record did not contain evidence of resident rights and grievance procedures explained with his/her guardian. - Resident 4 was admitted on 05/19/2021 with unknown diagnoses. Resident 4 was her/his own person. Resident 4's record did not contain evidence of resident rights and grievances procedures explained with her/him. On 11/10/2025, at 11:07 AM, Surveyors	{M 402}		

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{M 402}	Continued From page 18 interviewed Registered Nurse (RN) D. RN D reported s/he was unaware of the code requirement. RN D reported s/he was unsure if Resident 3's guardian received a copy of resident rights and grievance procedures. RN D reported s/he was unsure if Resident 4 received the resident rights policy and grievance procedures.	{M 402}		
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 a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 3 and Resident 4). Findings include: On 11/10/2025, at 10:50 AM, Surveyors reviewed residents' records and identified the following: - Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability. Resident 3 had a guardian. Resident 3 had a managed care organization (MCO). Resident 1's record contained an ISP, which was undated. The ISP was not signed by the licensee, Resident 3's guardian, or Resident 3's MCO. - Resident 4 was admitted on 05/19/2021 with	M 420		

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M 420	Continued From page 19 unknown diagnoses. Resident 4 was her/his own person. Resident 2 had an MCO. Resident 4's record contained an ISP, which was undated. The ISP was not signed by the licensee, Resident 4, or Resident 4's MCO. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D reported s/he was unsure why the ISPs were not signed. RN D reported s/he was unsure when the ISPs were completed.	M 420		
M 438	88.07(2)(b) SERVICES DIRECTED TO GOALS Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, independence and quality of life. The services shall include but are not limited to: This Rule is not met as evidenced by: Based upon record review, observation, and interview, the licensee did not ensure the services provided by the facility promoted the health, well-being, self-esteem, independence, and quality of life for 3 of 3 residents observed. There were no structured in-home activities or outings scheduled or offered. Findings include: On 08/21/2025, 08/28/2025, and 10/09/2025 the department received complaints alleging the facility did not provide activities for residents. On 11/10/2025, at 10:50 AM, Surveyors reviewed	M 438		

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M 438	Continued From page 20 residents' records and identified the following: - Resident 2 was admitted on 05/03/2025 with unknown diagnoses. Resident 2's file contained individualized service plan (ISP), which was undated. Resident 2's ISP activities section indicated s/he enjoys various programs on the television and occasional family visits. - Resident 3 was admitted on 11/01/2023 with a diagnosis of a developmental disability Resident 3 's file contained individualized service plan (ISP), which was undated. Resident 3's ISP activities section indicated Resident 3 enjoyed coloring and writing. - Resident 4 was admitted on 05/19/2021 with unknown diagnoses Resident 4's file contained individualized service plan (ISP), which was undated. Resident 4's ISP activities section was blank. On 11/17/2025, Surveyors reviewed the facility program statement from the department files. The statement indicated "...Program Goals and Services: The overall goal of Covenant Home LLC is to maximize each resident's cognitive, affective, physical health and psychomotor skills in order to help them obtain their highest possible level of functioning and independence. This will be accomplished through our services principals provided by our compassionate and outgoing staff: with attitude of hopefulness, structure and warn environment, individual treatment plans with realistic goals, and the opportunity for group living and social interaction through community events and activities..." Observations	M 438		

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M 438	Continued From page 21 - On 11/10/2025, from arrival to the facility at10:20 AM until exiting the facility at 12:55 PM, Surveyors observed the facility, residents, and staff. Surveyors did not observe any scheduled activities for residents during survey. During the entire survey, Resident 2 and Resident 3 remained in their rooms. Interviews On 11/10/2025, at 11:55, Surveyors interviewed Resident 2. Resident 2 reported the facility had no scheduled group activities or outings since her/his admission. Resident 2 reported residents at the facility stay in their rooms unless they go to day programs outside of the facility. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D did not offer any information regarding any activities the facility provided to the residents in or outside of the facility.	M 438		
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	M 550		

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M 550	Continued From page 22 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 each resident had physical privacy in living arrangements for 3 of 3 residents residing in the home. There was an electronic video monitoring camera located in the living room. Findings Include: On 11/10/2025, at 11:55 AM, Surveyors observed 1 camera in the facility. There was a camera located on the ceiling in the common living room of the facility. Surveyors were unable to observe what areas of the facility the living room camera covered at time of survey. On 11/10/2025, at 11:07 AM, Surveyors interviewed Registered Nurse (RN) D. RN D confirmed the camera located in the living room was utilized by the licensee to monitor the home. RN D reported s/he did not have access to the camera footage or recordings. RN D reported Licensee A had access to the camera and was out of the country.	M 550		