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 04/16/2026

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 04/16/2026, Surveyor completed a verification visit at Covenant Home LLC. Six deficiencies were identified. One of the 6 deficiencies was a repeat violation (see SOD IJR312, dated 11/10/2025) Four of the 6 deficiencies are being cited for a third time (see SOD IJR311, dated 06/27/2025 and IJR312, dated 11/10/2025) One of the 6 deficiencies is a new cite. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the 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 come into and maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. This is a repeat deficiency. See SOD IJR312,	{M 216}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 216}	Continued From page 1 dated 11/10/2025. Findings include: On 04/16/2026, Surveyor reviewed the department facility file and identified the following: On 01/22/2026, the Department issued Statement of Deficiency (SOD) IJR312 and Notice and Order Letter notifying the provider of the results of a standard survey and three complaint investigations at Covenant Home LLC. Upon completion of the standard survey and three complaint investigations, the following deficiencies were identified: M0204 - 88.03(8)(a) Monitoring of Home M0216 - 88.04(2)(a) Responsibilities M0235 - 88.04(2)(h) Comply with OSHA - repeat deficiency M0244 - 88.04(5)(a) Training - 15 Hours Within 6 Months - repeat deficiency M0246 - 88.04(5)(b) Training - 8 Hours Annually - repeat deficiency M0262 - 88.05(2)(a) Difficulty Walking M0276 - 88.05(3)(a) Homelike Environment - repeat deficiency M0346 - 88.05(4)(d)2b Fire Evacuation Annual Evaluation - repeat deficiency M0384 - 88.06(2)(b) Service Agreement Except Respite - repeat deficiency M0402 - 88.06(2)(c)8 Resident Rights and Grievance - repeat deficiency 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 The Special Orders from the Notice and Order Letter, dated 01/22/2026 included the following:	{M 216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 216}	Continued From page 2 " . . . 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: CONSULTANT REQUIRED 1.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. That is, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Whispering Pines. The licensee will provide the consultant with a copy of the Statement of Deficiency 8G6S14, along with this Notice and Order letter prior to providing consultation services. Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address: Service Provider Records, how the provider will ensure a separate record for each employee is maintained, kept current, and includes the following information, at a minimum:	{M 216}		

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{M 216}	Continued From page 3 a) Written job description including duties, responsibilities and qualifications required or the employee. b) Beginning date of employment c)Completed caregiver background check following procedures Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12. d)Documentation of all required training, or exemption verification. e) Documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis. Training, how the provider will ensure: -Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a). -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. -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 ..." On 04/16/2026, Surveyor completed a verification visit at Covenant Home LLC. As a result, 6 deficiencies were identified. One of the 6 deficiencies was a repeat violation. Four of the 6 deficiencies are being cited for a third time. One	{M 216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 216}	Continued From page 4 of the 6 deficiencies is a new violation. The following deficiencies were identified: M0216 - 88.04(2)(a) Responsibilities - This is a repeat cite. M0232 - 88.04(2)(g)1 Health Screening For Staff M0244 - 88.04(5)(a) Training - 15 Hours Within 6 Months - This requirement is being cited for the third time. M0246 88.04(5)(b) Training - 8 Hours Annually - This requirement is being cited for the third time. M0346 88.05(4)(d)2b Fire Evacuation Annual Evaluation - This requirement is being cited for the third time. M0402 88.06(2)(c)8 Resident Rights and Grievance - This requirement is being cited for the third time. On 04/16/2026 at approximately 9:51 AM, Surveyor interviewed Manager B. Surveyor requested to review the facility's written procedures and training for all service providers related to the above requirements. Manager B denied having any written procedures and/or training. Surveyor inquired if Manager B read the Notice and Order letter that was issued on 01/22/2026. Manager B confirmed reading the Notice and Order letter that was issued on 01/22/2026. Manager B confirmed hiring a consultant. Manager B denied going over the Notice and Order letter and SOD IJR312, dated 11/10/2025 with the consultant. Manager B disclosed talking with the consultant via telephone on one occasion. After the initial phone call, Manager B e-mailed the Notice and Order letter and SOD IJR312 to the consultant. Afterwards, Manger B received an e-mail from the consultant. The e-mail contained a plan of correction to address the above deficiencies. Manager B denied the consultant went over the plan of	{M 216}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 216}	Continued From page 5 correction with Manager B or Licensee A. Manager B confirmed "skimming" over the plan of correction that was provided by the consultant. Manager B reported being aware of the requirements within DHS Wis. Admin. Code 88 and denied having questions regarding DHS Wis. Admin. Code 88.	{M 216}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 (Caregiver C and Caregiver D) of 2 caregivers were screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant within 90 days before the start of providing cares. Caregiver C and Caregiver D were not screened by a physician, a registered nurse or a physician's assistant for communicable diseases including TB before providing cares.	M 232		

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M 232	Continued From page 6 Findings include: On 04/16/2026, Surveyor reviewed the department facility file and identified the following: The Special Orders from the Notice and Order Letter, dated 01/22/2026 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: CONSULTANT REQUIRED ... Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address: Service Provider Records, how the provider will ensure a separate record for each employee is maintained, kept current, and includes the following information, at a minimum ... e) Documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis ..." On 04/16/2026 at approximately 10:00 AM, Surveyor reviewed employee files. The following was identified: Caregiver C was hired on 04/07/2025. Caregiver C's file contained a communicable disease screen that was developed by the provider. The	M 232		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 232	Continued From page 7 communicable disease screen was signed and dated by Caregiver C on 04/07/2025 and signed and dated by Manager B on 04/10/2025. Caregiver D was hired on 04/27/2020. Caregiver D's file contained a communicable disease screen that was developed by the provider. The communicable disease screen was signed and dated by Caregiver D on 04/03/2020 and signed and dated by Manager B on 05/10/2020. On 04/16/2026 at approximately 10:00 AM, as Surveyor reviewed employee files, Surveyor interviewed Manager B. Manager B denied being a physician, a registered nurse or a physician's assistant. Manager B denied knowledge of DHS Wis. Admin. Code 88.04(2)(g). More specifically, Manager B was not aware the communicable disease screen was to be completed by a physician, a registered nurse or a physician's assistant. Manager B confirmed reading the Notice and Order letter that was sent on 01/22/2026. Manager B denied talking with the consultant regarding the development of written procedures and training for all service providers to address documentation and requirements of a communicable disease screening.	M 232		
{M 244}	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This	{M 244}		

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{M 244}	Continued From page 8 training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 (Caregiver C and Caregiver D) of 2 caregivers received 15 hours of training prior to or within 6 months of hire. Caregiver C did not have evidence of training related to the health, safety, and welfare of the residents and treatment appropriate to residents served prior to or within 6 months of hire. Caregiver D did not have evidence of training related to resident rights, treatment appropriate to residents served, first aid and choking, and standard precautions prior to or within 6 months of hire. This requirement is being cited for a third time. See Statements of Deficiency (SOD) IJR311, 06/27/2025 and SOD IJR312, dated 11/10/2025). Findings include: On 04/16/2026 at approximately 9:51 AM, Surveyor observed Caregiver D working alone and providing care to the residents. On 04/16/2026, Surveyor reviewed the department facility file and identified the following: The Special Orders from the Notice and Order Letter, dated 01/22/2026 included the following: " . . . SPECIAL ORDERS	{M 244}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 244}	Continued From page 9 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: CONSULTANT REQUIRED 1.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. That is, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Whispering Pines. The licensee will provide the consultant with a copy of the Statement of Deficiency 8G6S14, along with this Notice and Order letter prior to providing consultation services. Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address... Training, how the provider will ensure: -Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a).." On 04/16/2026 at approximately 10:30 AM,	{M 244}		

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{M 244}	Continued From page 10 Surveyor reviewed the providers "Plan of Correction (POC)" for "Statement of Deficiency (SOD): IJR312." The providers POC stated the following: " ...M244 - DHS 88.04(5)(a) Deficient Practice: Service providers did not complete 15 hours of initial training within six months. How the Deficiency Was Corrected: All staff training records were reviewed and missing training was completed or scheduled. Systemic Changes to Ensure Ongoing Compliance: No staff may work independently without required training documentation on file. Responsible Party: Licensee / Caregiver Manager. Method of Monitoring: Monthly training audits using standardized training log. Completion Date: 02/28/2026 ..." On 04/16/2026 at approximately 10:00 AM, Surveyor reviewed employee files. The following was identified. Caregiver C was hired on 04/07/2025. Caregiver C's file did not include evidence that indicated Caregiver C completed training related to the health, safety, and welfare of the residents and treatment appropriate to residents served prior to or within 6 months of hire. There was no evidence of further training to come into compliance with this requirement. Caregiver D was hired on 04/27/2020. Caregiver D's file did not include evidence that indicated Caregiver D completed training related to resident rights, treatment appropriate to residents served, first aid and choking, and standard precautions prior to or within 6 months of hire. There was no evidence of further training to come into compliance with this requirement.	{M 244}		

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{M 244}	Continued From page 11 On 04/16/2026 at approximately 10:00 AM, as Surveyor reviewed employee files, Surveyor interviewed Manager B. Manager B denied knowledge of DHS Wis. Admin. Code 88.04(5)(a). More specifically, Manager B was not aware initial training in specific topics was required. Manager B thought "general training" was needed. Manager B defined "general training" as training in any topics, as long as it was training being provided. Manager B denied working with the consultant on the development of written procedures and/or provided training for all service providers to address training requirements. Manager B denied having any procedures related to training requirements for the adult family home. Manager B confirmed auditing employee files but denied having a standardized training log. Manager B denied having any initial training courses scheduled for Caregiver C and Caregiver D. Manager B confirmed caregivers did not complete any training since Manager B received the SOD on 01/22/2026. Manager B confirmed Caregiver C and Caregiver D have worked alone in the adult family home.	{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	{M 246}		

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{M 246}	Continued From page 12 received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 (Caregiver D) of 1 caregiver reviewed who required annual training. Caregiver D did not receive annual training related to fire safety, the health, safety and welfare of residents, and treatment appropriate to residents for calendar year 2024 and 2025 This requirement is being cited for a third time. See Statements of Deficiency (SOD) IJR311, 06/27/2025 and SOD IJR312, dated 11/10/2025). Findings include: The facility is licensed to provide services for up to 4 residents with client groups of irreversible dementia/Alzheimer's, correctional clients, developmentally disabled, physically disabled, advanced aged, emotionally disturbed/mental illness, and alcohol/drug dependent. On 04/16/2026, Surveyor reviewed the department facility file and identified the following: The Special Orders from the Notice and Order Letter, dated 01/22/2026 included the following: " . . . SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. §	{M 246}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 246}	Continued From page 13 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that: CONSULTANT REQUIRED 1.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. That is, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Whispering Pines. The licensee will provide the consultant with a copy of the Statement of Deficiency 8G6S14, along with this Notice and Order letter prior to providing consultation services. Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address... Training, how the provider will ensure ... -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 ..." On 04/16/2026 at approximately 10:30 AM, Surveyor reviewed the providers "Plan of	{M 246}		

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 04/16/2026

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

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{M 246}	Continued From page 14	{M 246}		

Correction (POC)" for "Statement of Deficiency (SOD): IJR312." The providers POC stated the following:

" ...M246 - DHS 88.04(5)(b) Deficient Practice: Annual 8-hour training requirements were not met. How the Deficiency Was Corrected: An annual training calendar was established and implemented. Systemic Changes to Ensure Ongoing Compliance: Annual tracking system implemented to ensure compliance for all service providers. Responsible Party: Licensee. Method of Monitoring: Annual and quarterly review of training hours. Completion Date: 02/28/2026 ..."

On 04/16/2026 at approximately 10:00 AM, Surveyor reviewed employee files. The following was identified.
Caregiver D was hired on 04/27/2020. Caregiver D's file did not contain evidence that indicated Caregiver D complete annual training related to fire safety, the health, safety and welfare of residents, and treatment appropriate to residents for calendar year 2024 and 2025.

On 04/16/2026 at approximately 10:00 AM, as Surveyor reviewed employee files, Surveyor interviewed Manager B. Manager B denied knowledge of DHS Wis. Admin. Code 88.04(5)(b). More specifically, Manager B was not aware initial training in specific topics was required. Manager B thought "general training" was needed. Manager B defined "general training" as training in any topics, as long as it was training being provided.

Manager B denied working with the consultant on the development of written procedures and/or provided training for all service providers to address training requirements. Manager B

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{M 246}	Continued From page 15 denied having any procedures related to training requirements for the adult family home. Manager B confirmed auditing employee files but denied having an annual tracking system to ensure compliance for all caregivers. Manager B denied having an annual training calendar.	{M 246}		
{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 (Resident 3 and Resident 4) of 2 residents who lived in the facility beyond one year. Resident 3 and Resident 4 did not have an evacuation assessment completed in 2024 and 2025. This requirement is being cited for a third time. See Statements of Deficiency (SOD) IJR311, 06/27/2025 and SOD IJR312, dated 11/10/2025). Findings include: On 04/16/2026 at approximately 10:30 AM, Surveyor reviewed the providers "Plan of	{M 346}		

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{M 346}	Continued From page 16	{M 346}		

Correction (POC)" for "Statement of Deficiency (SOD): IJR312." The providers POC stated the following:

" ...88.05(4)(d)2.b Fire Evacuation Annual Evaluation. Deficiency: No Evacuation assessment completed. How the deficiency will be corrected: Each resident shall have a fire evacuation assessment on admission and annually. Responsible Party: Licensee. Method of Monitoring: Monthly audits."

On 04/16/2026 at approximately 10:45 AM, Surveyor reviewed resident files. The following was identified:

Resident 3 was admitted to the adult family home on 11/01/2023. Resident 3's record contained an evacuation evaluation dated 11/03/2023. Resident 3's record did not contain evidence of an updated evacuation evaluation in 2024 and 2025. Resident 3's evacuation evaluation was due for review annually on or before 11/03/2024 and 11/04/2025.

Resident 4 was admitted to the adult family home on 05/19/2021. Resident 4's record contained an evacuation evaluation dated 09/29/2021. Resident 4's record did not contain evidence of an updated evacuation evaluation in 2024 and 2025. Resident 4'sevacuation evaluation was due for review annually on or before 09/29/2024 and 09/29/2025.

On 04/16/2026 at approximately 10:45 AM, as Surveyor reviewed resident files, Surveyor interviewed Manager B. Manager B denied knowledge of DHS Wis. Admin. Code 88.05(4)(d)2.b. Manager B disclosed Licensee A is responsible to ensure each evacuation evaluation

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{M 346}	Continued From page 17 is completed on an annual basis. Manager B reported being responsible for auditing resident files monthly. Manager B confirmed auditing resident files since receiving the Notice and Order letter, dated on 01/22/2026.	{M 346}		
{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 1 (Resident 2) of 3 residents admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident. This requirement is being cited for a third time. See Statements of Deficiency (SOD) IJR311, 06/27/2025 and SOD IJR312, dated 11/10/2025). Findings include: On 04/16/2026 at approximately 10:45 AM, Surveyor reviewed residents' files. The following was identified: Resident 2 was admitted to the adult family home on 05/03/2025. Resident 2 was identified as their own person. Resident 2's file included a document that contained information for resident rights and the facility's grievance procedure.	{M 402}		

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{M 402}	Continued From page 18 Within that document, there was a statement that indicated resident rights and the facility's grievance procedure was provided and explained, however, the statement was signed and dated on 8/03/2025 by Resident 2's family member. On 04/16/2026 at approximately 11:00 AM, Surveyor interviewed Resident 2. Resident 2 denied having an activated Power of Attorney document or an assigned legal guardian. Resident 2 denied asking any family member to sign admission paperwork on their behalf. Resident 2 denied Licensee A and/or Manager B explained or provided copies of resident rights and/or the grievance procedures since admission. On 04/16/2026, Surveyor reviewed the department's facility file for the facility. The file contained a blank Admission/Service Agreement which identified a statement which stated, "The Resident Rights Policy and Grievance Procedure of Covenant Home LLC have been reviewed with me: [Resident Name]...[Initial]...[Date]." The Resident Rights Policy and Grievance Procedure were included in the Admission/Service Agreement. On 04/16/2026 at approximately 11:30 AM, Surveyor interviewed Manager B. Manager B confirmed Resident 2 is their own decision maker. Manager B reported giving Resident 2's family member Resident 2's admission paperwork, which included the statement indicating resident rights and grievance procedure was provided and explained. Manager B denied sitting down with Resident 2 to explain resident rights and/or the adult family home's grievance procedure.	{M 402}		