STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018147	A. BUILDING: _____ B. WING _____	R 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL FOR 1 INC	1170 GEORGES AVENUE BROOKFIELD, WI 53045

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 06/05/2025, with information obtained through 06/12/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at All For 1 Inc, an adult family home (AFH) located in Brookfield, WI. As a result of the survey, 3 deficiencies were identified. Two deficiencies are repeat deficiencies from previous Statement of Deficiency (SOD) J7RJ12, dated 11/13/2024, and SOD J7RJ11, dated 07/23/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provided a homelike environment. This is a repeat deficiency. See Statement of	{M 276}		

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

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{M 276}	Continued From page 1 Deficiency (SOD) J7RJ11, dated 07/23/2024, and SOD J7RJ12, dated 11/13/2024. Findings include: On 06/05/2025, at approximately 9:42 a.m., Surveyor toured the home with Caregiver B and observed the following: - At approximately 9:45 a.m., Surveyor observed a grab bar in the resident bathroom, which appeared on its left end to be loose in the wall and on its right end to have its bracket cover loose (Photo 3). Caregiver B reported that s/he wasn't sure if residents used the grab bar but that maybe Resident 1 did. - At approximately 9:47 a.m., Surveyor observed the light fixture above the mirror in the resident bathroom. Two of the 4 bulbs within the fixture were out (Photo 4). Caregiver B reported s/he wasn't sure the last time the lightbulbs were changed. - At approximately 9:49 a.m., Surveyor observed Resident 1's room. In the lower corner of his/her room there was a web with a spider in it (Photo 5). Caregiver B reported s/he was unaware of the web. - At approximately 9:53 a.m., Surveyor observed the carpet at the threshold of Resident 2's room. The carpet had an approximate 3" x 6" area were it appeared to be frayed away through to the layer of carpet-backing (Photo 6). Caregiver B reported s/he was not sure how long the carpet had been like that. On 06/12/2025, at approximately 10:33 a.m., Surveyor interviewed Administrator A.	{M 276}		

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{M 276}	Continued From page 2 Administrator A acknowledged the above areas of concern and reported they would be addressed. Administrator A reported s/he didn't think the lightbulbs being out was a big deal because there was still light in the bathroom.	{M 276}		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that at least one window, capable of being opened for ventilation, was screened during the appropriate seasons of the year within Resident 1's bedroom. Findings include: On 06/05/2025, at approximately 9:42 a.m., Surveyor toured the home with Caregiver B. As part of the tour, Surveyor observed Resident 1's bedroom, which contained 2 windows (Photo 1 and Photo 2). Neither window was screened. On 06/12/2025, at approximately 10:33 a.m., Surveyor interviewed Administrator A. Administrator A reported s/he planned to work with Licensee C to get screens on both of Resident 1's bedroom windows.	M 298		

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{M 462}	Continued From page 3	{M 462}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that Resident 3, who required assistance with medication management, was assisted with securely storing his/her as needed (PRN) medications. This is a repeat deficiency. See Statement of Deficiency (SOD) J7RJ11, dated 07/23/2024, and SOD J7RJ12, dated 11/13/2024. Findings include: On 06/05/2025, at approximately 10:15 a.m., Surveyor observed the provider's medication closet with Caregiver B. Caregiver B confirmed that all resident medications were stored in the closet. Surveyor did not observe any PRN medications for Resident 3. Caregiver B reported that s/he didn't think Resident 3 was prescribed any PRN medications that s/he needed. On 06/10/2025, Surveyor reviewed Resident 3's medication administration record (MAR) for May	{M 462}		

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{M 462}	Continued From page 4 2025. The MAR indicated that Resident 3 was prescribed the following 3 PRN medications: 1. Diphenhydramine 50 mg capsules (active as of 09/06/2024) with instructions to, "Take 1 capsule by mouth at bedtime as needed (insomnia)." 2. Ibuprofen 800 mg tablets (active as of 01/16/2025) with instructions to, "Take 1 tablet by mouth every 6 to 8 hours as needed (pain)." 3. Saline mist (deep sea) 0.65% (active as of 04/01/2022) with instructions to, "Use 2 sprays in nostril(s) 2 times a day as needed." On 06/12/2025, at approximately 10:33 a.m., Surveyor interviewed Administrator A. Administrator A reported s/he would have to follow up with Resident 3's medical provider about his/her PRN medications. Administrator A reported s/he wondered if s/he could have possibly thrown these medications out due to being expired during a previous time when s/he cleaned out the medication closet.	{M 462}		