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	0019184	A. BUILDING: _____ B. WING _____	C 02/02/2026

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PROMISE SIL LLC	**1808 CREEK RD WEST BEND, WI 53090**

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M 000	INITIAL COMMENTS On 01/27/2026 with information gathered through 02/02/2026, Surveyors conducted a standard survey and complaint investigation at Promise SIL LLC, an Adult Family Home (AFH) in West Bend, WI. Ten deficiencies identified. Complaint unsubstantiated. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or	M 114		

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

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M 114	Continued From page 1 activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver E) reviewed had a completed background check at the time of hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Governmental Findings Report. On 01/28/2026 at approximately 10:30 AM, Surveyors reviewed Caregiver E's record and identified the following: -Caregiver E was hired on 01/01/2024	M 114		

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M 114	Continued From page 2 -Caregiver E's background check was dated for 01/28/2026. On 01/28/2026 at approximately 2:03 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did run Caregiver E's background check the same day that Surveyors requested the information because s/he stated after reviewing his/her files, s/he realized s/he was due for a renewal. On 01/28/2026 at approximately 3:00 PM, Surveyors requested to have Licensee A send Caregiver E's background check upon hire. As of 02/02/2026 at 5:00 PM, Surveyors did not receive any additional information regarding Caregiver E's background check upon hire.	M 114		
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 of 2 employees	M 232		

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M 232	Continued From page 3 reviewed received baseline tuberculosis (TB) skin tests. Caregiver D and Caregiver E did not have evidence of a TB skin test within 90 days prior to hire. Findings include: On 01/28/2026 at approximately 12:00 PM, Surveyor reviewed staff records for Caregiver D and Caregiver E. Surveyor identified the following: -Caregiver D was hired on 08/22/2025. Caregiver D had a communicable disease screening dated 11/22/2024 and no TB skin test. -Caregiver E was hired on 01/01/2024. Caregiver E did not have a communicable disease screening and had a TB skin test dated for 07/20/2022. On 01/28/2026 at approximately 1:30PM, Surveyors interviewed Licensee A. Licensee A acknowledged Caregiver D and Caregiver E did not receive a communicable disease screening and TB skin test within 90 days of hire.	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 training shall include training in fire safety and first aid.	M 244		

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M 244	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed received 15 hours of training prior to or within 6 months of hire. Caregiver E did not have evidence of 15 hours of training prior to or within 6 months of hire. Findings include: On 01/28/2026 at approximately 10:30 AM, Surveyors reviewed staff records for Caregiver E and identified the following: -Caregiver E was hired on 01/01/2024. -Caregiver E did not have 15 hours of training related to fire safety, first aid, health, safety and welfare of residents, resident rights and treatment appropriate to residents within 6 months of starting to provide care. On 01/28/2026 at approximately 3:00 PM, Surveyors interviewed Licensee A and requested additional information regarding Caregiver E's 15 hours of training within 6 months of hire. Surveyors requested Licensee A to send information by 02/02/2026 at 5:00PM. As of 02/02/2026 at 5:00 PM, Surveyors did not receive any evidence of 15 hours of orientation training for Caregiver E from Licensee A.	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	M 246		

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M 246	Continued From page 5 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 caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 employee who required annual training. Caregiver E did not receive annual training in 2025. Findings include: On 01/28/2026 at approximately 10:30 AM, Surveyors reviewed staff records for Caregiver E and identified the following: -Caregiver E was hired on 01/01/2024. -Caregiver E did not have 8 hours of annual training related to fire safety, first aid, health, safety and welfare of residents, resident rights and treatment appropriate to residents for calendar year 2025. On 01/28/2026, Surveyors interviewed Licensee A and requested additional information regarding Caregiver E's 8 hours of annual training for calendar year 2025. Surveyors requested Licensee A to send information by 02/02/2026 at 5:00PM. As of 02/02/2026 at 5:00 PM, Surveyors did not receive any evidence of 15 hours of orientation	M 246		

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M 246	Continued From page 6 training for Caregiver E from Licensee A.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected by a heating contractor of local utility company at least every 3 years for 1 of 1 furnace. Findings include: On 01/28/2026, Surveyors requested to review facility's most recent furnace inspection. Licensee A could not locate a furnace inspection. On 01/28/2026, Surveyors interviewed Licensee A and requested additional information regarding most recent furnace inspection. Surveyors requested Licensee A to send information by 02/02/2026 at 5:00PM. As of 02/02/2026 at 5:00 PM, Surveyors did not receive any evidence of a furnace inspection from Licensee A.	M 290		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside.	M 338		

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M 338	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. Two of 2 emergency exits were obstructed with snow and ice. Findings include: The adult family home was licensed on 10/18/2022 to serve up to 4 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's Disease, traumatic brain injury, correctional clients, public funding, terminally ill and advanced age. On 01/27/2026 at approximately 12:30 PM, Surveyors toured the provider's home and asked Licensee A to identify the emergency exits. Licensee A identified the back door and front door as the two primary exits that led to the front of the house. Surveyors opened back door and observed a resident sitting on the step and smoking. The small square step had ice and snow on it and the pathway was covered in snow and ice. Surveyors observed the front door exit the same way when entering the facility. On 01/27/2026 at approximately 12:35 PM, Surveyors interviewed Licensee A. Licensee A acknowledged both exits were ice and snow covered and would be difficult for residents to exit the home safely. Licensee A stated s/he would let his/her maintenance know so they can keep up with the exit pathways. On 01/27/2026 at 1:00 PM, Surveyors reviewed	M 338		

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M 338	Continued From page 8 the past weather history, which documented the most recent snow fall was a trace on 01/26/2026. (Source: National Weather Service website, Weather Observations for the past 3 days for West Bend Public Works, WI, https://forecast.weather.gov/data/obhistory/KMSN.html (retrieval date January 27, 2026). The past weather history indicated the snow obstructing the backdoor exit had not accumulated within the past 24 hours.	M 338		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of semi-annual fire drills conducted with all household members. The provider had 1 of 2 fire drills completed for calendar year 2025. Findings include: On 01/27/2026 at approximately 12:30 PM, Surveyor reviewed the provider's records. Surveyor located 1 of 2 fire drills being conducted for calendar year 2025 on 12/13/2025. There was no record of another fire drill conducted. On 01/27/2026, at approximately 12:40 PM, Surveyor interviewed Licensee A about fire drills. Licensee A confirmed the only fire drill on record for calendar year 2025 was on 12/13/2025. Licensee A stated s/he did not know it was semi	M 348		

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M 348	Continued From page 9 annually, although the sheet it was written on stated to be conducted semi-annually. Cross Reference 0338 DHS 88.05(4)(c)1 Exiting from the First Floor	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident had been screened for communicable diseases, within 90 days before and up to 7 days after admission. Findings include: On 01/27/2026, Surveyors requested Resident 2's resident records from Licensee A. Resident 2 was admitted to the facility on 11/22/2022. Resident 2 did not have evidence s/he had been screened for communicable disease. Resident 2's record reflected on	M 380		

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M 380	Continued From page 10 01/08/2024 APNP C sent a message stating Resident 2 had a positive Quantiferon test for tuberculosis (TB). It states "I have ordered a chest x-ray to assess for pulmonary TB; needs to be completed ASAP." On 05/07/2025, the medical record reflected a positive Quantiferon TB Gold Plus Interpretation. On 01/27/206 at approximately 1:20 PM, Surveyors interviewed Licensee A. Licensee A stated Resident 2 did not have a chest x-ray as s/he had dementia and refused to do the chest x-ray. The provider did not ensure residents were screened for communicable diseases within 90 days before and up to 7 days after admission for residents residing in the home for more than 7 days.	M 380		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by:	M 556		

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M 556	Continued From page 11 Based on observation and interview, the provider did not ensure 4 of 4 residents were able to make decisions related to his/her food preferences and needs. The facility had all of the food cabinets locked and residents did not have access to food or snacks. Findings include: On 01/27/2026 at approximately 12:30 PM, Surveyors conducted a tour of the home. In the kitchen, Surveyors observed kitchen cabinets with padlocks on the cabinets. Surveyors had caregiver unlock the cabinet and observed the cabinets which had minimal food. On 01/27/2026 at approximately 12:40 PM, Surveyors interviewed Resident 1. Resident 1 acknowledged s/he had just eaten lunch and was served water to drink for lunch, no other options were available. On 01/27/2026 at approximately 12:45 PM, Surveyors interviewed Licensee A. Licensee A stated the cabinets have always been locked. Licensee A stated one of the residents is diabetic and that is the reason why all the food is locked up. Licensee A stated the residents have access to the refrigerator if they want something. Surveyors observed what was in the refrigerator. The refrigerator did not have any food, snacks, milk or juice. Licensee A acknowledged s/he had to go grocery shopping.	M 556		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when	M 570		

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M 570	Continued From page 12	M 570		

they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure residents were safeguarded from environmental hazards. The home's water temperature exceeded 120 degrees F.

Findings include:

On 01/27/2026 at approximately 12:45 PM, Surveyor tested the water temperature of the provider's bathroom located on the main floor. Surveyor's thermometer read a temperature peaking at 126.5 degrees F. Surveyor tested the water temperature of the kitchen sink. Surveyor's thermometer read a temperature of 127.8 degrees F.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon

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M 570	Continued From page 13 healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). On 01/27/2026 at approximately 12:50 PM, Surveyor interviewed Licensee A. Licensee A stated, s/he would have to have his/her maintenance person look at it.	M 570		