STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018736	A. BUILDING: _____ B. WING _____	08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS MINDS ADULT FAMILY HOME LLC	716 N BIRD ST SUN PRAIRIE, WI 53590

(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 From 08/20/2026 to 09/15/2026, Surveyor conducted a standard survey at Precious Minds Adult Family Home LLC, an AFH in Sun Prairie. Eight deficiencies were identified. Census: 3	M 000		
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 each sleeping room and common area used by residents had at least 1 window capable of being opened to the outside with screens during appropriate seasons of the year. Resident 3's room did not have a screen in his/her window. Findings include: OBSERVATION: On 08/20/2026 at approximately 9:40 a.m., Surveyor toured the provider's home and observed Resident 3's bedroom did not have a window that was equipped with a screen. INTERVIEW:	M 298		

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

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M 298	Continued From page 1 While touring the provider's home, Surveyor interviewed Caregiver A and pointed out concern that Resident 3 did not have a screen in his/her window for ventilation. Caregiver B confirmed Surveyor's observation and stated the screen had blown out during a storm a few weeks prior. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern that Resident 3's room did not have a screen. Licensee C stated s/he was updating the landlord.	M 298		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure there was a smoke detector working in each habitable room.	M 334		

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M 334	Continued From page 2 Resident 1 and Resident 2's bedrooms did not have smoke detectors. Findings include: OBSERVATION: On 08/20/2026 at approximately 9:30 a.m., Surveyor toured the provider's home with Caregiver A. Surveyor observed neither Resident 1, nor Resident 2's rooms were equipped with a smoke detector. INTERVIEW: While touring the provider's home, Surveyor interviewed Caregiver A and informed of the concern that Resident 1 and Resident 2's rooms did not contain a smoke detector. Caregiver A pointed to plastic circles on the ceiling that seemed to indicate the rooms had previously had smoke detectors but was unable to state how long the rooms had been without an operating smoke detector. RECORD REVIEW: On 08/21/2026 at 8:15 a.m., Surveyor received the provider's record of smoke detector maintenance. Surveyor noted that the provider's monthly checks did not identify the location or number of smoke detectors checked. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern regarding smoke detectors. Licensee C stated smoke detectors were in all required areas last s/he had checked, but Resident 2 may have removed his/hers.	M 334		

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M 346	Continued From page 3	M 346		
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 ensure 2 of 2 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1 and Resident 2 had not had their ability to evacuate the home evaluated, using the department's form, in greater than 1 year. Findings include: INTERVIEW: On 08/20/2026 at 8:17 a.m., Surveyor interviewed Licensee C via phone. Licensee C stated s/he was out of town and unable to provide any environmental or employee records, but that all resident records were accessible in the home. RECORD REVIEW: On 08/20/2026 at 8:30 a.m., Surveyor reviewed resident records, provided by Caregiver B. Records documented the following: - Resident 1 admitted to the provider's home on 04/16/2024. Resident 1's record did not include an evacuation assessment. - Resident 2 admitted to the provider's home on	M 346		

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M 346	Continued From page 4 09/07/2022. Resident 2's evacuation assessment was dated 09/08/2022. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern regarding evacuation assessments. Licensee C stated s/he was unaware the form had to be updated.	M 346		
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 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 interview and record review, the provider did not ensure 2 of 2 residents reviewed had an individual service plan (ISP) reviewed at least once every 6 months by the licensee, the	M 424		

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M 424	Continued From page 5 resident or resident's guardian and the service coordinator. Resident 1 and Resident 2's ISPs were not reviewed in the past 6 months and were not signed by their legal guardians. Findings include: INTERVIEW: On 08/20/2026 at 8:17 a.m., Surveyor interviewed Licensee C via phone. Licensee C stated s/he was out of town and unable to provide any environmental or employee records, but that all resident records were accessible in the home. RECORD REVIEW: On 08/20/2026 at 8:30 a.m., Surveyor reviewed resident records, provided by Caregiver B. Records documented the following: - Resident 1 admitted to the provider's home on 04/16/2024. Resident 1 had a legal guardian. Resident 1's ISP was dated 05/24/2024, greater than 2 years ago, and not signed by his/her legal guardian. - Resident 2 admitted to the provider's home on 09/07/2022. Resident 2 had a legal guardian. Resident 2's ISP was dated, 06/10/2024, greater than 2 years ago, and not signed by his/her legal guardian. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern that ISPs needed to be updated and signed. Licensee C stated s/he had care conferences scheduled.	M 424		
M 436	88.07(2)(a) SERVICES	M 436		

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M 436	Continued From page 6 The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure services specified in 2 of 2 resident individual service plans (ISP) were provided. The provider did not provide supervision as specified in resident ISPs. Findings include: OBSERVATION: On 08/20/2026 at 8:17 a.m., Surveyor entered the provider's home and observed 2 caregivers present. Caregiver D was present and reported s/he had worked overnight. Caregiver B was present and stated s/he started his/her shift at 8:00 a.m. Surveyor observed Resident 1 and Resident 3 were awake and in the common area. Surveyor observed Resident 2 was in his/her room. On 08/20/2026 at 8:34 a.m., Caregiver A arrived to the home. INTERVIEW: On 08/20/2026 at approximately 8:20 a.m., Surveyor interviewed Caregiver B regarding the provider's staffing pattern. Caregiver B stated the provider should have 4 staff during the day, 3	M 436		

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M 436	Continued From page 7	M 436		

staff in the evening and 1 staff overnight.

RECORD REVIEW:
On 08/20/2026 at 8:30 a.m., Surveyor reviewed resident records, which documented the following:
- Resident 1 admitted to the provider's home on 04/16/2024 with diagnoses including intellectual disability, cerebral palsy, conduct disorder, impulse disorder and epilepsy. Resident 1's ISP, dated 05/24/20254, documented that s/he required 2 to 1 staffing for 16 hours per day.
- Resident 2 admitted to the provider's home on 09/07/2022 with diagnoses including cognitive disorder, autism, post traumatic stress disorder and impulse behavior. Resident 2's ISP, dated 06/10/2024, documented that s/eh required dedicated staffing at all time.
- Resident 3's admission date was not in his/her record. Resident 3's BSP, dated 09/06/2024, documented that s/he required 1 to 1 staffing 16 hours per day with behaviors including self-injurious behavior, offensive behavior and physical aggression.

On 09/16/2026 at approximately 8:00 a.m., Surveyor reviewed managed care organization documentation, obtained by Surveyor, which documented Resident 1 required 2 to 1 staffing for 16 hours per day and Resident 2 required 1 to 1 staffing for 7 hours per day. The records documented the following concerns with staffing:
- 04/02/2026: Conducted unannounced visit. Observed only 2 staff present, despite there being a requirement for 4 staff. Licensee C was working at home next door and reported staff had called in sick. Discussed need for a back up plan.
- 04/03/2026: Visit occurred. Not enough staff members working when writer arrived. There should have been 4 staff and there were only 2.

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M 436	Continued From page 8 Licensee C reported all other staff called in sick. - 04/13/2026: Completed unannounced visit. Only 2 staff working. Licensee C had reportedly ran to the store. Licensee C reported that 1 staff had called in. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor discussed staffing concern with Licensee C. Licensee C acknowledged the home was not adequately staffed to provide supervision needs at the time of Surveyor's visit. Licensee C stated staffing had recently changed due to the time of year and that s/he had difficulty retaining staff.	M 436		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. Findings include: OBSERVATION: On 08/20/2026 at 9:46 a.m., Surveyor toured the provider's kitchen and observed the following concerns: Refrigerator: The refrigerator contained a plastic container of pasta, a second plastic container of food, a half drank can of soda, a half drank take out soda, a	M 474		

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M 474	Continued From page 9 takeout container of iced coffee and a container of ham and turkey deli meat, all of which did not have a label or date of making/opening. The refrigerator shelves had hardened liquid, yellow/brown in color. The refrigerator contained a half-gallon of milk, with a sell by date of 07/24/2026, that had thickened and a container of egg whites with a use by date of 07/31/2026. Freezer: The freezer had a hardened pink substance on the surface. Oven: The oven had burnt food and white ash in the interior. INTERVIEW: While making observations in the provider's kitchen, Surveyor interviewed Caregiver A and Caregiver B. Caregiver B stated the food in plastic containers had just been made the day prior. Caregiver A stated some of the food was intended for staff, not residents. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern regarding food safety. Licensee C stated s/he was constantly reminding staff about food safety and cleanliness.	M 474		
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	M 550		

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M 550	Continued From page 10	M 550		

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 contraband. The resident shall be present for the search.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure residents had the right to privacy.

The provider had a camera installed in the living room.

Findings include:

OBSERVATION:
On 08/20/2026 at 9:52 a.m., Surveyor observed a camera installed in the corner of the living room, aiming at the furniture used by residents.

INTERVIEW:
On 08/20/2026 at 9:55 a.m., Surveyor interviewed Licensee C regarding the camera. Licensee C confirmed the camera was functioning and stated s/he had been told by Resident 1's managed care organization that the camera was acceptable due to Resident 1's seizures.

RECORD REVIEW:
On 08/20/2026 at 10:00 a.m., Surveyor reviewed the department's records. Records did not include a waiver approving the use of a camera.

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M 570	Continued From page 11	M 570		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when 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: The provider's home is licensed to serve up to 4 individuals with diagnoses including traumatic brain injury, advanced age, developmentally disabled and emotionally disturbed/mental illness. OBSERVATION: On 08/20/2026 at approximately 9:45 a.m., Surveyor tested the water temperature of the provider's upper bathroom, used by residents. Surveyor's thermometer read a temperature peaking at 121.6 degrees F. Exposure to hot water is a potential	M 570		

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M 570	Continued From page 12 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 healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). INTERVIEW: On 08/20/2026, while testing the water temperature, Surveyor interviewed Caregiver A and discussed concern that the home's water temperature exceeded 115 degrees F. Caregiver A stated s/he would have the water temperature turned down. EXIT: On 09/15/2026 at 2:00 p.m., Surveyor interviewed Licensee C and discussed concern regarding water temperature. Licensee C stated Resident 2 liked to complete tasks around the house and had adjusted the water heater incorrectly.	M 570		