Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017944 | A. BUILDING: _____ B. WING _____ | R 09/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EDWARDS RESIDENTS** | **2513 NORTH 41ST STREET MILWAUKEE, WI 53210** |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 09/21/26, Surveyor concluded a monitoring visit survey at Edwards Residents.<br><br>One deficiency was identified.<br><br>Census: 0 | M 000 | | |
| M 204 | 88.03(8)(a) MONITORING OF HOME<br><br>The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not comply with all department and licensing agency requests for information about residents, services, or operation of the home. The provider did not follow and implement the Department orders to permit the licensing agency and service coordinator, at any time and without notice, to visit a home and to evaluate the status of resident health, safety, or welfare or to determine if the home continues to comply with requirements for licensure.<br><br>This is a repeat deficiency from Statement of Deficiency (SOD) 7WPF11, dated 03/26/2026.<br><br>Findings include:<br><br>On 09/16/2026, Surveyor reviewed department documents and identified on 05/21/2026, the | M 204 | | |

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

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| M 204 | Continued From page 1<br>department issued (SOD) 7WPF11, with a Notice and Order letter to Licensee A by email. The Notice and Order Letter contained Special Orders which stated, "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 Edwards Residents:<br><br>1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b). That is, the licensee shall permit the licensing agency and service coordinator, at any time and without notice, to visit a home and to evaluate the status of resident health, safety, or welfare or to determine if the home continues to comply with requirements for licensure.<br><br>The licensee shall ensure all resident records will be maintained in a secure location within the home in a manner that prevents unauthorized access, in accordance with Wis. Admin. Code § DHS 88.09(1)(a). Service provider and licensee records will be available in the home, in accordance with Wis. Admin. Code § DHS 88.09(2)(c).<br>WITHIN TWO (2) business days of receipt of this notice, the licensee will contact Southeastern Regional Director, MaryBeth Hoffman, at MaryBeth.Hoffman@dhs.wisconsin.gov to provide the following information:<br><br>- Telephone number where licensee may be reached in a timely manner; and<br>- Measures the licensee will take to ensure the licensing agency representative may, without | M 204 | | |

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| M 204 | Continued From page 2 | M 204 | | |

notice, conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), and respond timely to requests for information; OR notification of the intent to close and make arrangements to return the AFH license to the Southeastern Regional Office at 819 N. 6th Street, Milwaukee, WI 53203-1606.

ADDITIONALLY, WITHIN 7 DAYS of receipt of this notice, the licensee shall provide each resident's legal representative and case manager (if any) with a copy of Statement of Deficiency 7WPF11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager.

On 05/21/2026, the department received confirmation of delivery of SOD 7WPF11, dated 03/26/2026.

On 05/26/2026, Licensee A responded to prior Statement of Deficiency 7WPF11, dated 03/26/2026, via email. S/He wrote, "Good morning, [sic] In response to your letter dated 5/21/26, we anticipate correcting all of the deficiencies and retaining our license. This is the direct telephone number where licensees may be reached in a timely manner, [phone number] and in order to ensure such I am including a direct message number as well. [Additional phone number]. Clear communication and updated contact and business information will help ensure the licensing agency representative may, without notice, conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), and respond timely to requests for

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| M 204 | Continued From page 3<br>information."<br><br>On 09/16/2026, at approximately 9:00 a.m., Surveyor attempted to conduct a monitoring survey. No one answered the door when Surveyor knocked and rang doorbell.<br><br>On 09/16/2026, at approximately 9:38 a.m., Surveyor called Licensee A via phone, with the two phone numbers provided on 05/26/2026. One phone number was disconnected, and the other phone number just rang, without voicemail. Surveyor was unable to leave a message.<br><br>On 09/16/2026, at 9:57 a.m., Surveyor sent an email to Licensee A informing him/her of the attempt to conduct an onsite verification visit for this home. Surveyor requested Licensee A to immediately respond by calling Surveyor phone. Licensee A did not respond via telephone to contact the Surveyor.<br><br>On 09/16/2026, at 5:34 p.m., Surveyor received an email from Licensee A that stated, "Good afternoon ...Our correct phone numbers are [phone number] and [different phone number than previous email from Licensee A on 05/26/2026]. Our facility is being renovated but our phone lines are still on and working."<br><br>On 09/18/2026, at approximately 12:05 p.m., Surveyor made a second attempt to conduct a verification visit at this home. No one answered the door when Surveyor knocked and rang doorbell.<br><br>On 09/18/2026, at approximately 12:07 p.m., Surveyor observed front window blind was down. Surveyor was able to see into the living room and dining room of facility (Photo 1). Surveyor | M 204 | | |

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| M 204 | Continued From page 4<br>observed approximately 14 cardboard moving boxes, several clearly labeled 'medium'. Many of the boxes appeared to be filled with books, toys, or miscellaneous items. Against the left wall, was a large burgundy bean bag and low horizontal wooden magazine/bookshelf filled with magazines. Surveyor also identified two small, bright green plastic chairs, that sat in the center of the room and on the far right against the wall, a baby bouncer and a pink child's vanity with a small arched mirror and table. Surveyor did not observe sufficient furnishings so that all occupants of the home could comfortably share the space at the same time.<br><br>On 09/18/2026, at approximately 12:15 p.m., Surveyor called Licensee A via phone, using the new phone numbers provided via email on 09/16/2026, at 5:34 p.m. Licensee A did not answer the phone. Surveyor left voicemail requesting an immediate response. Licensee A did not respond via telephone to the request to contact the Surveyor.<br><br>On 09/18/2026, at 3:02 p.m., Surveyor sent an email to Licensee A informing him/her of the second attempt to conduct an onsite verification visit for this home. Surveyor requested Licensee A to immediately respond by calling Surveyor phone. Licensee A did not respond to the request to contact the Surveyor.<br><br>On 09/18/2026, at 3:15 p.m., Surveyor interviewed Care Manager (CM) B, who stated Resident 1 lived at the facility until s/he passed away on 04/15/2026. CM B confirmed Resident 1 was the only resident living there when s/he passed away.<br><br>On 09/21/2026, at 8:16 a.m., Licensee A | M 204 | | |

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| M 204 | Continued From page 5<br>responded to the Surveyor via email. Licensee A stated, "Good morning [sic] Per your request we are having to resand [sic] flooring and re paint [sic] our facility. The work is still in process so as of right now we will need to place a hold on the reinspection. Thank you [sic]". | M 204 | | |