STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017761	A. BUILDING: _____ B. WING _____	C 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERTS RESIDENCE LLC	2111 N 38TH ST MILWAUKEE, WI 53208

(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 10/16/2025, Surveyors concluded a standard survey and a complaint investigation at Roberts Residence LLC. Three deficiencies were identified. One complaint was substantiated. Census: 3	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 activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 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 1 service providers had complete background checks. Caregiver D did not have complete background checks. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 10/15/2025, at approximately 10:05 a.m., Surveyor reviewed Caregiver D's records. The following was identified: Caregiver D was hired 09/23/2024. Caregiver D's file contained a BID form, dated 09/05/2024. Caregiver D 's file contained no evidence of the DOJ report and IBIS letter. Caregiver D worked in	M 114		

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M 114	Continued From page 2 the facility before provider had criminal background checks completed. On 10/15/2025, at approximately 1:15 p.m., Licensee A stated s/he did not know why Caregiver D's DOJ report and IBIS letter were not in his/her employee file. Licensee A stated s/he believed s/he ran the background checks. Surveyor requested Licensee A to send documentation to Surveyor by 10/16/2025 at 9:00 a.m. On 10/16/2025, at 3:47 p.m., Licensee A emailed Surveyor and wrote, "Unfortunately I still continue to look for background check for [Caregiver D]." Caregiver D worked approximately 1 year and 23 days in the facility without a criminal background check completed.	M 114		
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. This Rule is not met as evidenced by: Based on record review and interview, the	M 244		

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M 244	Continued From page 3 provider did not ensure 1 of 2 staff (Caregiver D) received the required training 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. Findings include: On 10/15/2025 at 10:00 a.m., Surveyors reviewed employee records, including training records. The following was identified: Caregiver D Caregiver D was hired 09/23/2024. Caregiver D started working with the residents, in the home on 09/30/2024. Caregiver D's file did not contain evidence s/he completed 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, and resident rights prior to or within 6 months after starting to provide care on 09/30/2024. On 10/03/2025 at 11:22 a.m., Surveyors interviewed Licensee A, who confirmed s/he checked the caregivers CBRF and CNA training before s/he had them start working on the floor. Licensee A confirmed Caregiver D did not have resident rights training and 15 hours of training approved by the licensing agency related to health, safety and welfare of residents and treatment appropriate to residents served prior to or within 6 months after starting to provide care in his/her file. Licensee A stated, "I thought s/he had those trainings done and in time."	M 244		

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M 424	Continued From page 4	M 424		
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 observation, record review, and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was updated with changes in condition for 1 of 1 resident. Resident 1 had a fall on 07/05/2025 and the ISP was not updated to provide interventions to decrease Resident 1's falls and injuries. Resident 1 had a second fall on 07/09/2025, which resulted in a nasal bone fracture and facial laceration. Resident 1's ISP did not include interventions to reduce falls after the fall on 07/05/2025 or after the significant injury from fall on 07/09/2025. Findings include:	M 424		

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M 424	Continued From page 5 On 10/15/2025 at 9:15 a.m., Surveyors observed Resident 1 wearing loose fitting shoes, called, "Crocks." On 10/15/2025, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/02/2022, with diagnoses including intellectual disabilities, and depression. - Resident 1 had a case manager (CM) from a managed care organization (MCO) and a guardian. -Resident 1's ISP, dated 03/01/2025, under 'Physical Disabilities', identified, Current Status. "Uneven Gait." Frequency of service and services provided. "Daily." Goals/Outcomes. "Will have no falls." Service provider responsibilities. "To Assist." 6- Month progress review [sic] list any changes. "0 (zero) changes." -Resident 1's ISP, dated 09/01/2025, under 'Physical Disabilities', identified, Current Status. "Uneven Gait." Frequency of service and services provided. "Daily." Goals/Outcomes. "Will have no falls." Service provider responsibilities. "To Assist." -Surveyors observed member centered plan from Resident 1's Managed Care Organization (MCO) dated 10/02/2025. Mobility (in the home) read, "Needs Assistance-Formal/Natural Supports/Needs to Find Helper. Comments: [Resident 1] requires assistance with mobility ...Falls Risk ...Fall Prevention Interventions: Appropriate footwear; Ensure adequate lighting; Remove clutter from home." -Resident 1 had a fall on 7/9/2025 at 7:05 p.m. Surveyors reviewed the incident report and identified, "Resident 1 was found on the floor following a fall. Significant amount of blood was	M 424		

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M 424	Continued From page 6	M 424		

present. EMS (emergency medical services) was immediately contacted, and resident was transported to the hospital ...Incident reported to [Licensee A]."
-Resident 1's after visit summary from emergency room (ER) trauma center, dated 7/9/2025, read, "Your Diagnosis is: nasal bone fracture and facial laceration."

On 10/15/2025 at 9:45 a.m., Surveyors reviewed Resident 1's progress note and identified the following:

On 07/05/2025, Caregiver D wrote Resident 1 had a fall in the bathroom. Resident 1 stated s/he hit his/her head, and s/he wanted to go to the hospital. Caregiver D wrote, "I gave [him/her] a PRN (as needed medication) to help with the pain and s/he went back to bed for an hour [sic] and got back up [sic] Resident don't slept [sic]."

On 07/06/2025, Former Caregiver (FCG) E wrote, "Resident 1 agitated and aggressive after fall last night. PRN given. Rested well after."

On 07/09/2025, FCG E wrote, "Resident 1 became increasingly agitated and experienced an incident that required medical attention. EMS was [sic] contacted and resident was transported to the hospital."

On 07/09/2025, Caregiver C wrote, "Resident 1 was out at hospital when I arrived at 10pm. [sic] S/He returned home around 4am. [sic] With nasal bone fracture and facial lesions."

Interviews

On 10/15/2025 at 9:30 a.m., Surveyors interviewed Resident 1, who stated s/he had a

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M 424	Continued From page 7 couple of falls. Once s/he fell near the bathroom and once s/he fell and, "busted my nose." On 10/15/2025 at 9:38 a.m., Surveyors interviewed Licensee A, who stated Resident 1 had a fall on the way to the bathroom due to urinary urgency in the middle of the night. On 10/03/2025 at 12:40 p.m., Surveyors interviewed Licensee A who confirmed s/he did not update Resident 1's ISP after his/her fall on 07/05/2025. Licensee A stated the caregivers are supposed to call Licensee A when a resident has a fall. Licensee A stated s/he was unaware of the fall on 07/05/2025. On 10/03/2025 at 12:53 p.m., Licensee A stated, "I do not have a policy or plan for fall prevention. I was unaware of [Resident 1's] fall on 07/05/2025. It is an expectation that staff would just call me." Licensee A did not provide a policy for how caregivers should handle falls, including falls that involve residents hitting their heads. Licensee stated the only policy that was in place was for urgent medical attention.	M 424		