

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/30/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6935 W PIONEER RD MEQUON, WI 53097		
(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 04/27/2026, with additional information gathered through 04/30/2026, Surveyors investigated 1 complaint at Compassionate Adult Family Home LLC. The complaint was substantiated and 3 new deficiencies were identified. Census 2	M 000		
M 206	88.03(8)(b) AGENCY MAY VISIT HOME A licensing agency and service coordinator may, without notice, visit a home at any time to evaluate the status of resident health, safety or welfare or to determine if the home continues to comply with this chapter. The licensee shall permit the licensing agency and service coordinator to enter the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not allow surveyors access to the home to evaluate the status of residents' health, safety and welfare for Resident 1 and Resident 2. Surveyors were not allowed entry to the adult family home to investigate concerns regarding staffing. Multiple attempts for contact with the licensee were made including assistance from the police department. Findings Include: On 04/12/2026, the department received a complaint alleging staffing concerns.	M 206		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 206	Continued From page 1 The adult family home was licensed to provide care for residents that may be physically disabled, developmentally disabled, advanced age, emotionally disturbed/mental illness, traumatic brain injury and alcohol/drug dependent. RESIDENT 1 On 04/27/2026, Surveyor reviewed Resident 1's record. The record contained the following information: The Individual Support Plan dated 12/10/2025 identified: Diagnosis: Autism Spectrum Disorder, Bipolar Disorder, Attention-deficit/hyperactivity disorder (ADHD) and Tourette's Syndrome. Behaviors: Resident 1 engaged in aggressive behaviors, self-injurious behaviors, sexually-motivated behaviors, property destruction and elopement attempts. Activities of daily living: Resident 1 needed assistance with toileting, showering, medication administration and dressing. Resident 1 needed supervision during meals as s/he was a choking risk due to eating too fast. Resident 1 also needed assistance because s/he would spill drinks and foods due to diagnosis. Supervision: Resident 1 required a one-to-one level of supervision. RESIDENT 2 On 04/27/2026, Surveyor reviewed Resident 2's record. The record contained the following information: The Individual Support Plan dated 05/08/2025 identified the following:	M 206		

Wisconsin Department of Health Services

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M 206	Continued From page 2 Diagnosis: Borderline Intellectual Functioning, Anxiety disorder, Post-traumatic Stress disorder, Impulse Disorder, Disruptive mood disorder, Reactive Attachment Disorder, Psychotic Disorder with Delusions, Attention-deficit/hyperactivity Disorder and Schizoaffective Disorder. Activities of Daily Living: Assistance with medication administration. Level of Supervision: One-to-one supervision as needed upon behaviors. The Behavior Support Plan (BSP) created by the Managed Care Organization, dated 05/17/2024 identified: Behaviors: self-injurious behavior, property destruction, and elopement when angry or scared. On 04/27/2026, at 7:35AM, Surveyor arrived at the home and observed a white vehicle parked in the driveway. At 7:56AM, Surveyor approached the front door and rang the Ring doorbell and knocked on the door with no answer. Surveyor observed the front door had 3 vertical glass windows. Surveyor looked through the window and noted 2 couches in the living room facing each other. The front of couch #1 faced the front door. The front of couch #2 faced the other couch and the back of it faced the front door. Surveyor observed Resident 1 sitting on the couch #1, which faces the door. Surveyor rang and knocked again. Surveyor looked through the window and observed Resident 1 was no longer sitting on the couch. On 04/27/2026, at 8:01AM, Surveyor called the number listed for Licensee A on the department's facesheet. The phone rang several times and went to voicemail. Surveyor left a voicemail	M 206			

Wisconsin Department of Health Services

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M 206	Continued From page 3 message identifying the purpose for the visit. At 8:09AM, Surveyor called the number listed for the licensee. The phone went to voicemail, but it was full, and a message could not be left. At 8:10AM, Surveyor called the number listed for the adult family home. The phone rang but did not have voicemail. On 04/27/2026, at 8:37AM, the Assisted Living Regional Director sent an emailed the listed email for Licensee A. The email advised Licensee A Surveyors were at the home for a survey and needed access to the home. The email explained Surveyor knocked on the door and rang the doorbell with no answer and 1 Resident was observed in the home. The email further explained if there is no response, the department may call local law enforcement or Adult Protective Services to assist due to resident safety. On 04/27/2026, at 8:48AM, Surveyor knocked on the door and rang the doorbell, but the door was not answered. On 04/27/2026, at 9:29AM, Surveyor called the Ozaukee County Sheriff's department non-emergency number. The Ozaukee County Sherrif's Department dispatched the Mequon Police Department to the home. At 9:52AM, Officer G arrived. Officer G rang the doorbell and knocked on the front and back door, announced it was the police department. There was no answer. On 04/27/2026, at 10:04AM, Surveyor interviewed Officer G. Officer G expressed immediate concerns. Officer G explained his/her concern was that there was a resident identified in the home and Surveyors and Officer G could not confirm there was a caregiver present. Additionally, Officer G relayed s/he has	M 206			

Wisconsin Department of Health Services

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M 206	Continued From page 4 responded to the home due to Resident 1's elopements/attempted elopements. Officer G called Licensee A's phone number. It went straight to voicemail, but s/he was unable to leave a message as the voicemail box was full. Officer G ran the license plate tags for the white vehicle in the driveway and identified it belonged to Caregiver B. There was a phone number associated with the license plate tag. Officer G called the number and Caregiver B answered the phone. Caregiver B reported s/he does not work at the home and his/her family member (Caregiver C) was borrowing the car. Officer G then searched Licensee A's name in his/her system and found an address. The police department was dispatched to the address listed in his/her system to locate Licensee A. Licensee A was not at the home listed. On 04/27/2026, at 10:27AM, Surveyor and Officer G and Surveyors attempted to make contact again by ringing the doorbell and knocking on the door with no response. Surveyor could see the top of someone's head on couch #2. Surveyors stayed at the home's location until 12:45PM with no correspondence from Licensee A. On 04/27/2026, at 5:23PM, Licensee A responded to the email stating no one was at the home while Surveyors were onsite, and his/her phone was not functional as it was dropped in water. On 04/28/2026, at 6:05AM, Surveyors returned to the home. Surveyors knocked and rang the doorbell. Surveyors noted the front door with the cutout windows now had a covering over the windows. Surveyors observed the front door	M 206		

Wisconsin Department of Health Services

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M 206	Continued From page 5 windows to be covered, so Surveyors could not tell if anyone was in the house. Surveyors waited about 5 minutes and went to the backdoor. The back door had window that was covered by a curtain. Surveyor knocked on the back door and the curtain on the door fell. Surveyors observed Caregiver B standing in the back hallway. Caregiver B yelled through the door, "why are you here?" Surveyors identified themselves and Caregiver B let Surveyors in the house. Surveyors observed Resident 1 walking into the kitchen. Surveyors identified Resident 1 was the resident observed through the front door window on 04/27/2026. On 04/28/2026, at approximately, 6:15AM, Surveyors interviewed Caregiver B. Caregiver B denied working at home on 04/27/2026 and stated Caregiver C was working that day. On 04/28/2026, at approximately 6:17AM, Surveyor interviewed Licensee A. Licensee A called from a different number than was listed with the department. Licensee advised his/her phone was not working and this was a good contact number. Licensee A reported his/her staff knew how to contact him/her on the alternate phone number. Licensee A confirmed s/he did not update the department of an alternate contact after the phone associated with the listed number was no longer functional. Licensee A confirmed Resident 1 required a one-to-one level of supervision and a two-to-one when being transported and in the community. Licensee A reported Resident 1 had a history of elopement when the weather is nicer, but not when it is cold outside. Licensee A stated s/he could not provide Surveyors with a staff schedule as s/he communicates with caregivers through text messaging to fill shifts. Licensee A could not	M 206			

Wisconsin Department of Health Services

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M 206	Continued From page 6 verify which caregiver was working on the morning of 04/27/2026. On 04/28/2026, at 8:08AM Surveyor interviewed Resident 1. Resident 1 reported Caregiver B worked with him/her yesterday during the time Surveyors were attempting entry into the home. Resident 1 refused to answer any further questions regarding if s/he heard anyone knocking on the door the previous day. On 04/30/2026, Surveyors interviewed Licensee A. Licensee A confirmed Caregiver B worked the overnight shift on 04/26/2026 into the morning of 04/27/2026 and would have been with the residents during the time Surveyors were present on 04/27/2026. Licensee A explained the residents usually wake up around 6:00AM, take medications, eat breakfast and get dressed for the day. Licensee A stated s/he was told by caregivers working on 04/27/2026, They left the home at approximately 7:30AM and met caregivers and residents from another home (Caregiver C, D, E and F). Licensee A reported s/he later spoke with Caregiver B. Caregiver B confirmed s/he was at the home with Resident 1 and Resident 2 the morning of 04/27/2026 but was scared to open the door when Surveyors and the Police Department were present. Licensee A stated s/he trained his/her staff to open the door when Surveyors come to the home. Surveyors arrived at the residence on 04/27/2026 at 7:35AM. Surveyors made multiple attempts to gain entry to the residence to investigate the concern of not having adequate staffing. On 04/27/2026, Surveyor observed Resident 1 on the couch and needed to verify there was a caregiver present. Officer G expressed immediate concerns and attempted to locate Licensee A.	M 206			

Wisconsin Department of Health Services

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M 206	Continued From page 7 Surveyors could not verify if the resident observed in the home had a caregiver present to provide care and supervision. Initially, Licensee A was unable to verify who was working on 04/27/2026 but on 04/30/2026 confirmed Caregiver B was there with the residents. On 04/28/2026, Surveyors were able to enter the home and identified Resident 1 was the person observed sitting on the couch the morning of 04/27/2026. Licensee A reported his/her phone was broken at the time, but caregivers knew how to contact him/her on an alternate phone number. Licensee A confirmed the alternate contact was not provided to the department. Cross Reference: M0436 DHS 88.07(2)(a) Services	M 206			
M 436	88.07(2)(a) SERVICES 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 they provided the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility for Resident 1. Findings Include:	M 436			

Wisconsin Department of Health Services

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M 436	Continued From page 8 The facility is licensed to provide care for up to 4 residents who may be emotionally disturbed/mental illness, physically disabled, pregnant women/counseling, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional clients, terminally ill and/or irreversible dementia/Alzheimer's. On 04/12/2026, the department received a complaint alleging staffing concerns. On 04/27/2026, Surveyor reviewed Resident 1's Individual Service Plan (ISP) dated 12/10/2025 . The ISP identified the following about Resident 1: Diagnosis: Autism Spectrum Disorder, Bipolar Disorder, Attention-deficit/hyperactivity disorder (ADHD) and Tourette's Syndrome. Behaviors: Resident 1 engaged in aggressive behaviors, self-injurious behaviors, sexually motivated behaviors, property destruction and elopement attempts. Activities of daily living: Resident 1 needed assistance with toileting, showering, medication administration and dressing. Resident 1 needed supervision during meals as s/he was choking risk due to eating too fast. Resident 1 also needed assistance because s/he would spill drinks and foods due to diagnosis. Supervision: Resident 1 required a one-to-one level of supervision. On 04/27/2026, at 7:35AM, Surveyor arrived at the facility. At 7:56AM, Surveyor rang the doorbell and knocked on the door with no answer. Surveyor observed the front door had 3 vertical glass windows. Surveyor looked through the window and observed Resident 1 sitting on the couch. Surveyor rang and knocked again.	M 436			

Wisconsin Department of Health Services

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M 436	Continued From page 9 Surveyors called Licensee A at 8:01AM and 8:09AM. Surveyors called the facility's phone with no answer. At 8:37AM, the Assisted Living Regional Director sent an email to the listed email for Licensee A and identified Surveyors needed access to the home for a survey. Surveyors stayed at the home's location until 12:45PM with no correspondence from Licensee A to verify there were staff present with Resident 1. On 04/28/2026, at 6:05AM, Surveyors returned to the facility. Surveyors knocked and rang the doorbell at the front door. Surveyors noted the front door was covered, preventing Surveyors from looking through the window. Surveyors waited about 5 minutes and went to the backdoor. The back door had window that was covered by a curtain. Surveyor knocked on the back door. The back door had a window with a curtain. Upon knocking, the curtain on the window fell. Surveyors observed Caregiver B standing in the back hallway close to the basement stairs. Caregiver B yelled through the door, "why are you here?" Surveyors identified themselves and Caregiver B let Surveyors in the house. Surveyors observed Resident 1 walking into the kitchen from the opposite side of the house. Surveyors identified Resident 1 as the resident observed through the front door window the morning of 04/27/2026. On 04/28/2026, at 6:15AM, Surveyors interviewed Caregiver B. Caregiver B denied working at home on 04/27/2026. Caregiver B stated s/he did not hear the door because s/he was in basement and just came up. Caregiver B denied working on 04/27/2026. Caregiver B identified 2 residents lived in the home. Caregiver B identified Resident 2 was sleeping and Resident 1 required a one-to-one level of supervision. Caregiver B	M 436		

Wisconsin Department of Health Services

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M 436	Continued From page 10 described one-to-one level of supervision as needing to be close enough to the resident to have "eyes on them." Caregiver B acknowledged there should be 2 caregivers in the home as Resident 1 required one-to-one supervision. On 04/28/2026, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 required a one-to-one level of supervision and a two-to-one when being transported and in the community. Licensee A reported Resident 1 had a history of elopement. Licensee A denied anyone (residents or staff) were home when Surveyor observed Resident 1 on the couch on 04/27/2026. Licensee A could not verify which caregiver was working on the morning of 04/27/2026 and did not have a schedule to provide to Surveyors. On 04/28/2026, at 8:05AM, Surveyor observed Caregiver D arrived at the facility so one-to-one supervision could be provided for Resident 1. On 04/30/2026, Surveyors interviewed Licensee A. Licensee A confirmed Caregiver B worked the overnight shift on 04/26/2026 into the morning of 04/27/2026 and would have been with the residents during the time Surveyors were present on 04/27/2026. Licensee A explained the residents usually wake up around 6:00AM, take medications, eat breakfast and get dressed for the day. Licensee A reported s/he later spoke with Caregiver B. Caregiver B confirmed s/he was at the home with Resident 1 and Resident 2 the morning of 04/27/2026. Licensee A did not mention any other caregivers. License A explained Caregiver B but was scared to open the door when Surveyors were present. Licensee A did not provide a staff schedule for verification. Surveyors arrived at the residence on 04/27/2026	M 436			

Wisconsin Department of Health Services

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M 436	Continued From page 11 at 7:35AM. At 7:56AM, Surveyor observed Resident 1 on the couch but did not see any caregivers supervising Resident 1. On 04/28/2026, Licensee A stated s/he was unable to verify who was working on 04/27/2026 and could not provide Surveyors with a staff schedule. On 04/30/2026, Licensee verbally told Surveyors Caregiver B was present with both residents but did not provide a schedule to verify the home was staffed appropriately to provide a one-to-one level of supervision. On 04/28/2026 at 6:05AM, Surveyors entered the home. Caregiver B stated s/he just came back up from the basement just before opening the door for Surveyors. Surveyors observed Resident 1 walking from the other side of the house. Caregiver B advised there were 2 residents present, and Resident 1 required a one-to-one level of supervision. Caregiver B confirmed s/he was the only caregiver present. Caregiver D did not arrive at the facility until 8:05AM so the one-to-one level of supervision could be provided for Resident 1. Resident 1 was not provided with one-to-one supervision as identified in his/her ISP. Cross Reference: M0206 DHS 88.03(8)(b) Agency May Visit Home	M 436		
M 552	88.10(3)(c) Confidentiality Confidentiality. To have his or her records kept confidential as described in s. HSS 88.09(1)(b). This Rule is not met as evidenced by: Based on observation and staff interview, the licensee did not ensure 3 of 3 residents the right to confidentiality. Personal and medical information concerning 3 of 3 residents was not	M 552		

Wisconsin Department of Health Services

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M 552	Continued From page 12 kept in a manner which ensured confidentiality as described in DHS 88.09(1)(a). Records were kept unsecured in an area not protected against unauthorized access. Findings include: The facility is licensed to provide care for up to 4 residents who may be emotionally disturbed/mental illness, physically disabled, pregnant women/counseling, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional clients, terminally ill and/or irreversible dementia/Alzheimer's. On 04/12/2026, the department received a concern regarding residents moving between facilities, medications and records not labeled or secure, and items kept in the closet by the front door. On 04/28/2026 at 6:27 AM, Surveyors arrived at the facility and observed a white board stating: "[Resident 1] Dr. Appt's April 24, 11:00 AM" listing person name and phone number; "May 8, 3:00 PM Zoom Phys Apt" "[Resident 2] Dr. Appt's - May 13 1 p.m. Dentist Apt" "May 13 11: AM [sic] Blood draw" "May 22, 10:45 AM Depo and Dr. Apt" "May 6, Job interview 1:45 PM [business name]" "Work schedule: thurs [sic] 12-4 Sat 2-6" "[Resident 3] Dr. Appt's" - board had writing but was erased Surveyors observed a bulletin board with the following documents" Resident 1's emergency protocol and an email stating Resident 1 moved into a new group home with his/her address and cell phone number. Surveyors observed a dresser near the front door	M 552			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/30/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6935 W PIONEER RD MEQUON, WI 53097		
(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 552	Continued From page 13 with the following information: Resident 3's medication packing slip dated 03/25/2026; medication administration record dated 03/09/2026 - 04/08/2026; dentist visit summary; prescription dated 03/23/2026; doctors after visit summary dated 03/23/2026; new prescription summary dated 03/25/2026; a dental referral and a McDonalds receipt. In the kitchen Surveyors observed Service Provided checklists for Resident 1, Resident 2 and Resident 3. The checklist identified if medications were taken, residents personal cares - shower, bath, brush teeth, nail care, shave, were completed, if they were incontinent, % of nutrition eaten, transportation, exercise, BM code and color, and what they ate for breakfast, lunch, snack and dinner. Resident 3 who lives in a sister facility had service provided checklists completed on 03/03/2026, 03/18/2026, 03/27/2026, 03/28/2026, 03/30/2026, 03/31/2026, 04/01/2026, 04/02/2026, 04/07/2026, 04/08/2026, 04/11/2026, 04/12/2026, 04/13/2026, 04/14/2026, 04/15/2026, 04/16/2026, 04/17/2026, 04/21/2026, 04/22/2026, 04/24/2026, 04/25/2026, 04/26/2026 and 04/27/2026. Resident 1 and Resident 2 had daily service provided checklists completed on the counter too. On 04/28/2026 at 7:30 AM, Caregiver B stated s/he doesn't normally work at the facility. Caregiver B stated s/he fills in when needed. Surveyor observed Caregiver B and Caregiver E near the front closet. Surveyor asked about items in the dresser. Caregiver E acknowledged the dresser was used by a resident no longer in the home. Caregiver E stated they moved the dresser, and it is used for storage. Surveyor opened the 2nd drawer, and it was empty. Surveyor asked Caregiver B and Caregiver E what had happened to the papers in the drawer.	M 552			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/30/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6935 W PIONEER RD MEQUON, WI 53097		
(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 552	Continued From page 14 Caregiver E walked away, and Caregiver B stated s/he did not take anything out of the drawer. Surveyor shared photos of the items in the drawer at 6:30 AM. Caregiver B denied any knowledge. Surveyor approached Caregiver E who did confirm s/he had removed the papers. Caregiver E was unable to provide explanation why Resident 3's information was in the dresser, but s/he resides at a sister facility. On 04/28/2026 at 8:05 AM, Caregiver D confirmed Resident 3 does come to this house. Caregiver D stated maybe the other house brought Resident 3's information to store at this house. On 04/28/2026 at 10:30 AM, Caregiver C confirmed Resident 3 does hang out at other houses. Caregiver C stated Resident 3's clothes in the other house were clothes that no longer fit Resident 3, and his/her guardian told staff to give the clothes to other residents. On 04/30/2026 at 3:05 PM, Surveyors interviewed Licensee A. Licensee A stated "I never knew that, that is something knew" in regards to records being locked up and personal information not kept on the white boards in the living room. The licensee did not ensure residents the right to confidentiality by having their personal appointments on a white board in the living room, having Resident 1's emergency behavior protocol, address and personal cell phone number posted on the bulletin board, Resident 2's appointments on the white board, having Resident 3's MAR's, after visit summaries, and prescriptions in the dresser by the front door, and the service provider checklist on the kitchen counter. Records and residents' information were	M 552			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/30/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6935 W PIONEER RD MEQUON, WI 53097		
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M 552	Continued From page 15 kept unsecured in an area not protected against unauthorized access.	M 552			