STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018543	A. BUILDING: _____ B. WING _____	C 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE GOOD MEN COMMUNITY GROUP HOME	942 NORTH 29TH STREET 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 07/15/2025 with information gathered through 08/05/2025, Surveyor conducted a standard survey and complaint investigation, at Five Good Men Community Group Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Fifteen deficiencies were identified. Complaint 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	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 3 employees' (Caregiver C) reviewed had a background check. Caregiver C did not have a background check. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from Department of Health Services (DHS) that reports the person' s status, including administrative finding or licensing restrictions. Findings include: On 07/15/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 09/01/2024.	M 114		

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M 114	Continued From page 2 -Caregiver C's record included a BID, dated 09/26/2024. -Caregiver C's record did not contain evidence of a DOJ. -Caregiver C's record did not contain a Governmental Findings Report. On 07/15/2025, at approximately 3:46 PM, Surveyor requested Caregiver C's DOJ and Governmental Findings Report from Administrator A. Administrator A stated s/he would email documentation to Surveyor by 8:00 AM on 07/16/2025. As of 07/16/2025 at 8:00 AM, Surveyor did not receive evidence of Caregiver C's complete background check.	M 114		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review and interview, the provider permitted the existence and continuation of conditions in the home placing the health, safety, and welfare of 3 of 3 residents at substantial risk of harm. On 07/02/2025, law enforcement officers	M 230		

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M 230	Continued From page 3 executed a search warrant of this facility where a firearm was recovered. Findings include: The home was licensed as a ambulatory adult family home caring for up to 3 residents in the client groups of developmentally disabled, emotionally disturbed/mental illness, and traumatic brain injury. On 07/08/2025, the Department received a complaint indicating law enforcement activity at the home. On 07/09/2025, Surveyor obtained police reports from the Milwaukee Police Department and the following was identified: -On 07/02/2025, "Law enforcement officers were conducting surveillance on [this home]. This is the address for [Resident 3] according to DOT (Department of Transportation). As law enforcement officers were watching the residence, they observed [Resident 3] exit out of a vehicle, wearing the exact same outfit [s/he] wore the day of the shooting. [Resident 3] walked up to the porch, checked the mail and entered the front door of [this home]. Law enforcement officers applied for a search warrant of [this home], which was granted. TEU (Tactical Enforcement Unit) officers knocked on the door of [this home]. The door was answered by [Caregiver D] and when the officers asked for [Resident 3] [s/he] came to the door and was placed in custody without incident. [Resident 3] was arrested on suspect alert. TEU officers cleared the location and there were two other individuals [Resident 1 and Resident 2] located in [this home]."	M 230		

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M 230	Continued From page 4 "The warrant was executed at approximately 3:55 PM. TEU officer took overall photos of [this home] and [Resident 3's] bedroom. [Resident 3's] bedroom was located on the northwest side of [this home] next to the dining room. [Resident 3's] bedroom consisted of a twin bed, desk with computer and chair, plastic drawers along the south wall of bedroom and cloth drawers located along the east wall of the bedroom. TEU officers searched [Resident 3's] bedroom. While searching [Resident 3's] bedroom, TEU officer located numerous items in the bedroom with [Resident 3's] name on them. Some of the items located were mail items, a Wisconsin issued [identity document] in a wallet, and [compact disc] with [Resident 3's] name and birthdate on it. Located by the foot of the bed were the red Jordan shoes that appeared to be the same shoes [Resident 3] was wearing the day of the shooting. TEU officer opened the top drawer of the plastic drawers and located right on top was a Smith and Wesson MP (military and police) 9 mm pistol. The pistol contained a silver magazine with 7 unspent cartridges in the magazine and one unspent 9 mm cartridge in the chamber. All items in [Resident 3's] bedroom was photographed, collected, and placed on inventory. Once the firearm was located in [Resident 3's] bedroom the search ended and no other areas of [this home] were searched." On 07/16/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 10/17/2024, with diagnoses including reactive attachment disorder, oppositional defiant disorder, post-traumatic stress disorder, and mood disorder.	M 230		

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M 230	Continued From page 5 -Resident 3's individual service plan, dated 10/17/2025, indicated the following: "Functional Abilities and Needs Assessment: Independent; Decision-making support required. Describe ADLs/IADLs support needs (e.g., bathing, grooming, dressing, meals, transporation): [Resident 3] needs constant reminders to wash and clean [him/herself] and room. Behavioral Considerations: [Resident 3] have behavioral needs. Describe the behaviors and strategies for support: Help [Resident 3] to stop yelling at people when [s/he] get's upset and learn to walk away and take deep breathes to calm calm down and relex." -Resident 3's incident report, completed by Manager E, dated 12/10/2024, stated the following: "On December 10, 2024, at 9:45 PM [Resident 3], a resident at [this home] entered [this home] from a walk to the store. Staff prompted [Resident 3] to stop at the desk area to be searched. The searches were put into place as a safety measure due to [Resident 3] bringing contraband into the facility in the past. During the wand search, [Resident 3] was told to raise [his/her] hoodie above [his/her] hip area due to a beeping wand detection. [Resident 3] raised [his/her] hoodie above [his/her] hip and staff could visibly see a gray colored gun barrel forward tucked down into [his/her] waistband. Staff asked [Resident 3] for confirmation that [s/he] in fact had a gun in [his/her] waistband. [Resident 3] did confirm. [Resident 3] then said 'I forgot I had it on me, I would never purposely bring a gun with me here.' As [Resident 3] was saying this, [s/he] was	M 230		

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M 230	Continued From page 6 walking towards the front door saying 'I'll just put it back in my car, it's registered.' [Resident 3] walked out of the front door and returned two minutes later. [Resident 3] continued to apologize stating, [s/he] put it in [his/her] glove box in [his/her] car, also continuing to say it's registered. Staff conducted the same search, this time [Resident 3] did not have the gun. Staff allowed [Resident 3] to go to [his/her] room. Staff then contacted upper management for assistance regarding this incident." On 08/05/2025, at approximately 9:58 AM, Surveyor interviewed Administrator A. Administrator A confirmed law enforcement officers executed a search warrant of this home and a firearm was recovered from Resident 3's bedroom. Administrator A confirmed Caregiver D, Resident 1, and Resident 2 were present in the home at the time of the search.	M 230		
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 7 provider did not ensure 1 of 3 service providers' (Caregiver B) received training prior to or within 6 months after starting to provide care related to fire safety and first aid. Findings include: On 07/15/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 12/03/2023. -Caregiver B's employee record did not contain evidence of initial training related to fire safety and first aid. On 07/15/2025, at approximately 3:46 PM, Surveyor requested initial training related to fire safety and first aid for Caregiver B from Administrator A. Administrator A stated s/he would send Caregiver B's documentation to Surveyor by 8:00 AM on 07/16/2025. As of 07/16/2025 at 8:00 AM, Surveyor did not receive evidence of initial training related to fire safety and first aid prior to or within 6 months after starting to provide care for Caregiver B.	M 244		
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 facility did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace.	M 290		

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M 290	Continued From page 8 Findings include: On 07/15/2025, Surveyor requested to review facility's most recent furnace inspection from Administrator A. There was no evidence of a furnace inspection for review. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was aware of this requirement. Administrator A stated the furnace has not been inspected since the opening of this facility. Administrator A stated s/he would arrange for a furnace inspection soon.	M 290		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure monthly smoke detector testing for calendar years 2023, 2024, and to date in 2025. Findings include: On 07/15/2025, at approximately 3:46 PM,	M 336		

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M 336	Continued From page 9 Surveyor requested to review monthly smoke detector testing for 2023, 2024, and 2025 from Administrator A. Administrator A stated s/he would email documentation to Surveyor by 8:00 AM on 07/16/2025. On 07/16/2025, at approximately 12:23 PM, Surveyor reviewed an email from Administrator A identifying the following: -The tracking form for 2023 had no evidence smoke detectors were checked in 02/2023, 03/2023, 04/2023, 05/2023, 07/2023, 08/2023, 09/2023, 10/2023, 11/2023, and 12/2023. -The tracking form for 2024 had no evidence smoke detectors were checked in 02/2024, 03/2024, 04/2024, 05/2024, 07/2024, 08/2024, 09/2024, 10/2024, 11/2024, and 12/2024. -The tracking form for 2025 had no evidence smoke detectors were checked in 02/2025, 03/2025, 04/2025, and 05/2025.	M 336		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by:	M 344		

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M 344	Continued From page 10 Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 2) reviewed were evaluated within 3 days of admission for evacuation time, using the department's form, for evacuation. Findings include: On 07/15/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. On 07/15/2025, at approximately 3:46 PM, Surveyor requested Resident 2's evacuation assessment from Administrator A. Administrator A stated s/he would send documentation to Surveyor by 8:00 AM on 07/16/2025. On 07/16/2025, at approximately 12:43 PM, Surveyor reviewed an email from Administrator A identifying the following: -Resident 2's Resident Evacuation Assessment, dated 09/13/2022, was missing pages 2 of 5, and 4 of 5. -Resident 2's Resident Evacuation Assessment, dated 09/13/2022, was incomplete.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using	M 346		

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M 346	Continued From page 11	M 346		

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 1 of 2 residents (Resident 2) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 2 had not been evaluated for evacuation for calendar years 2023, 2024, and 2025 using the Department's form.

Findings include:

The facility is licensed to provide services for up to 3 residents with client groups of traumatic brain injury, emotionally disturbed/mental illness, and developmentally disabled.

On 07/15/2025, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the provider's home on 09/30/2022.
-Resident 2's record did not contain evidence of an evacuation assessment for calendar years 2023, 2024, and 2025 using the Department's form.

On 07/15/2025, at approximately 3:46 PM, Surveyor requested Resident 2's evacuation assessments from Administrator A. Administrator A stated s/he would send documentation to Surveyor by 8:00 AM on 07/16/2025.

On 07/16/2025, at approximately 12:43 PM,

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M 346	Continued From page 12 Surveyor reviewed an email from Administrator A identifying the following: -Resident 2's Resident Evacuation Assessment, dated 07/05/2023,08/06/2024, and 02/06/2025, were missing pages 2 of 5, and 4 of 5. -Resident 2's Resident Evacuation Assessments for calendar year 2023, 2024, and 2025 were incomplete. CROSS REFERENCE M 0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 346		
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 2 of 2 residents (Resident 1, and Resident 3) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90	M 380		

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M 380	Continued From page 13 days prior to admission or within 7 days after admission. Findings include: On 07/15/2025, Surveyor reviewed Resident 1's record. The following was identified: -Resident 1 was admitted to the provider's home on 08/02/2022. -Resident 1's record did not include evidence of a communicable disease screening., including TB skin test. On 07/15/2025, Surveyor reviewed Resident 3's record. The following was identified: -Resident 3 was admitted to the provider's home on 10/17/2024. -Resident 3's record did not include evidence of a health exam, including a screening for communicable disease, including TB skin test. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 and Resident 3 did not receive admission health exams, including a screening for communicable disease, including TB. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to	M 384		

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(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 384	Continued From page 14	M 384		

be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.
This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2, and Resident 3) reviewed had a service agreement completed signed and dated by the licensee, resident, or resident's guardian or designated representative prior to admission.

Findings include:

On 07/15/2025, Surveyor reviewed residents' records and identified the following:

-Resident 1 was admitted to the provider's home on 08/02/2022.
-Resident 1 had a legal guardian.
-Resident 1's service agreement, dated 08/02/2022, did not contain Resident 1's guardian signature.

-Resident 2 was admitted to the provider's home on 09/30/2022.
-Resident 2 had a legal guardian.
-Resident 2's service agreement, dated 09/30/2022, did not contain Resident 2's guardian signature.

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	0018543	A. BUILDING: _____ B. WING _____	C 08/05/2025

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M 384	Continued From page 15 -Resident 3 was admitted to the provider's home on 10/17/2024. -Resident 3 was his/her own person. -Resident 3's service agreement, dated 10/17/2024, did not contain Resident 3's signature. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed residents did not have signed service agreements. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2, and Resident 3) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the residents' and residents' responsible parties. Findings include: On 07/15/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home	M 402		

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M 402	Continued From page 16 on 08/02/2022. -Resident 1 had a guardian. -Resident 1's record did not contain evidence of resident rights and grievance procedures explained with his/her guardian. -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2 had a guardian. -Resident 2's record did not contain evidence of resident rights and grievance procedures explained with his/her guardian. -Resident 3 was admitted to the provider's home on 10/17/2024. -Resident 3 was his/her own person. -Resident 3's record did not contain evidence of resident rights and grievance procedures explained with him/her. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed residents records did not contain evidence of rights and grievance procedures explained to the responsible parties. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 402		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by:	M 420		

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M 420	Continued From page 17 Based on record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2 and Resident 3) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's, Resident 2's, and Resident 3's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 07/15/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home on 08/02/2022. -Resident 1 had a legal guardian. -Resident 1's ISP, dated 08/02/2022, was not signed by his/her guardian. -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2 had a legal guardian. -Resident 2's ISP, dated 09/13/2022, was not signed by his/her guardian. -Resident 3 was admitted to the provider's home on 10/17/2024. -Resident 3 was his/her own person. -Resident 3's ISP, dated 10/17/2024, was not signed by him/her. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed residents' ISPs did not include a signed statement of agreement with all parties involved. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 420		

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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 record review and interview, the provider did not ensure 3 of 3 resident (Resident 1, Resident 2, and Resident 3) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 07/15/2025, Surveyors reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home on 08/02/2022. -Resident 1 had a legal guardian.	M 424		

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M 424	Continued From page 19 -There was no evidence Resident 1's ISP was reviewed and updated after 08/02/2022. At minimum, Resident 1's ISP should have been reviewed and updated in February 2023, August 2023, February 2024, August 2024, and February 2025. -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2 had a legal guardian. -There was no evidence Resident 2's ISP was reviewed and updated after 09/13/2022. At minimum, Resident 2's ISP should have been reviewed and updated in March 2023, September 2023, March 2024, September 2024, and March 2025. -Resident 3 was admitted to the provider's home on 10/17/2024. -Resident 3 was his/her own person. -There was no evidence Resident 3's ISP was reviewed and updated after 10/17/2024. At minimum, Resident 3's ISP should have been reviewed and updated in April 2025. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed the residents did not have ISP updates every 6 months. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 424		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by:	M 456		

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M 456	Continued From page 20 Based on record review and interview, the provider did not ensure 2 of 2 resident (Resident 1 and Resident 2) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 1 and Resident 2 in 2023 and 2024. Findings include: On 07/15/2025, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the provider's home on 08/02/2022. -Resident 1's record did not contain an annual health exam for Resident 1 in 2023 and 2024. -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2's record did not contain an annual health exam for Resident 2 in 2023 and 2024. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 and Resident 2 did not receive annual health examinations. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations. Cross Reference: M0380 DHS 88.06(2)(a) - Admission-Health Exam	M 456		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written	M 464		

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M 464	Continued From page 21 order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician specifying who by name or position could administer medications for 3 of 3 residents' (Resident 1, Resident 2, and Resident 3) reviewed who required staff to administer his/her medications. Resident 1, Resident 2, and Resident 3 did not have a written order permitting the provider staff to administer medications. Findings include: On 07/15/2025, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the provider's home on 08/02/2022. -Resident 1's record did not have an order specifying who by name or position could administer his/her medication. -Resident 2 was admitted to the provider's home on 09/30/2022. -Resident 2's record did not have an order specifying who by name or position could administer his/her medication. -Resident 3 was admitted to the provider's home	M 464		

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M 464	Continued From page 22 on 10/17/2024. -Resident 3's record did not have an order specifying who by name or position could administer his/her medication. On 07/15/2025, at approximately 3:13 PM, Surveyor interviewed Administrator A. Administrator A confirmed all residents required staff to administer his/her medication. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 464		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013	Z 010		

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Z 010	Continued From page 23 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure every reasonable effort was made to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction related to a conviction of s. 940.01(1)(a) 1st Degree Intentional Homicide, for 1 of 1 caregiver (Caregiver B). Finding include: Chapter DHS (Department of Health Services) 50.065(1)(e)1. defines "Serious Crime" as violation s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3., or a violation of the law of any other state or United States jurisdiction that would be a violation of s. 940.19 (3), 1999 stats., or a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3. if committed in this state.	Z 010		

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Z 010	Continued From page 24 On 07/15/2025, at approximately 3:35 PM, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 12/03/2023. -Caregiver B's Background Information Disclosure (BID) was completed and signed by him/her on 12/07/2023. -Caregiver B's Department of Justice (DOJ) record was requested and reported on 12/15/2023 and the following was identified: -"Date of offense: 02/24/1993... Charge: 940.01(1)(a) - 1st Degree Intentional Homicide... Disposition date: 07/19/1993. Disposition: Convicted... Sentencing date: 07/19/1993... Sequence number: 01... Sentence: Prison... Length: 15 Years." -Caregiver B's Governmental Findings Report was requested and reported on 12/15/2023 and the following was identified: -No findings. -No denials. -No rehabilitation review findings. -No exclusions. -No professional credential, license or certificate found. -Caregiver B's record did not include a copy of the criminal complaint, judgement of conviction from the clerk of courts, and any form of documentation of a rehabilitation review for the charge indicated on Caregiver B's background check. On 08/05/2025, at approximately 10:04 AM,	Z 010		

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Z 010	Continued From page 25 Surveyor received an email from Administrator A, confirming s/he did not ensure every reasonable effort was made to contact the clerk of courts to obtain a copy of the criminal complaint, judgement of conviction and any form of documentation of a rehabilitation review related to a conviction of s. 940.01(1)(a) 1st Degree Intentional Homicide, for 1 of 1 caregiver (Caregiver B). Administrator A stated, "[Caregiver B] is saying that it is wrong [sic] and [s/he] will get the situation cleared up."	Z 010		