STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016195	A. BUILDING: _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINS HOUSE OF NO MORE PAYNE RESIDE	3207 45TH STREET LOWER KENOSHA, WI 53144

(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 04/16/2026, Surveyor completed a standard survey at Calvins House of No More Payne Residential. As a result, 10 deficiencies were identified. Census: 3	M 000		
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 provider did not ensure 1 (Caregiver B) of 2 caregivers reviewed received 15 hours of training prior to or within 6 months of hire. Caregiver B did not have evidence of training related to fire safety or first aid and choking prior to or within 6 months of hire. Findings include: On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired on 09/13/2024. Caregiver B's file did not include evidence that indicated	M 244		

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

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M 244	Continued From page 1 Caregiver B completed training related to fire safety and first aid and choking prior to or within 6 months of hire. On 04/15/2026 at approximately 9:01 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed he/she was "behind" on trainings that were assigned to him/her in Relias, an online training program. On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed Caregiver B's record, Surveyor interviewed Administrator A. As Surveyor interviewed Administrator A, Administrator A checked Caregiver B's transcript in Relias. Relias is a training program that the adult family home uses. Administrator A identified Caregiver B was not assigned training in fire safety and first aid and choking upon hire. Administrator A disclosed he/she works with Individual D responsible for assigning training, who is aware of Chapter 88 and which training should be assigned to caregivers upon hire. Administrator A stated he/she would have a conversation with Individual D regarding the importance of assigning the required initial training for new caregivers.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is	M 246		

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M 246	Continued From page 2 received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to resident rights for 1 (Caregiver C) of 2 caregivers reviewed who required annual training. Caregiver C did not receive annual training in resident rights in 2024. Findings include: On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired on 07/17/2023. Caregiver C's file did not contain evidence that indicated Caregiver C complete annual training related to resident rights for calendar year 2024. On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed Caregiver C's record, Surveyor interviewed Administrator A. As Surveyor interviewed Administrator A, Administrator A checked Caregiver C's transcript in Relias. Relias is a training program for the adult family home use. Administrator A identified Caregiver C was not assigned training in resident rights in the calendar year 2024. Administrator A reported he/she was not the administrator at that time and could not state why Caregiver C was not assigned resident rights training in 2024.	M 246		
M 276	88.05(3)(a) Homelike Environment	M 276		

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M 276	Continued From page 3 An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was well-maintained, clean, and provided a homelike environment for 3 of 3 residents. The bathroom was observed to have water damage. The kitchen was observed to have a missing drawer and paint chipping from the cabinets. Findings include: On 04/15/2026, at approximately 9:45 AM, Surveyor toured the facility and observed the following: Bathroom Water damage was observed near the shower area, to the left of the shower head. Due to water damage, Surveyor was able to see the plaster mesh. Paint was bubbling off the wall. (Photo 3). Surveyor observed what appeared to be water damage on the ceiling of the bathroom. There were two holes in the ceiling bathroom. One hole exposed the plaster mesh and wood. The paint was bubbling off the ceiling. (Photo 4).	M 276		

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M 276	Continued From page 4 The vent, located on the bathroom ceiling, contained a build-up of what appeared to be a grayish substance, similar to dust. (Photo 5). The wall located to the left of the medicine cabinet had paint bubbling off the wall. (Photo 6). The wall behind the toilet had paint bubbling off the wall. (Photo 7). The wall that contains the light switch was observed to have paint bubbling off the wall. The wall also had a circular hole. (Photo 8). Kitchen Two drawers were located under the built-in cutting board. One of the 2 drawers was missing. (Photo 1). Paint was observed chipping off the cabinets and drawers located under the built-in cutting board. The cabinet located above the microwave was observed to have paint chipping off. (Photo 2). The cabinet located under the kitchen sink could not fully close. On 04/15/2026, at approximately 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported the condition of the home was in its current condition prior to him/her working for the adult family home. Administrator A stated he/she would talk with Licensee E regarding the condition of the adult family home. On 04/16/2026, at approximately 4:35 PM, Surveyor received an email from Administrator A	M 276		

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M 276	Continued From page 5 that showed the water damage near the shower area was in the process of being repaired. On 04/17/2026 at approximately 10:04 AM, Surveyor received a phone call from Administrator A. Administrator A disclosed Licensee E contacted the maintenance individual on 04/15/2026 to address the bathroom and kitchen area.	M 276		
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 5 of 5 smoke detectors within the adult family home were tested monthly in 2024 and 2025. Findings include: This facility was licensed on 11/29/2016 to serve up to 4 ambulatory residents with primary diagnoses of advanced aged, emotionally disturbed/mental illness, traumatic brain injury, alcohol/drug dependent, irreversible dementia/Alzheimer's, developmentally disabled, and physically disabled.	M 336		

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M 336	Continued From page 6 On 04/15/2026 at approximately 10:30 AM, Surveyor reviewed the facility's smoke detector test form. There was no evidence that indicated 5 of 5 smoke detectors were tested in 2024 and 2025. On 04/15/2026, at approximately 10:30 AM, as Surveyor reviewed the facility's smoke detector test form, Administrator A could not confirm if the smoke detectors were tested in 2024 and 2025 as it was prior to him/her working at the adult family home and/or prior to becoming an administrator. Administrator A disclosed the previous administrator shredded a lot of documents prior to their departure for an unknown reason. Administrator A stated he/she would check with Licensee A regarding smoke detector testing in 2024 and 2025. Surveyor allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, smoke detector testing for 2024 and 2025 was not a part of the additional records that were received.	M 336		
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.	M 346		

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M 346	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 2 (Resident 1 and Resident 2) of 2 residents who lived in the facility beyond one year. Resident 1 and Resident 2 did not have an annual evacuation assessment completed in 2024. Findings include: On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed resident's record. The following was identified: Resident 1 was admitted to the adult family home on 10/31/2016. Resident 1's record did not contain evidence of an updated evacuation evaluation for 2024. Resident 2 was admitted to the adult family home on 10/01/2018. Resident 2's record did not contain evidence of an updated evacuation evaluation for 2024. On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed resident's record, Surveyor interviewed Administrator A. Administrator A could not confirm if Resident 1 and Resident 2 completed an evacuation evaluation in 2024 as he/she did not work for the adult family home at that time. Administrator A disclosed the previous administrator shredded a lot of documents prior to their departure for an unknown reason. Administrator A stated he/she would check with Licensee A regarding Resident 1's and Resident 2's 2024 evacuation evaluation. Surveyor	M 346		

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M 346	Continued From page 8 allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, Resident 1's and Resident 2's evacuation evaluation for 2024 was not a part of the additional records that were received.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure semi-annual fire drills documented the date and evacuation time for each drill for 2 of 2 years. There was no documentation of fire drills being conducted in 2024 and 2025. Findings include: This facility was licensed on 11/29/2016 to serve up to 4 ambulatory residents with primary diagnoses of advanced aged, emotionally disturbed/mental illness, traumatic brain injury, alcohol/drug dependent, irreversible dementia/Alzheimer's, developmentally disabled, and physically disabled. On 04/15/2026, at approximately 10:30 AM, Surveyor reviewed the facility safety file. Surveyor did not see evidence fire drills were conducted on a semi-annual basis in 2024 and	M 348		

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M 348	Continued From page 9 2025. On 04/15/2026, at approximately 10:30 AM, as Surveyor reviewed the facility's safety files, Surveyor interviewed Administrator A. Administrator A could not confirm if fire drills were conducted in 2024 and 2025 as it was prior to him/her working at the adult family home and/or prior to becoming an administrator. Administrator A disclosed the previous administrator shredded a lot of documents prior to their departure for an unknown reason. Administrator A stated he/she would check with Licensee A regarding fire drills conducted in 2024 and 2025. Surveyor allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, conducted fire drills for 2024 and 2025 was not a part of the additional records that were received.	M 348		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to 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.	M 384		

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M 384	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was signed by a resident's legal guardian for 1 (Resident 3) of 1 resident reviewed who was appointed a legal guardian. Findings include: On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the adult family home on 10/28/2025. Resident 3's record contained court documents that indicated he/she had a legal guardian. Legal Guardian F was Resident 3's assigned legal guardian. Resident 3's signature was observed on Resident 3's admission agreement. Surveyor did not observe Legal Guardian's F signature on Resident 3's admission agreement. On 04/15/2026, at approximately 9:01 AM, as Surveyor reviewed Resident 3's record, Surveyor interviewed Administrator A. Administrator A disclosed Licensee E was responsible for ensuring admission agreements were completed. Administrator A stated he/she would check with Licensee E regarding Resident 3's admission agreement. Surveyor allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, a signed admission agreement with Legal Guardian F's signature was not a part of the additional records that were received.	M 384		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT	M 420		

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M 420	Continued From page 11 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: Based on record review and interview, the provider did not ensure 3 (Resident 1, Resident 2, and Resident 3) of 3 resident's individual service plans (ISP) 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 04/15/2026 at approximately 9:01 AM, Surveyor reviewed resident's records. The following was identified: Resident 1 was admitted into the adult family home on 10/31/2016. Resident 1 was identified as their own legal decision maker. Resident 1 had an ISP with a review date of 11/13/2025. Resident 1's ISP did not contain Resident 1's signature that indicated Resident 1 was in agreement with the ISP. Resident 2 was admitted into the facility on 10/01/2018. Resident 2 was identified as their own legal decision maker. Resident 2 had an ISP with a review date of 01/14/2026. Residents 2's ISP did not contain Resident 2's signature that indicated Resident 2 was in agreement with the ISP.	M 420		

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M 420	Continued From page 12 Resident 3 was admitted into the facility on 10/28/2025. Resident 3 was identified as having a legal guardian. Resident 3's ISP, dated 10/28/2025, did not contain Resident 3's legal guardian's signature that indicated he/she was in agreement with the ISP. On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed resident's records, Surveyor interviewed Administrator A. Administrator A disclosed he/she is responsible for creating and reviewing ISPs. Administrator A was not aware the resident and/or resident's legal representative were to sign each ISP which indicated they were in agreement with the ISP. Administrator A stated he/she would ensure ISP are signed by the resident and/or the resident's legal representative moving forward.	M 420		
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	M 424		

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M 424	Continued From page 13 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 (Resident 1 and Resident 2) of 2 residents individual service plans (ISPs) were reviewed every 6 months in 2024. Resident 1's ISPs were due to be reviewed in 5/2024 and 11/2024. Resident 2's ISPs were due to be reviewed in 4/2024 and 10/2024. Findings include: On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed resident's records and identified the following: Resident 1 was admitted to the adult family home on 10/31/2016. Resident 1's record contained 2 ISPs dated, 05/28/2025 and 11/13/2025. Resident 1's record did not contain ISPs for 2024. At minimum, Resident 1's ISP should have been reviewed on or before 5/28/2024 and on or before 11/13/2024. Resident 2 was admitted to the adult family home on 10/01/2018. Resident 2's record contained 3 ISPs dated 04/23/2025, 10/2025, and 01/14/2026. Resident 2's record did not contain ISPs for 2024. At minimum, Resident 2's ISP should have been reviewed on or before 4/23/2025 and on or before 10/2025. On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed resident's record, Surveyor	M 424		

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CALVINS HOUSE OF NO MORE PAYNE RESIDE	3207 45TH STREET LOWER KENOSHA, WI 53144

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M 424	Continued From page 14 interviewed Administrator A. Administrator A could not confirm if Resident 1's and Resident 2's ISP was reviewed in 2024 as he/she did not work for the adult family home at that time. Administrator A disclosed the previous administrator shredded a lot of documents prior to their departure for an unknown reason. Administrator A stated he/she would check with Licensee A regarding Resident 1's and Resident 2's 2024 ISPs. Surveyor allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, Resident 1's and Resident 2's 2024 ISPs were not a part of the additional records that were received.	M 424		
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 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 who prescribed medications to the	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016195	A. BUILDING: _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 464	Continued From page 15	M 464		

residents, stating who can administer the medications for 2 (Resident 1 and Resident 3) of 2 residents.

Resident 1's and Resident 3's record did not contain a written order to administer medications.

Findings include:

On 04/15/2026 at approximately 9:01 AM, Surveyor reviewed resident records and identified the following:
Resident 1 was admitted to the adult family home on 10/31/2016. Surveyor reviewed Resident 1's medication administration record (MAR) for April 2026, and identified caregivers administered Resident 1's medications. Resident 1's record did not contain evidence of a written order for staff to administer medications to Resident 1.

Resident 3 was admitted to the adult family home on 10/28/2025. Surveyor reviewed Resident 3's medication administration record (MAR) for April 2026, and identified caregivers administered Resident 3's medications. Resident 3's record did not contain evidence of a written order for staff to administer medications to Resident 3.

On 04/15/2026 at approximately 9:01 AM, as Surveyor reviewed resident's record, Surveyor interviewed Administrator A. Administrator A confirmed staff at the adult family home administer all medications. Administrator A could not confirm if a written order for staff to administer medications to Resident 1 were obtained as he/she did not work for the adult family home at the time Resident 1 was admitted. Administrator A disclosed the previous administrator shredded a lot of documents prior to their departure for an unknown reason. Administrator A stated he/she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 464	Continued From page 16 would check with Licensee E regarding a written order for Resident 1 and Resident 3. Surveyor allowed additional time for Administrator A to submit additional records. Surveyor asked for the records to be sent to this Surveyor before 9:00 AM on 04/16/2026. Surveyor received additional records, however, Resident 1's and Resident 3's written order from their prescribing physician, stating who can administer medications were not a part of the additional records that were received.	M 464		