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	0019078	A. BUILDING: _____ B. WING _____	C 08/28/2026

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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 000	INITIAL COMMENTS On 08/06/2026, with information gathered through 08/28/2026, Surveyor conducted a standard licensure survey and a complaint investigation. Sixteen deficiencies were identified. Seven of 16 deficiencies were repeat violations (see Statement of Deficiency (SOD) TNO211, SOD SQ1C11, SOD SQ1C12, SOD SQ1C13, SOD MM2R11, and SOD MM2R11). 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	M 114		

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

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M 114	Continued From page 1 dependent population, the funds or property of adults or minors or 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 2 of 3 personnel files reviewed included a complete background check as required. A Background Information Disclosure (BID) was not completed prior to hiring Caregiver C. Caregiver D's BID form was not dated nor signed. The BID form stated s/he had been found by a government or regulatory agency to have misappropriated the property of a person and/or client and there was no background information regarding the incident. Findings include: On 08/21/2026, Surveyor reviewed Caregiver C's and Caregiver D's record. Caregiver C was hired on 05/04/2024 and his/her employee file included:	M 114		

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M 114	Continued From page 2 DOJ report dated 05/04/2024. IBIS letter dated 05/04/2024. Caregiver C's record did not contain a BID. Caregiver D was hired on 12/09/2024 and his/her employee file included: DOJ report dated 12/10/2024. IBIS letter dated 12/10/2024. Caregiver D's record contained a BID form that was not dated nor signed. The BID form stated s/he had been found by a government or regulatory agency to have misappropriated the property of a person and/or client and there was no background information regarding the incident. On 08/27/2026 at 6:50 AM, Surveyor emailed Licensee A and Administrator B identifying the concerns with Caregiver C's and Caregiver D's records. Surveyor requested a response by 08/27/2026 at 3:00 PM. On 08/27/2026 at 6:52 AM, 9:15 AM, 9:20 AM, 10:01 AM, 10:03 AM, and 10:13 AM, Surveyor received email correspondence from Licensee A and Administrator B. The emails did not provide information regarding Caregiver C's and Caregiver D's records. On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 114		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT	M 134		

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M 134	Continued From page 3	M 134		

Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental.

This Rule is not met as evidenced by:
Based on observation, record review and interviews, the provider did not report to the Department, within 24 hours, a significant change in status for 1 of 1 resident.

This is a repeat deficiency. See Statement of Deficiency (SOD) TNO211, dated 09/22/2025.

Resident 2 received medical care due to a fall which resulted in a fractured foot and a fractured knee and the Department was not notified.

Findings include:

On 08/06/2026, at approximately 9:55 AM, Surveyor was speaking with Resident 1. Resident 1 commented that his/her roommate (Resident 2) was having a hard time healing from his/her injury.

On 08/06/2026, at approximately 1:30 PM, Surveyor observed Resident 2 walking through the home, heading outside, and s/he was wearing a medical walking boot. Surveyor followed Resident 2 outside and asked how s/he injured

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M 134	Continued From page 4	M 134		

him/herself. Resident 2 showed Surveyor the holes in the yard, along the driveway. Resident 2 stated, "I tripped in the hole and fractured my foot and twisted my knee."

On 08/06/2026, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 08/05/2025.

Surveyor did not locate a written report regarding the injury in Resident 2's record.

On 08/14/2026 at 6:51 AM, Surveyor emailed Licensee A and requested Resident 2's medical records regarding Resident 2's fall.

On 08/14/2026, Surveyor reviewed the Department facility file and did not observe a written report regarding the significant change in Resident 2's status.

On 08/16/2026 at 11:35 PM, Licensee A stated s/he did not have access to Resident 2's medical records.

On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B and stated s/he was unable to locate a written report regarding the significant change in Resident 2's status.

On 08/21/2026 at 6:17 AM, Administrator B emailed Surveyor and stated s/he would address the concern.

On 08/21/2026 at 11:47 AM, Surveyor emailed Administrator B and requested the incident report regarding Resident 2's fall.

On 08/21/2026 at 12:34 PM, Licensee A emailed

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M 134	Continued From page 5 Surveyor the following email that had been sent out to Resident 2's care team: "07/08/2026 11:22 AM: On Tuesday, [Resident 2] experienced a fall and was transported to the Emergency Department by Mobile Services (MS) for evaluation. Following the assessment, [s/he] was diagnosed with a small (hairline) fracture in [his/her] knee, a hairline fracture in [his/her] foot, and a sprained wrist. [Resident 1] has since returned home and is currently stable. [S/he] is wearing a foot brace and a wrist brace as instructed and will continue to follow [his/her] treatment plan."	M 134		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) SQ1C13, dated 02/06/2024, and SOD TNO211, dated 09/22/2025. Findings include: The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness.	M 216		

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M 216	Continued From page 6 From 06/17/2022 to 08/28/2026, Licensee A has received 52 deficiencies: SOD NI5111, dated 08/28/2026 On 08/06/2026, with information gathered through 08/28/2026, Surveyor conducted a standard licensure survey and a complaint investigation. As a result of the survey, 16 deficiencies, including this one, were identified: M0114 88.03(3)(b) Criminal Records Check M0134 88.03(5)(e)1. Significant Change to the Resident. This is a repeat deficiency. See Statement of Deficiency (SOD) TNO211, dated 09/22/2025. M0216 88.04(2)(a) Responsibilities. This is a repeat deficiency. See SOD SQ1C13, dated 02/06/2024, and SOD TNO211, dated 09/22/2025. M0232 88.04(2)(g)1. Health Screening for Staff M0235 88.04(2)(h) Comply with OSHA M0246 88.04(5)(b) Training-8 Hours Annually M0276 88.05(3)(a) Homelike Environment. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023, SOD SQ1C12, dated 08/01/2023, and SOD SQ1C13, dated 02/06/2024. M0278 88.05(3)(b) Free of Hazards M0346 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation. This is a repeat deficiency. See SOD MM2R12, dated 02/10/2025. M0348 88.05(4)(d)2.c. Semi-Annual Fire Drills M0436 88.07(2)(a) Services M0446 88.07(2)(b)4. Record of Medical Visits and Reports M0462 88.07(3)(c) Medication Assistance. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0466 88.07(3)(e)1. Medication - Record Keeping M0474 88.07(4)(c) Food Prepared and Stored	M 216		

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Sanitary Way. This is a repeat deficiency. See SOD MM2R11, dated 08/30/2024.
M0570 88.10(3)(l) Safe Physical Environment. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023, and SOD SQ1C13, dated 02/06/2024.

SOD TNO211, dated 09/22/2025:
On 08/08/2025, with information gathered through 09/22/2025, Surveyor conducted a complaint investigation. Six deficiencies were identified. Complaint was substantiated.
M0134 88.03(5)(e)1. Significant Change To The Resident
N0216 88.04(2)(a) Responsibilities
M0408 88.06(3)(c) Assessment Identify Needs & Abilities
M0414 88.06(3)(d)2. Level of Supervision
M0424 88.06(3)(f) Review of ISP
M0438 88.07(2)(b) Services Directed to Goals

SOD MM2R12, dated 02/10/2025:
On 02/10/2025, Surveyor conducted a verification visit. Four deficiencies were identified.
M0344 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review
M0384 88.06(2)(b) Service Agreement Except Respite. This is a repeat deficiency. See SOD MM2R11, dated 08/30/2024.
M0448 88.07(2)(b)5. Monitoring Health. This is a repeat deficiency. See SOD MM2R11, dated 08/30/2024.
M0464 88.07(3)(d) Medication - Written Order

SOD MM2R11, dated 08/30/2024:
On 08/28/2024, with information gathered through 08/30/2024, Surveyor conducted a standard licensure survey. Five deficiencies were identified.
M0244 88.04(5)(a) Training-15 Hours Within 6

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M 216	Continued From page 8 Months M0384 88.06(2)(b) Service Agreement Except Respite M0404 88.06(3)(a) Individual Service Plan & Assessment M0448 88.07(2)(b)5. Monitoring Health M0474 88.07(4)(c) Food Prepared and Stored Sanitary Way SOD SQ1C13, dated 02/06/2024: On 02/06/2024, Surveyor conducted a verification visit. Five deficiencies were identified: M0216 88.04(1)(b) Responsibilities. M0276 88.05(3)(a) Homelike Environment. This is a repeat deficiency. See SOD, SQ1C12 dated 08/01/2023, and SOD SQ1C11, dated 03/13/2023. M0298 88.05(3)(g) Windows and Ventilation. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023. M0458 88.07(3)(a) Prescription Medications. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023, and SOD SQ1C11, dated 03/13/2023. M0570 88.10(3)(l) Safe Physical Environment. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023. SOD SQ1C12, dated 08/01/2023: On 08/01/2023, Surveyor conducted a verification visit. Eight deficiencies were identified. M0276 88.05(3)(a) Home Environment. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0284 88.05(3)(e)1 Heating System Requirements M0298 88.05(3)(g) Windows and Ventilation M0338 88.05(4)(c)1 Exiting from the First Floor. This is a repeat deficiency. See SOD SQ1C11 dated 03/13/2023.	M 216		

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M 216	Continued From page 9 M0404 88.06(3)(a) Individual Service Plan & Assessment. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0458 88.07(3)(a) Prescription Medications. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0482 88.09(1)(a) Resident Records M0570 88.10(3)(l) Safe Physical Environment SOD SQ1C11, dated 03/13/2023: On 03/13/2023, Surveyor conducted a complaint investigation. Eight deficiencies were identified. Complaint was unsubstantiated. M0276 88.05(3)(a) Home Environment M0334 88.05(4)(b)1 Fire Safety-Smoke Detectors M0338 88.05(4)(c)1 Exiting From the First Floor M0404 88.06(3)(a) Individual Service plan & Assessment M0440 88.07(2)(b)1 Supervising & Assisting With ADLs M0458 88.074(3)(A) Prescription Medications M0462 88.07(3)(c) Medication Assistance M0550 88.10(3)(b) Privacy On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 216		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been	M 232		

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screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 3 employee files reviewed (Caregiver C and Caregiver E), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services.

Findings include:

On 08/21/2026, Surveyor reviewed Caregiver C's and Caregiver E's records.

Caregiver C was hired 05/04/2024. His/her file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 08/29/2024, and a TB test dated 08/29/2024. These test results are 15 weeks and 5 days after s/he started to provide cares.

Caregiver E was hired on 12/09/2024. His/her file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 03/06/2024. The screen did not contain results from a TB screening.

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M 232	Continued From page 11 On 08/27/2026 at 6:50 AM, Surveyor emailed Licensee A and Administrator B identifying the concerns with Caregiver C's and Caregiver E's records. Surveyor requested a response by 08/27/2026 at 3:00 PM. On 08/27/2026 at 6:52 AM, 9:15 AM, 9:20 AM, 10:01 AM, 10:03 AM, and 10:13 AM, Surveyor received email correspondence from Licensee A and Administrator B. The emails did not provide information regarding Caregiver C's and Caregiver E's records. On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home	M 235		

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complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens.

Caregiver C and Caregiver E did not complete annual training regarding standard precautions in 2025.

Findings include:

U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter."

The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness.

On 08/21/2026, Surveyor reviewed Caregiver C's and Caregiver E's training records.

Caregiver C was hired 05/04/2024.
Caregiver C's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2025.

Caregiver E was hired 03/17/2024.
Caregiver E's record did not contain annual

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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 235	Continued From page 13 training for universal precautions related to the control of blood-borne pathogens in 2025. On 08/27/2026 at 6:50 AM, Surveyor emailed Licensee A and Administrator B identifying the concerns with Caregiver C's and Caregiver E's records. Surveyor requested a response by 08/27/2026 at 3:00 PM. On 08/27/2026 at 6:52 AM, 9:15 AM, 9:20 AM, 10:01 AM, 10:03 AM, and 10:13 AM, Surveyor received email correspondence from Licensee A and Administrator B. The emails did not provide information regarding Caregiver C's and Caregiver E's records. On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 235		
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 received.	M 246		

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M 246	Continued From page 14	M 246		

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure 2 of 2 staff members (Caregiver C and Caregiver E) received at least 8 hours, per calendar year, of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2025.

Findings include:

The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness.

On 08/21/2026, Surveyor reviewed Caregiver C's and Caregiver E's record.

Caregiver C was hired on 05/04/2024.
Caregiver C's record did not contain continuing education for 2025.

Caregiver E was hired on 03/17/2024.
Caregiver E's record did not contain continuing education for 2025.

On 08/27/2026 at 6:50 AM, Surveyor emailed Licensee A and Administrator B identifying the concerns with Caregiver C's and Caregiver E's records. Surveyor requested a response by 08/27/2026 at 3:00 PM.

On 08/27/2026 at 6:52 AM, 9:15 AM, 9:20 AM, 10:01 AM, 10:03 AM, and 10:13 AM, Surveyor received email correspondence from Licensee A and Administrator B. The emails did not provide information regarding Caregiver C's and Caregiver E's records.

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M 246	Continued From page 15 On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 246		
M 276	88.05(3)(a) Homelike Environment 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 licensee did not ensure the adult family home was clean, well-maintained, and provided a homelike environment. This is a repeat deficiency. See Statement of Deficiency (SOD) SQ1C11, dated 03/13/2023, SOD SQ1C12, dated 08/01/2023, and SOD SQ1C13, dated 02/06/2024. Findings include: The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness.	M 276		

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M 276	Continued From page 16 On 08/06/2026, at approximately 9:50 AM, Surveyor toured the home and observed the following: Downstairs bathroom: -Did not have toilet paper or towels to dry hands Basement: On 08/06/2026, at approximately 10:15 AM, Resident 1 asked if s/he could show Surveyor a concern. Surveyor followed Resident 1 into the basement where Resident 1 showed Surveyor the earwigs and centipedes crawling around on the floor. Resident 1 stated that they were advised to wear gloves when they pick up their laundry because the bugs crawl into the clothing. Resident 1 stated, "I absolutely hate this, I don't want to touch anything." Surveyor observed a room off the laundry room area that had a large amount of clothing and personal items stacked up on the floor and in totes. Surveyor asked Resident 1 if s/he knew who the clothing and items belonged to; s/he did not. Upstairs Bathroom: -Garbage can was overflowing Common Area: -Walls throughout the home were missing drywall along the corner edges and displayed what appeared to be a buildup of dirt. Kitchen: -Drawers and cabinets had what appeared to be food spillage spattered on them. The drawers and cabinets felt greasy to the touch. -Microwave appeared to be missing parts of the protective enamel covering along the inside	M 276		

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M 276	Continued From page 17 frame. -Window blinds felt greasy to the touch and displayed what appeared to be a heavy layer of dust. Patio: -Overstuffed recliner chair was sitting on the patio that was exposed to the elements of weather. On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor outlined some of the concerns regarding the home environment. On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concerns immediately.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not safeguard 3 of 3 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider was licensed, 06/17/2022, to	M 278		

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M 278	Continued From page 18	M 278		

provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness.

On 08/06/2026, at approximately 9:55 AM, Surveyor toured the environment and observed the following cleaning compounds unsecured:

Laundry Room:
-32 fluid ounce bottle of triple acting stain remover
-93 ounce container of laundry power pods

Bathroom:
-(3) ounce bottle of ammonia-free window cleaner
-A small bowl of a white powder substance
-25 ounce spray can of bathroom disinfectant, rainshower scent

Garage:
-19 ounce spray can of foam bath cleaner
-14.5 ounce spray can of fume free self-cleaning oven cleaner
-15 ounce spray can of oven and grill cleaner
-32 ounce bottle of faming bleach bathroom cleaner

Surveyor observed Resident 1 ambulating freely throughout the home.

On 08/06/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 04/18/2025, with diagnoses including bipolar disorder, depression, anxiety disorder, and post-traumatic stress disorder.

Resident 1's "Individual Service Plan," dated 03/10/2026, documented:

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M 278	Continued From page 19 "Self-Abusive Behavior: [Resident 1] has a history of self-injurious behaviors. Staff should utilize the BSP (Behavior Support Plan) for interventions and ensure safety at all times." On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor stated there were concerns that toxic chemicals were not secured when there were vulnerable residents in the home. On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately.	M 278		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) reviewed were evaluated annually for evacuation time, using the department's form. This is a repeat deficiency. See Statement of Deficiency (SOD) MM2R12, dated 02/10/2025. Findings include:	M 346		

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M 346	Continued From page 20 The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness. On 08/06/2026, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 moved into the home 4/18/2025. Resident 2's record contained an evacuation assessment dated 04/21/2025. The evacuation assessment form should have been updated prior to 05/01/2026. Resident 3 moved into the home 10/01/2019. Resident 3's record contained an evacuation assessment dated 06/17/2025. The evacuation assessment form should have been updated prior to 07/01/2026. On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor stated resident evacuation assessments were to be completed annually. On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately.	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:	M 348		

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M 348	Continued From page 21 Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home. Findings include: The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness. On 08/06/2026, at approximately 9:45 AM, Surveyor requested to review the 2025 and 2026 fire drills. Licensee A provided Surveyor with a binder which did not contain the fire drills. Licensee A stated s/he would forward Surveyor the 2025 and 2026 fire drills. On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B and stated the documentation for the 2025 and 2026 fire drills had not been provided. On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately. On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 348		
M 436	88.07(2)(a) SERVICES	M 436		

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M 436	Continued From page 22 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, record review and interview, the provider did not ensure services specified in 1 of 1 resident individual service plan (ISP) was provided. Resident 1's ISP identified that all sharps were to be locked securely, which was not provided. Findings include: The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness. On 08/06/2026, at approximately 9:50 AM, Surveyor toured the kitchen and observed a butcher style knife in a kitchen cabinet drawer. On 08/06/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 04/18/2025, with diagnoses including bipolar disorder, depression, anxiety disorder, and post-traumatic stress disorder. Resident 1's "Individual Service Plan," dated 03/10/2026, documented:	M 436		

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M 436	Continued From page 23 "Self-Abusive Behavior: [Resident 1] has a history of self-injurious behaviors, including utilizing a knife to harm [him/herself]. ALL KNIVES SHOULD BE PLACED OUT OF REACH AND LOCKED UP SECURELY. Staff should utilize the BSP (Behavior Support Plan) for interventions and ensure safety at all times." On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor stated there were concerns that knives were not secured when there were vulnerable residents in the home. On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately.	M 436		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on observation, record review and interview, Licensee A did not ensure record was kept of all medical visits, reports and recommendations for 1 of 2 residents reviewed. Findings include: On 08/06/2026, at approximately 1:30 PM, Surveyor observed Resident 2 walking through the home, heading outside, and s/he was wearing a medical walking boot. Surveyor followed Resident 2 outside and asked how s/he injured him/herself. Resident 2 showed Surveyor the holes in the yard, along the driveway. Resident 2	M 446		

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stated, "I tripped in the hole and fractured my foot and twisted my knee."

On 08/06/2026, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 08/05/2025.

Surveyor did not observe any medical documentation in their records.

On 08/14/2026 at 6:51 AM, Surveyor emailed Licensee A and Resident 2's medical records regarding his/her fall.

On 08/16/2026 at 11:35 PM, Licensee A stated s/he did not currently have access to Resident 2's medical records.

On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor stated there were concerns that management did not have access to resident medical records.

On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately.

On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies.

On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.

Cross Reference: M0134 DHS 88.03(5)(e)1. Significant Change to the Resident

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M 462	Continued From page 25	M 462		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) received prescribed medications in the proper dosage. This is a repeat deficiency. See Statement of Deficiency (SOD) SQ1C11, dated 03/13/2023. Resident 3 was administered expired Diazepam (medication to treat anxiety, muscle spasms, and seizures). Findings include: On 08/06/2026, at approximately 10:00 AM, Surveyor interviewed Resident 3. Resident 3 stated s/he had dental work done and s/he needed to take medication prior to the appointments because s/he got so nervous. On 08/06/2026, at approximately 10:10 AM, Surveyor observed Resident 3's medications in the med closet. Surveyor observed a bottle of Diazepam with a label that stated, "Take 1 tab by	M 462		

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M 462	Continued From page 26 mouth one hour prior to lab, dental, and medical appointments. Dispensed: 06/23/2025. Expired : 06/22/2026." Surveyor observed a blister card of Diazepam with a label that stated, "Take 1 tab by mouth one hour prior to lab, dental, and medical appointments. Dispensed: 06/06/2025. Expired: 06/05/2026." The blister card contained 8 of 10 tablets. On 08/17/2026, Surveyor reviewed Resident 3's Medication Administration Records (MARs), dated 07/01/2026 to 08/16/2026, which documented that Resident 3 had been administered the Diazepam on 07/10/2026 and 08/05/2026. 07/10/2026 8:49 AM - Rationale not listed 08/05/2026 10:54 AM - Dental Appointments On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B and stated there were concerns with expired medications in the med closet. On 08/21/2026 at 6:17 AM, Administrator B emailed Surveyor and stated s/he would address the concern. On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 462		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered	M 466		

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M 466	Continued From page 27	M 466		

by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 3 of 3 residents.

Resident 1's, Resident 2's and Resident 3's Medication Administration Records (MARs) contained blanks where medication administration should have been initialed by the med passer or the reason for not passing a medication was not consistent with the medication.

Findings include:

On 08/17/2026, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Example 1: Resident 1

Resident 1 moved into the home 04/18/2025.

Resident 1's MARs, dated 07/01/2026 to 08/16/2026, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented:
-Aripiprazole (antipsychotic medication) TAB (tablet) 15 MG (milligram) - 8:00 PM - 07/03, 07/04, 07/05, 07/10, 07/11, 07/12, 07/13, 07/14,

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M 466	Continued From page 28 07/16, 07/21, 07/22 -Aripiprazole TAB (tablet) 15 MG (milligram) - 8:00 PM - 07/09 - 07/13, 07/15, 07/20, 07/23, 07/27, 08/06, 08/10, 08/11 Medication was documented on MAR twice. -Doxepin (antidepressant) HCL (hydrochloride) CAP (capsule) 10 MG - 8:00 PM - 07/03, 07/04, 07/05, 07/10, 07/11, 07/12, 07/16 -Eszopiclone (sleep aid medication) TAB 2 MG - 8:00 PM - 07/03, 07/04, 07/05, 07/08 - 07/16, 07/20, 07/21, 07/22, 07/28 -Eszopiclone TAB 3 MG - 8:00 PM - 07/09, 07/10, 07/11, 07/12, 07/16, 07/20, 07/23 -Melatonin (sleep aid medication) 3 MG TAB - 8:00 PM - 07/03, 07/04, 07/05, 07/10, 07/11, 07/12, 07/16 -Prazosin HCL (high blood pressure medication) CAP 5 MG - 8:00 PM - 07/03, 07/04, 07/05, 07/10, 07/11, 07/12, 07/16 Resident 1's MARs, dated 07/01/2026 to 08/16/2026, documented rationale for not completing med administration which was not consistent with medication requirements: -Cetirizine (antihistamine) TAB 10 MG - 8:00 PM 07/10 - No Pass Reason - No Pass Per Vitals 07/12 - No Pass Reason - No Pass Per Vitals -Eszopiclone TAB 3 MG - 8:00 PM 08/06 - No Pass Reason - Other - No additional rationale -Hydrocortisone 1% Cream 07/26 - No Pass Reason: No Pass Per Vitals 07/31 - No Pass Reason: No Pass Per Vitals 08/01 - No Pass Reason: No Pass Per Vitals 08/06 - No Pass Reason: No Pass Per Vitals 08/07 - No Pass Reason: No Pass Per Vitals -Ketoconazole Shampoo 2% - 8:00 AM 08/07 - No Pass Reason - No Pass Per Vitals Example 2: Resident 2	M 466		

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M 466	Continued From page 29 Resident 2's MARs, dated 07/01/2026 to 08/16/2026, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented: -Montelukast TAB 10 MG - 8:00 PM - 07/03 to 07/07, 07/10 to 07/12, 07/16, 07/20 MARs documented no med administration on 07/07, 08/13, and 08/15. Example 3: Resident 3 Resident 3's MARs, dated 07/01/2026 to 08/16/2026, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented: -Atorvastatin (cholesterol medication) TAB 40 MG - 4:00 PM - 07/01, 07/02, 07/07, 07/08, 07/09, 07/13, 07/15, 07/21, 07/30, 08/04, 08/06, 08/12, 08/13, 08/14 Resident 3's MARs, dated 07/01/2026 to 08/16/2026, documented rationale for not completing med administration which was not consistent with medication requirements: -Lisinopril TAB 5 MG - Take 1 tablet by mouth once daily 08/07 - No Pass Reason: No Pass Per Vitals 08/09 - No Pass Reason: No Pass Per Vitals 08/16 - No Pass Reason: No Pass Per Vitals On 08/28/2026 at 6:51 AM, Surveyor emailed Licensee A and Administrator B a summary of the deficiencies. On 08/28/2026 at 7:02 AM, Licensee A emailed Surveyor and stated they would address the concerns immediately.	M 466		

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M 474	Continued From page 30	M 474		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) MM2R11, dated 08/30/2024. Findings include: The provider was licensed, 06/17/2022, to provide cares for up to 3 residents in the client groups developmentally disabled, advanced aged, and emotionally disturbed/mental illness. On 08/06/2026, at approximately 9:47 AM, Surveyor and staff toured the kitchen and observed the following: Refrigerator: -A jar of Alfredo pasta sauce which was not dated when opened. Freezer: -A package of breadsticks stuffed with mozzarella cheese which was not sealed.	M 474		

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M 474	Continued From page 31	M 474		

-A bag of mango chunks which was not sealed.
-A package of individual hashbrown patties which were not sealed.
-A package of sweet corn which was not sealed.
-A package of maple flavored pork sausage patties which was not sealed.

Surveyor commented to staff that food was to be properly sealed and dated when opened. Caregiver C did not provide a response.

On 08/21/2026 at 6:09 AM, Surveyor emailed Administrator B. Surveyor stated there were concerns that food was not properly stored.

On 08/21/2026 at 6:17 AM, Administrator B stated s/he would address the concern immediately.

"Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17)

"Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags

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M 474	Continued From page 32 will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - March 29, 2023).)	M 474		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. This is a repeat deficiency. See Statement of Deficiency (SOD) SQ1C12, dated 08/01/2023, and SOD SQ1C13, dated 02/06/2024.	M 570		

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M 570	Continued From page 33	M 570		

There were holes in the ground along the cemented driveway creating a tripping hazard. There was a black substance on the basement walls that had not been inspected to ensure it was not a mold-like substance.

Findings include:

The licensee can provide cares for up to 3 residents in the client groups: advanced aged, emotionally disturbed/mental illness, and developmentally disabled.

On 08/06/2026, at approximately 10:10 AM, Surveyor toured the home and observed the basement walls where the laundry facility was located. The wall where a window had been removed and replaced with cement showed significant signs of black and brown lines streaking down from it. The basement air felt damp.

On 08/06/2026, at approximately 1:30 PM, Surveyor observed an approximate 18 inch x 12 inch hole in the yard where the sidewalk meets the concrete driveway, on both sides of the driveway. The holes appeared to be approximately 2 to 3 inches deep.

On 08/21/2026 at 6:10 AM, Surveyor emailed Administrator B and requested documentation showing that the basement had been inspected to ensure there wasn't a mold-like substance growing on the walls. Surveyor also informed Administrator B of the concern regarding the holes in the corners of the driveway, which resulted in a resident injuring themselves.

On 08/21/2026 at 6:17 AM, Administrator B emailed Surveyor and stated s/he would visit the

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M 570	Continued From page 34 home and address the concerns. Cross Reference: M0134 DHS 88.03(5)(e)1. Significant Change to the Resident	M 570		