STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020155	A. BUILDING: _____ B. WING _____	C 04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A & D ADULT FAMILY FACILITY LLC	N68W13246 RANCH ROAD MENOMONEE FALLS, WI 53051

(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 conducted a standard survey and complaint investigation at A & D Adult Family Facility LLC. Five (5) deficiencies were identified. The complaint was substantiated. Census: 4	M 000		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the first floor had 2 means of exiting which provides unobstructed access to the outside. Two of 2 of the provider's emergency exits contained a 2 lock on the door. Findings include: On 04/16/2026, Surveyor conducted a complaint investigation and standard survey. The provider was issued a regular license effective 05/31/2024 as an ambulatory adult family home, able to serve up to 4 residents within the client groups of: correctional clients, irreversible dementia/Alzheimer's, physically disabled, pregnant women/counseling, developmentally disabled, terminally ill, advanced age, emotionally disturbed/mental illness, traumatic brain injury, and alcohol/drug dependent.	M 338		

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

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M 338	Continued From page 1 At approximately 9:00 a.m., Surveyor toured the environment with Caregiver C. Surveyor observed the front door with a lock on the handle and an additional lock at approximately 6 feet up, near the top of the door. Surveyor asked Caregiver C if this door was an emergency exit. Caregiver C stated s/he was unsure. Surveyor observed the same, additional lock, on the door that led to the garage. There was a note taped to the door that stated, "DO NOT LOCK THIS DOOR DURING 6AM-6PM SHIFT!" Surveyor asked Caregiver C if the door to the garage was an emergency exit. Caregiver C stated s/he does not know and stated that the door remains unlocked during the day when s/he is there. Caregiver C stated s/he thinks they lock it at night and stated that s/he understands residents would have a difficult time exiting the facility in case of an emergency if an additional lock, that required a key, was engaged near the top of the door frame for both exit doors. On 04/16/2026, at approximately 10:15 a.m., Licensee A identified that both the front door and the door to the garage were emergency exits. Licensee A stated that the staff do not lock the top lock and that the locks were already there when the provider bought the facility.	M 338		
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	M 344		

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M 344	Continued From page 2 without any help within 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 reviewed were evaluated to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1 and Resident 2 were not immediately evaluated for evacuation capabilities upon admission. Findings include: On 04/16/2026 Surveyor reviewed the records of Resident 1 and Resident 2, provided by Caregiver C. Resident 1 was admitted to the provider on 02/10/2025 with diagnoses including cognitive impairment and attention deficit hyperactivity disorder (ADHD). Resident 1's record did not have an evacuation assessment completed upon admission. Resident 2 was admitted to the provider in October 2025 with diagnoses including cognitive impairment. Resident 2's record did not have an evacuation assessment completed upon admission. On 04/16/2026 at 10:20 a.m., Licensee A stated that s/he had not completed an evacuation assessment for Resident 1 or Resident 2, but s/he could complete them now.	M 344		
M 436	88.07(2)(a) SERVICES	M 436		

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M 436	Continued From page 3 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 provide Resident 1 the individualized services specified in the individualized service plan (ISP). Resident 1's ISP stated that Resident 1 requires 1:1 staffing and includes a behavior service plan (BSP) for aggressive behaviors. The staffing patters and behavioral interventions were not provided as identified in Resident 1's ISP/BSP. Findings include: On 04/08/2026, the department received a complaint alleging that Resident 1 was abused on 01/08/2026 following his/her aggressive behavior. On 04/16/2026, Surveyor conducted a complaint investigation and standard survey. At approximately 9:00 a.m., Surveyor toured the environment with Caregiver C, who was the only staff in the facility. Surveyor observed 2 residents were home; one of the residents was Resident 1. Surveyor observed discolored spots in the hallway and in Resident 1's bedroom that appear to have been damaged drywall that had been patched. Surveyor reviewed the record of Resident 1 as	M 436		

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provided by Caregiver C. Resident 1 was admitted to the provider on 02/10/2025 with diagnoses including cognitive impairment and attention deficit hyperactivity disorder (ADHD). Resident 1's ISP, dated 03/22/2026, stated that Resident 1 requires 1:1 supervision and was working on being more active/losing weight by walking on the treadmill.

Surveyor reviewed a progress note that documented:
Date: January 08, 2026
Behavior start time: 8:15AM
Resident 1 woke up again at 8:15 AM and was told s/he needed to clean up so s/he could join the other housemates for breakfast . S/he said s/he did not feel like doing so. S/he was encouraged to wash his/her face and brush his/her teeth. Resident 1 got very frustrated and started punching a wall, all the time cursing his/her caregiver and threatening him/her. Resident 1 continued to violently punch and kick the wall until s/he made big holes in the wall. His/her caregiver stayed some distance from Resident 1, all the while, talking to calm him/her down. S/he eventually got Resident 1 to stop punching the wall and Resident 1 calmed down somehow.
Interventions used:
His/her dedicated caregiver stayed calm speaking to him/her in a calm voice.
The caregiver encouraged him/her to take deep breaths to calm him/herself down.
The caregiver helped him/her go through his/her morning cleaning and went with Resident 1 for breakfast.

At 9:37 a.m., Surveyor interviewed Caregiver C regarding Resident 1's 1:1 staffing pattern. Caregiver C stated that yes, Resident 1 is

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supposed to have 1:1 supervision and that s/he was technically Resident 1's 1:1 even though there was another resident home.

Surveyor reviewed Resident 1's BSP, dated 03/22/2026. Resident 1's BSP identified the following behaviors and interventions:
*Property destruction:
-Inform member that s/he has choices to calm down.
-Provide verbal prompt to stop the defensive behavior "Let us try this again please, "Let talk about it."
-Everything should stop, meaning: Limit all unnecessary conversations, end the discussion about the topic that is frustrating him/her (even if s/he wants to talk about it), and do not argue with him/her, this is not a time to discuss your decision or talk about his/her behavior.
-If member stops disruptive behaviors, encourage him/her to continue to make good choices. Help him/her to move past the event or situation that is causing negative behavior. Continue to provide supportive interventions.
-If member does not respond to the verbal prompt and continues to engage in the defensive behavior direct him/her to calm down and to take a deep breath.
-Discuss with member consequences for his actions in an adult manner. Allow member time to process his thoughts. *Physical Aggression Verbal Threats:
-End all triggered conversations.
-Direct to take a deep breath.
-Report ALL serious physical aggression/property destruction to local law enforcement
*Physical Aggression
-Staff will attempt to redirect member if it fails and s/he continues to present an imminent risk or harm to him/herself or others in his/her current

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environment, staff will use a pillow to block members attack and/or to place between the member's head and the wall when possible, to protect member's head.
-Staff to speak softly and calmly in a voice is to be used only until the member is calm.
-Caregiver or caregivers' responsibility to stop member by verbally redirecting member. Monitor resident in shower every 5 mins. Monitor resident in room every 5-15mins when requested to be left alone.
-If member become physically aggressive, staff should step away to avoid any harm of self and client.

On 04/16/2026, at approximately 10:30 a.m., Surveyor played Licensee A an audio recording of someone speaking sternly. Licensee A identified the voice on the recording as Caregiver B. The recording was 3 minutes and 46 seconds long and included Caregiver B telling Resident 1 to stop playing games with staff now that Caregiver B was there and to stop punching and kicking holes in the walls. Caregiver B insulted Resident 1's income and contribution to the provider, peri care, and oral hygiene. Caregiver B used several expletives and racial slurs when speaking to Resident 1. The recording ended with Caregiver B increasing in volume stating, "Get yo [expletive] up. Yeah, I'm finna get to punching you. Get the [expletive] up."

The second audio recording was 16 seconds long, with Resident 1 audibly crying in the background. Caregiver B stated, "[S/he] not gonna keep punchin' and [expletive]. That [expletive] is irritating. All these [racial slur]'s want to get punched for not getting on the treadmill."

During the recordings, Caregiver B did not

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M 436	Continued From page 7 provide the individualized services documented in Resident 1's ISP/BSP to deescalate him/her after Resident 1 engaged in verbal aggression and property destruction on 01/08/2026. On 04/22/2026 at 8:54 a.m., Case Manager D confirmed that Resident 1 has dedicated staffing for 16 hours of awake time during the day. There are not specific hours designated but a staff member should be present when Resident 1 is awake until s/he goes to sleep.	M 436		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored for 4 of 4 residents. Resident medication was left on the kitchen counter and the medication cabinet was not locked. Findings include: On 04/16/2026, Surveyor conducted a complaint	M 458		

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M 458	Continued From page 8 investigation and standard survey. The provider was issued a regular license effective 05/31/2024 as an ambulatory adult family home, able to serve up to 4 residents within the client groups of: correctional clients, irreversible dementia/Alzheimer's, physically disabled, pregnant women/counseling, developmentally disabled, terminally ill, advanced age, emotionally disturbed/mental illness, traumatic brain injury, and alcohol/drug dependent. At approximately 9:00 a.m., Surveyor toured the environment with Caregiver C. Surveyor observed Resident 1's Antacid 200-200-20/5ML and Polyethylene Glycol 3350 sitting on the kitchen counter. Caregiver C picked up the medication and went over to the medication cabinet. Surveyor observed Caregiver C open the medication cabinet without a key. Surveyor asked if the medication cabinet was usually locked. Caregiver C stated no. For the duration of the survey, Surveyor observed the 2 residents that were home ambulating independently throughout the facility. On 04/16/2026 at 10:20 a.m., Licensee A stated s/he will remind caregivers that the medication cabinet should remined locked.	M 458		
M 548	88.10(3)(a) Fair Treatment Fair treatment. To be treated with courtesy, respect and full recognition of the resident's dignity and individuality. This Rule is not met as evidenced by:	M 548		

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Based on observation and interview, the provider did not ensure that Resident 1 was treated with courtesy, respect and full recognition of his/her dignity when Caregiver B was speaking to him/her.

Findings include:

On 04/08/2026, the department received a complaint alleging that residents are being abused which included 2 audio recordings and photographs.

On 04/16/2026, Surveyor conducted a complaint investigation and standard survey.

On 04/16/2026, at approximately 10:00 a.m., Licensee A stated that s/he has not had any allegations of abuse.

Surveyor reviewed the record of Resident 1 as provided by Caregiver C. Resident 1 was admitted to the provider on 02/10/2025 with diagnoses including cognitive impairment and attention deficit hyperactivity disorder (ADHD). Resident 1's individualized service plan stated that Resident 1 requires 1:1 supervision due to aggressive behavior and property destruction.

On 04/16/2026 at 9:57 a.m., Surveyor interviewed Resident 1 in his/her bedroom. Surveyor observed several marks on the wall that appear to have been patched over. Resident 1 talked about his/her previous placement and what they used to do but did not say anything about his/her current placement other than s/he has been with the provider for a year.

On 04/16/2026, at approximately 10:30 a.m., Surveyor played Licensee A an audio recording of

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someone speaking sternly and disrespectfully to Resident 1. Licensee A identified the voice on the recording as Caregiver B. Licensee A asked Surveyor to stop the recording approximately 10 seconds into the recording and stated Caregiver B must have been having a bad day. Licensee A asked Surveyor what s/he had to do now about Caregiver B, stating that it is hard to find staff and requested information about the caregiver rehabilitation review process.

The first recording was Caregiver B (as identified by Licensee A) speaking to Resident 1. The recording was 3 minutes and 46 seconds and included Caregiver B telling Resident 1 to stop playing games with staff and to stop punching and kicking holes in the walls. Caregiver B insulted Resident 1's income and contribution to the provider, peri care, and oral hygiene. Caregiver B used several expletives and racial slurs when speaking to Resident 1. The recording ended with Caregiver B increasing in volume stating, "Get yo [expletive] up. Yeah, I'm finna get to punching you. Get the [expletive] up."

The second audio recording was 16 seconds long, with Resident 1 audibly crying in the background. Caregiver B stated, "[S/he] not gonna keep punchin' and [expletive]. That [expletive] is irritating. All these [racial slur]'s want to get punched for not getting on the treadmill."

The picture was of a shirt that had reddish brown drips on it, that appeared to be blood. Surveyor was unable to identify the marking on the shirt or that the shirt belonged to Resident 1. Resident 1 would not identify whether the shirt was his/her or not and appeared anxious talking about it as evidenced by wringing his/her hands, no longer making eye contact with Surveyor and slight

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M 548	Continued From page 11 rocking. On 04/21/2026 at 9:46 a.m., Case Manager D confirmed that s/he and Resident 1's guardian was made aware of the incident that occurred.	M 548		