| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015277 | A. BUILDING: _____ B. WING _____ | 07/14/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOES CARE ADULT FAMILY HOMES LLC | 7224 W CARMEN AVENUE MILWAUKEE, WI 53218 |

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| M 000 | INITIAL COMMENTS<br><br>On 07/10/2025 with information gathered thru 07/14/2025, Surveyor conducted a standard survey at Moes Care Adult Family Home in Milwaukee.<br>Five deficiencies were identified.<br><br>Census: 02 | M 000 | | |
| M 262 | 88.05(2)(a) DIFFICULTY WALKING<br><br>If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:<br>1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.<br>2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.<br>3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure 2 of 2 exit ramps were equipped with handrails. The ramps on the south side exit and the west facing exit | M 262 | | |

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

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| M 262 | Continued From page 1<br>were not equipped with handrails.<br><br>Findings include:<br><br>This facility was granted an amended license on 07/7/2015 to serve up to 3 residents who are non-ambulatory.<br><br>On 07/10/2025 at approximately 11:00 AM, Surveyor observed both the south facing side exit and the west facing front exit had ramps without handrails. Surveyor observed Resident 1 and Resident 2 were bed bound.<br><br>On 07/10/2025, Surveyor reviewed resident records and identified the following:<br>-Resident 1 was admitted on 01/04/2024, Resident 1was non-ambulatory and required the use of a wheelchair for ambulation.<br>-Resident 2 was admitted on 09/03/2021. Resident 2 was non-ambulatory and required the use of a wheelchair for ambulation.<br><br>On 07/14/2022, at 4:30 PM, Surveyor interviewed Licensee A regarding the missing handrails on the ramped exits. Licensee A stated, "I didn't know handrails were required." Licensee A confirmed both Resident 1 and Resident 2 required a wheelchair when leaving the home. | M 262 | | |
| M 270 | 88.05(2)(b) GRAB BARS IN TOILET AREA<br><br>Grab bars shall be provided for toilet and bath fixtures in those bathing and toilet facilities used by residents not able to walk at all or only with difficulty, or by other residents with physical limitations that make transferring difficult. | M 270 | | |

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| M 270 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and staff interview, the Provider did not ensure grab bars were installed at toilet and bath fixtures for 1 of 1 bathroom.<br><br>Findings include:<br><br>This facility was granted an amended license on 07/7/2015 to serve up to 3 residents who are non-ambulatory.<br>On 07/10/2025 at approximately 11:00 AM, Surveyor observed 1 of 1 shared bathroom did not contain grab bars for the toilet or the bathtub.<br><br>On 07/10/2025, Surveyor reviewed resident records. Review of resident records documented 2 of 2 residents currently residing in the facility are non-ambulatory and require a wheelchair when out of bed. The following was identified:<br>-Resident 1 was admitted on 01/04/2024, Resident 1was non-ambulatory and required the use of a wheelchair for ambulation.<br>-Resident 2 was admitted on 09/03/2021. Resident 2 was non-ambulatory and required the use of a wheelchair for ambulation.<br><br>On 07/10/2025, at approximately 12:15 PM, Surveyor interviewed Licensee A who stated, "Both of the current residents are bed bound and do not use the bathroom." Licensee A confirmed the bathroom was not equipped with grab bars. Licensee A confirmed they served non-ambulatory residents. | M 270 | | |
| M 276 | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, | M 276 | | |

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| M 276 | Continued From page 3<br>clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not maintain a safe, clean and well-maintained homelike environment for 2 of 2 residents in the home (Residents 1 and 2). The family room and kitchen was cluttered with empty bottles, boxes, and paper correspondence. The bathroom window had plastic adhered to the windowsill covering decaying wood. The grout around the tub was discolored with a black moldlike substance.<br><br>Findings include:<br><br>On 07/10/2025, Surveyor toured the home and observed the following:<br><br>Family Room<br>A two-seat recliner sofa was covered in laundry, an empty garbage bag. One cardboard box was pushed up next to the sofa with a desk chair behind the box covered in laundry. One small T.V. table was covered in 2 stacks of paperwork approximately 3 inches high. One desk approximately 4 feet long and 2 feet wide had approximately 20 unsecured partially filled prescription bottles. Under this table was a plastic bin with approximately 15 half full monthly prescription punch out cards. In front of the recliner sofa was a T.V. placed directly on the | M 276 | | |

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| M 276 | Continued From page 4<br>floor with stacks approximately 1.5 inches high of what appeared to be resident records.<br><br>Kitchen<br>Table and chairs were filled with deconstructed boxes, clothes, paper correspondence, resident records and grocery bags full of various items.<br><br>Bathroom<br>The bathtub had peeling enamel across approximately 40 percent of its surface. The grout surrounding the tub was discolored with what appeared to be a moldlike substance. There was a window directly above the tub with decaying wood trim and plastic covering the windowsill. There were no towel bars in the bathroom. There was no working toilet paper holder. There was a half-used toilet paper roll positioned on the edge of the tub.<br><br>On 07/14/2025 at 4:00 PM, Surveyor interviewed Licensee A regarding organization and maintenance in the home. Licensee A stated, "I know it's very cluttered and needs to be cleaned up. I was already looking into having the bathroom updated. I know it needs to be done." | M 276 | | |
| M 348 | 88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure written documentation of the date and the evacuation time for each fire drill | M 348 | | |

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| M 348 | Continued From page 5<br>was maintained. There were no recorded fire drills from 02/01/2023 to 07/10/2025.<br><br>Findings include:<br><br>This facility was granted an amended licensed on 07/7/2015 to serve up to 3 residents who are non-ambulatory.<br><br>On 07/10/2025, Surveyor requested to review fire drills from Licensee A. No fire drill documentation was provided for the time period 02/01/2023 through present day (07/10/2025).<br><br>On 07/10/2025, at 11:45 AM, Surveyor interviewed Licensee A regarding fire drills. Licensee A confirmed they knew the fire drills were required but none had been completed last year or so far this year. Licensee A did not report why fire drills were not completed as required. | M 348 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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.<br><br>This Rule is not met as evidenced by: | M 458 | | |

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| M 458 | Continued From page 6<br><br>Based on observation and interview, the provider did not ensure all medications were securely stored within the home. Medications were stored unsecured in the family room and Resident 1's bedroom.<br><br>Findings include<br><br>Observations<br>On 07/10/2025, at 11:15 AM, Surveyor observed approximately 20 unsecured partially filled prescription bottles placed on the table in the family room. These medications belonged to Licensee A.<br><br>Resident 1's bedroom had the following unsecured punch cards on the dresser:<br>Olanzapine 2.5 milligrams (mg) tablets<br>Vitamin C 500 mg tablets<br>Methenamine hipp 1 grams (GM) tablets<br>Carbidopa-levodopa 25-100 240 mg tablets<br>Vitamin E Gel tablets<br>Omeprazole delayed release (DR) 20 mg capsules<br>(Multi)vitamins plus iron<br><br>Resident 2's medications<br>Under the table in the family room was a plastic bin with the following unsecured prescription punch out cards prescribed to Resident 2:<br>Altorvastatin 10 mg tablets<br>Baclofen 10 mg tablets<br>Gabapentin 300 mg capsules<br>Melatonin 3 mg tabs<br>Metoprolol tartrate 50 mg tablets<br>Pantoprazole sodium 40 mg tablets<br>Sertraline hydrochloride 50 mg tablets<br>Tramadol 50 mg tablets<br>Trazodone 150 mg tablets<br>Vitamin D3 25 micrograms (mcg) tablets | M 458 | | |

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| M 458 | Continued From page 7<br><br>On 07/10/2025, at 11:55 AM, Surveyor interviewed Licensee A regarding the unsecured medications. Licensee A confirmed the medications were unsecured and stated s/he thought the medications just needed to be stored separately. Licensee A reported since both residents were bed bound it did not matter to have them secured. Licensee A reported both residents required staff to administer their medications. | M 458 | | |