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	0018639	A. BUILDING: _____ B. WING _____	08/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE UNITY RESIDENTIAL HOME LLC	7229 BRENTWOOD AVE MILWAUKEE, WI 53223

(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 08/04/2026, Surveyor completed a standard survey at Unique Unity Residential Home. As a result, 12 deficiencies were cited. Census: 4	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with the Department's requests for information during the survey process. Findings include: On 08/03/2026, at 9:30 AM, Surveyor arrived at the facility. Surveyor was greeted by Caregiver D who reported s/he was working at the sister facility. Caregiver D called House Manager B. House Manager B spoke with Surveyor and reported the facility was closed at the time because the residents were at day programming. Surveyor instructed House Manager B s/he needed to complete the survey. House Manager B reported s/he was still completing transport with the residents. Surveyor informed House Manager B s/he would wait until s/he was completed and able to meet at the facility.	M 204		

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

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M 204	Continued From page 1 House Manager B arrived at the facility at approximately 10:00 AM. House Manager B asked Surveyor to contact Licensee A due to s/he was under the impression when the residents were gone, the facility was closed and s/he was unable to allow anyone into the facility. Surveyor contacted Licensee A. When Surveyor spoke with Licensee A, Licensee A informed Surveyor s/he could be in the home, and s/he would come to the facility. Surveyor requested Licensee A to bring files with her/him. Licensee A reported the files were at the office and s/he was not near the office and would need to email them to Surveyor. At 10:20 AM, Surveyor requested resident records from House Manager B. House Manager B handed Surveyor 4 binders. Each binder was listed with a resident's name and contained progress notes. On 08/03/2026 at approximately 11:15 AM, Surveyor interviewed Licensee A. Licensee A reported s/he kept all resident files, staff files and safety records at her/his office as s/he used electronic files. Licensee A reported s/he would need to email all records to Surveyor. Surveyor requested Licensee A to send the following records by 4:00 PM on 08/03/2026: Resident Roster Fire Drills for 2024, 2025, and 2026 Smoke Detector Testing for 2024, 2025, 2026 Furnace Inspection House Manager B's and Caregiver C's record with all heath screening, training for orientation and continuing education, and background information	M 204		

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M 204	Continued From page 2 Resident 1's and Resident 2's full record to include all admission paperwork, all assessments, all individual service plans (ISP), doctor visit summaries, and written orders. On 08/03/2026 at 3:51 PM, Licensee A started to email Surveyor records. Surveyor received the last email at 4:03 PM. On 08/04/2026, at 12:31 AM, Licensee A continued to send Surveyor records. On 08/04/2026, at 7:09 AM, Surveyor emailed Licensee A to request the following missing documents by 11:00 AM on 08/04/2026: "Safety Files (I received 2026 Fire Drills) Furnace Inspection All training for staff including orientation and continuing education TB & Communicable disease screening BID (I received the DOJ & Caregiver background check, but need the BID) [Resident 1] Date of Admission Admission Agreement All signed ISPs from admission Assessment Medication written order Diagnoses [Resident 2] Date of Admission Admission Agreement Signed ISP Assessment Medication Written Order ..."	M 204		

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M 204	Continued From page 3 On 08/04/2026, at 9:35 AM, Licensee A emailed Surveyor, "I'm confused are [sic] not receiving anything I've sent you.[sic]". At 10:04 AM, Surveyor emailed Licensee A and reported there were still missing items. Licensee A started sending further documentation at 10:08 AM and the final email of attachments was received at 11:18 AM. At 1:40 PM, Surveyor emailed Licensee A to confirm if s/he was done sending documents to Surveyor. At 2:11 PM, Licensee A emailed Surveyor "I sent everything to you." Surveyor reviewed all documentation and was missing a resident roster, Resident 1's and Resident 2's admission agreements, and Resident 2's assessment. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A reported s/he sent all requested documentation to Surveyor. Licensee A reported s/he had scanned in the information so s/he could send in the records to Surveyor. Licensee A confirmed during the phone call items were scanned but not sent to Surveyor. Licensee A acknowledged Surveyor's concerns regarding the difficulty of not having records available on site for review and reported s/he would ensure the records were on site and available. Cross Reference: M0482 88.09(1)(a) Resident Records	M 204		
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	M 232		

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M 232	Continued From page 4 assistant indicating that the licensee and any service provider has been 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 indicating 2 of 2 staff (House Manager B and Caregiver C) had been screened for communicable diseases by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. House Manager B was screened for tuberculosis (TB) and communicable diseases 399 days after the start of providing services. Caregiver C was screened for communicable diseases 102 days prior to the start of providing services. Findings include: On 08/04/2026, at 12:30 PM, Surveyor reviewed staff records and identified the following: House Manager B was hired on 05/29/2024. House Manager B was screened TB on 07/02/2025 and for communicable diseases on 06/30/2025. House Manager B was screened for TB 399 days after the start of providing services. Caregiver C was hired on 10/29/2025. Caregiver C was screened for TB on 07/02/2025 and for	M 232		

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M 232	Continued From page 5 communicable diseases on 06/30/2025. Caregiver C was screened for communicable diseases 102 days prior to the start of providing services. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware of the 90 days prior to the start of providing services. Licensee A reported staff were screened annually, and s/he thought s/he needed to send the most recent screening.	M 232		
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 2 of 2 staff (House Manager B and Caregiver C) received 15 hours of training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. House Manager B's record indicated s/he did not receive 15 hours of training within the 1st 6	M 244		

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M 244	Continued From page 6 months. Caregiver C did not receive any training related to resident rights training. Findings include: On 08/04/2026, at 12:30 PM, Surveyor reviewed staff records and identified the following: House Manager B was hired on 05/29/2024. Surveyor was unable to locate evidence of initial training in House Manager B's file. Caregiver C was hired on 10/29/2025. Caregiver C's record indicated s/he received training in standard precautions, first aid, fire safety and medication administration. Caregiver C's record did not contain evidence of training in resident rights. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had sent all of the training records. Licensee A reported staff were not able to work until training was completed. Licensee A was unable to report when staff completed their training.	M 244		
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.	M 336		

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M 336	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2024, 2025 and to date in 2026. Findings include: On 08/03/2026, at 11:30 AM, Surveyor requested to review the facility safety files for 2024, 2025 and to date in 2026. On 08/04/2026, at 11:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he would need to email the safety files to Surveyor. Surveyor requested the information by 4:00 PM on 08/04/2026. On 08/05/2024 at 7:09 AM, Surveyor emailed Licensee A to request safety files. Licensee A submitted emails to Surveyor between 08/03/2026 at 3:52 PM and 08/04/2026 at 11:18 AM. Surveyor was unable to locate evidence of smoke detector testing in 2024, 2025, and to date in 2026.	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	M 346		

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M 346	Continued From page 8 having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was evaluated annually for fire evacuation. Resident 1 was not evaluated for fire evacuation in 2025 and to date in 2026. Findings include: On 08/04/2026, at 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/17/2024 with diagnoses including developmentally disabled. Resident 1's record contained an evacuation assessment dated 04/17/2024. Surveyor was unable to locate evidence Resident 1 was evaluated annually for evacuation in 2025 and to date in 2026. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the assessment needed to be completed every 3 years. Licensee A reported s/he would ensure the assessments were completed as required.	M 346		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.	M 408		

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M 408	Continued From page 9	M 408		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) were assessed for their needs and abilities in level of supervision required in the home and community, vocational, recreational, social and transportation.

Findings include:

On 08/04/2026, at 1:00 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 04/17/2024 with diagnoses including developmentally disabled. Resident 1's assessment, dated 04/11/2024 indicated the following:

Behavior History - aggression, property damage, self-harm
Mental Health - anxiety, depression, psychosis
Activities of Daily Living - cueing
Mobility - independent
Continence - bladder: frequent bowel: continent
Medical Needs - non
Medication - staff administration
Smoking - none
Safety Risks - falls, violence
House Rules Reviewed - yes
Can Staff Meet Needs - yes
Good Fit for Current Residents - yes
Recommendation - accept

Resident 1's assessment did not address

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M 408	Continued From page 10 Resident 1's needs and abilities in level of supervision required in the home and community, vocational, recreational, social and transportation. Resident 2 was admitted on 02/27/2026 with diagnoses including developmentally disabled. Surveyor was unable to locate evidence of an assessment completed for Resident 2 which addressed Resident 2's needs and abilities in level of supervision required in the home and community, activities of daily living, medications, health, vocational, recreational, social and transportation. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware of all of the topics which needed to be assessed. Licensee A confirmed s/he did complete an assessment and sent it to Surveyor.	M 408		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2).	M 420		

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M 420	Continued From page 11 Findings include: On 08/04/2026, at 1:00 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 04/17/2024 with diagnoses including developmentally disabled. Resident 1's record identified Resident 1 had a managed care organization (MCO) case management team and a guardian. Resident 1's ISPs, dated 04/17/2024, 04/17/2025, and 04/17/2026, did not contain signatures from Licensee A, Resident 1's guardian or Resident 1's MCO team. Resident 2 was admitted on 02/27/2026 with diagnoses including developmentally disabled. Resident 2's record identified Resident 2 had a MCO team and a guardian. Resident 2's ISP, dated 03/03/2026, did not contain signatures from Licensee A, Resident 2 or Resident 2's MCO team. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported they try to have ISP meetings in person but often have them over the phone. Licensee A reported the scans must not have been sent with the signature pages.	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	M 424		

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M 424	Continued From page 12 in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) was reviewed every 6 months by the licensee, the resident or resident's legal representative and managed care organization (MCO) case managers. Resident 1's ISP was not reviewed in October 2024 and October 2025. Findings include: On 08/04/2026, at 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/17/2024 with diagnoses including developmentally disabled. Resident 1's record contained ISPs dated 04/17/2024, 04/17/2025 and 04/16/2026. Resident 1's ISP was to be reviewed in October 2024 and October 2025. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought s/he sent all the ISPs. Licensee A reported s/he	M 424		

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M 424	Continued From page 13 was unable to find the missing October ISPs for Resident 1 in her/his email.	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 resident, stating who can administer the medications for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's record did not contain a written order to administer medications. Findings include: Record Reviews On 08/04/2026, at 1:00 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 04/17/2024 with diagnoses including developmentally disabled.	M 464		

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M 464	Continued From page 14 Resident 1's assessment, dated 04/11/2024 indicated Resident 1 required staff to administer medications. Resident 1's record did not contain evidence of a written order for staff to administer medications to Resident 1. Resident 2 was admitted on 02/27/2026 with diagnoses including developmentally disabled. Resident 2's record did not contain evidence of a written order for staff to administer medications to Resident 2. Interviews On 08/03/2026, at 10:15 AM, Surveyor interviewed House Manager B. House Manager B reported Resident 1 and Resident 2 required staff to administer prescription medications. On 08/04/2026 at 4:03 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought the facility doctor was going to email Surveyor the medication written orders. Licensee A reported s/he would ensure there were in the residents' files.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered 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.	M 466		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018639	A. BUILDING: _____ B. WING _____	08/04/2026

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M 466	Continued From page 15	M 466		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure a record was kept for all prescription medications controlled, dispensed, and administered by the provider for 4 of 4 residents (Resident 1, Resident 2, Resident 3 and Resident 4).

Findings include:

On 08/03/2026, at 10:30 AM, Surveyor reviewed resident medication administration records (MAR). House Manager B handed Surveyor loose papers and indicated they were the MARs for the residents. The MARs for Resident 1, Resident 2, Resident 3 and Resident 4 were dated 06/04/2026 - 07/04/2026. Surveyor was unable to locate the current MAR for Resident 1, Resident 2, Resident 3 and Resident 4.

On 08/03/2026, at 10:30 AM, Surveyor interviewed House Manager B. House Manager B reported the pharmacy had stopped printing the MARs, so Licensee A was responsible for printing the MARs for the residents and bringing them to the house. Surveyor inquired where the MARs were for 07/05/2026 - 08/04/2026, House Manager B reported Licensee A did not print them yet.

On 08/03/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A reported s/he forgot to bring the MARs. Surveyor inquired if Licensee A was referring to the MAR for the cycle which started on 07/05/2026 or the new cycle which would start on 08/05/2026, Licensee A reported s/he must have forgotten about the

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M 466	Continued From page 16 previous cycle. Licensee A and House Manager B acknowledged Surveyor's concerns.	M 466		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, Resident 4) records were maintained in a secure location within the home. Resident 1's, Resident 2's, Resident 3's, and Resident 4's records were kept offsite. Findings include: On 08/03/2026 at 10:20 AM, Surveyor requested resident record from House Manager B. House Manager B handed Surveyor 4 binders. Inside each of the binders were progress notes for each resident. On 08/03/2026, at 10:25 AM, Surveyor interviewed House Manager B. House Manager B reported Licensee A kept the resident records at the office and were not kept onsite. On 08/03/2026 at approximately 11:15 AM, Surveyor interviewed Licensee A. Licensee A reported s/he kept the resident records at the	M 482		

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M 482	Continued From page 17 office as the resident records contained social security numbers, and other personal information. Licensee A reported s/he used electronic files on her/his computer but could only access the records from her/his office. Licensee A confirmed staff were unable to access the resident records and did not have access to resident individual service plans. Licensee A reported they had meetings monthly to keep staff up to date. Cross Reference: M0204 88.03(8)(a) Monitoring of Home	M 482		
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 a safe physical environment by ensuring water temperatures were kept at a safe temperature for 4 of 4 residents. The hot water temperature in the bathroom was 137.5° Fahrenheit (F). Findings include:	M 570		

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M 570	Continued From page 18 This provider was licensed on 08/12/2021 to provide care for up to 4 residents in the client groups of traumatic brain injury, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, correctional clients, and pregnant women/counselling. On 08/03/2026, at 10:08 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 137.5° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 04/15/2026, at 11:15 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he would ensure the water heater was turned down.	M 570		