STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019973	A. BUILDING: _____ B. WING _____	C 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEULAHGENE ASSISTANT LIVING INC 1	1706 STONEBRIDGE RD WEST BEND, WI 53095

(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 02/09/2026, Surveyors conducted a standard survey and three (3) complaint investigations. As a result of the survey 3 complaints were substantiated resulting in 2 deficiencies. Census: 3	M 000		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents had privacy in their own home. There were 3 cameras in the house in resident areas. Findings Include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, correctional clients, traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, advanced age,	M 550		

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

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M 550	Continued From page 1 irreversible dementia/Alzheimer's and/or alcohol/drug dependent. On 02/09/2026 at approximately 9:00 AM, Surveyors entered the home and observed a camera in the living room and kitchen. On 02/09/2026 at 9:15 AM, Surveyor interviewed Administrator A. Administrator A confirmed there was a camera in the living room and kitchen, and in the basement rec room. Administrator A stated the camera in the living room was pointed at the entrance/exit door and the kitchen camera was pointed at the back exit. The camera in the basement was pointed at the bathroom door, which Administrator A stated was for staff use only. Surveyors asked to see the camera footage. Administrator A showed Surveyors the camera. Surveyors were able to use the arrow to move the camera footage which showed residents and staff in the living room and kitchen, and Surveyors sitting at the table in the basement rec room. The provider did not ensure 3 of 3 residents had privacy in their own home.	M 550		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property. This Rule is not met as evidenced by: Based on interview and record review, the Licensee did not ensure Resident 1 was free from physical or mental abuse.	M 572		

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M 572	Continued From page 2	M 572		

Findings include:

On 01/27/2026, 01/28/2026 and 02/02/2026, the Department received complaints that staff were abusive to residents.

The provider is licensed to care for up to 4 residents who may be developmentally disabled, correctional clients, traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, advanced age, irreversible dementia/Alzheimer's and/or alcohol/drug dependent.

On 02/09/2026 at 9:10 AM, Surveyors reviewed the police report dated 01/26/2026. Caregiver B was arrested and taken to the Washington County jail. Surveyors observed Wisconsin Circuit Court Access - wcca.wicourts.gov with a filing date of 01/28/2026 for a criminal case against Caregiver B for Intent.Abuse Patients-L.Cause Bod. Harm.

On 02/09/2026 at 9:15 AM, Surveyors requested Resident 1's record from Administrator A. Resident 1 admitted to the home on 06/28/2024. Resident 1's individual service plan (ISP) reflected Resident 1 was a 1:1 staffing. Resident 1 had an autistic diagnosis, being non-verbal.

On 02/09/2026 at approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated s/he had terminated Caregiver B after Caregiver B was arrested. Administrator A acknowledged all staff had training upon hire and ongoing. Administrator A stated s/he had interviewed the residents and staff during his/her investigation and cooperated with the police investigation. Administrator A stated staff are told "if you see something say

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M 572	Continued From page 3 something." Administrator A confirmed when the incident happened staff should have called him/her and reported immediately. The provider did not ensure residents were free of physical and mental abuse.	M 572		