STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018942	A. BUILDING: _____ B. WING _____	R-C 05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP TERRACE LLC	6735 NORTH 55TH STREET 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 05/15/2026, Surveyor completed a standard, complaint, and verification visit survey. As a result, 10 deficiencies were identified. One of 1 complaint was unsubstantiated. Five of the 10 deficiencies were repeat violations (see SOD Q7XE11, dated 06/21/2024). Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. 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 dependent population, the funds or	{M 114}		

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

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{M 114}	Continued From page 1 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 a criminal records check was completed for 1 (Caregiver I) of 3 caregivers reviewed. The provider did not have a complete background check on file for Caregiver I. This is a repeat deficiency. See Statement of Deficiency Q7XE11, dated 06/21/2024. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Governmental Findings Report.	{M 114}		

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{M 114}	Continued From page 2 On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed Caregiver I's record. Caregiver I was hired on 10/18/2024. Caregiver I's record did not contain a Department of Justice (DOJ) report and the Governmental Findings Report from the Department. On 05/13/2026 at approximately 10:30 AM, as Surveyor was reviewing Caregiver I's record, Surveyor interviewed Licensee A. Licensee A reported he/she found that a previous employee removed some staff files from the facility but stated he/she would look in the file cabinet to see if he/she could locate Caregiver I's complete background check. At approximately 11:00 AM, Licensee A informed Surveyor he/she "could not locate" Caregiver I's DOJ report and the Governmental Findings Report from the Department. On 05/15/2026 at approximately 4:03 PM, Surveyor interviewed Licensee A. Licensee A reported hiring Consultant J. Licensee A stated Consultant J has been assisting Licensee A with completing quarterly audits, which include auditing staff files. Licensee A reported that the last audit on staff files was completed in January 2026. The next audit is scheduled for June 2026. Licensee A could not confirm if Caregiver I's DOJ and the Governmental Findings Report from the Department was in Caregiver I's file during that January 2026's audit.	{M 114}		
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	M 216		

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M 216	Continued From page 3 governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 5 repeat violations and 5 new violations. Findings include: On 05/12/2026, Surveyor reviewed department files and identified the following: On 08/26/2024, the Department issued Statement of Deficiency (SOD) Q7XE11 and Notice of Special Orders letter notifying the provider of the results of a complaint standard survey at Hilltop Terrace LLC. As a result of the survey, the following 8 deficiencies were identified: M0114 88.03(3)(b) Criminal Records Check M0232 88.04(2)(g)1 Health Screening for Staff M0244 88.04(5)(a) Training - 15 Hours Within 6 Months M0332 88.05(4)(a) Fire Safety-Fire Extinguisher M0424 88.06(3)(f) Review of ISP M0448 88.07(2)(b)5 Monitoring Health M0464 88.07(3)(d) Medication - Written Order M0466 88.07(3)(e)1 Medication - Record Keeping The Notice of Special Orders included the	M 216		

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M 216	Continued From page 4 following: "Based on the results of the Department's investigations, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Hilltop Terrace LLC: CONSULTANT REQUIRED 1.Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall ensure all service providers have the necessary skills and training to fulfill job duties. Each service provider will have the demonstrated abilities to provide residents with proper care and treatment, and to protect and promote their health and safety. WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following: -Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a); and ... ADDITIONALLY, WITHIN 45 DAYS of receipt of this notice, the licensee will correct the health monitoring violations issues under the Wis. Admin Code § DHS 88.07(2)(b)5., and the medication administration violations issued under Wis. Admin Code § DHS 88.07(3)(e)1. As identified in Statement of Deficiency (SOD) NLCY12 in consultation with a Registered Nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g.,	M 216		

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M 216	Continued From page 5 Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Hilltop Terrace LLC. The license will provide the consultant with a copy of the SOD NLCY12, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures to address: Health Monitoring Including how the provider will: (a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and (d) provide or arrange services to address each resident's health care needs ... Medication Management Including how the provider will: (a) document medication orders, medication administration, and missed/refused doses; (b) administer medications to ensure residents receive medications at the intervals and dosages prescribed; and (c) respond to medication errors if they occur. The licensee shall provide training to all managers and service providers on the written procedures required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training	M 216		

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M 216	Continued From page 6 ..." On 05/15/2026, Surveyors completed a standard, complaint, and verification visit survey at Hilltop Terrace LLC. As a result of the survey, 10 deficiencies were identified. Five of the 10 deficiencies were repeat violations. The following deficiencies were identified: M0114 88.03(3)(b) Criminal Records Check - repeat violation M0216 88.04(2)(a) Responsibilities M0232 88.04(2)(g)1 Health Screening for Staff - repeat violation M0244 88.04(5)(a) Training - 15 Hours Within 6 Months - repeat violation M0336 88.05(4)(b)2 Smoke Detectors - Testing And Maintenance M0424 88.06(3)(f) Review of ISP - repeat violation M0458 88.07(3)(a) Prescription Medications M0466 88.07(3)(e)1 Medication - Record Keeping - repeat violation M0570 88.10(3)(l) Safe Physical Environment Z0023 50.065(4m)(b)intro Caregiver Hiring And Contracting Process On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A confirmed hiring a consultant, Consultant J and Registered Nurse (RN) K. Licensee A disclosed RN K assisted with developing written procedures to address Health Monitoring and Medication Management. Licensee A reported RN K provided training to all caregivers on 12/29/2025 regarding the updated policies, and all staff who attended the training signed the "Training Attendance Record." Licensee A stated Consultant J assists with auditing staff and resident files on a quarterly basis to ensure	M 216		

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M 216	Continued From page 7 compliance with DHS Chapter 88. Licensee A reported the last audit occurred in January 2026 and the next scheduled audit is June 2026. On 05/18/2026, Surveyor received the "Training Attendance Record" from Licensee A. The "Training Attendance Record" indicated what caregivers attended the training RN K provided on 12/29/2025. Per the "Training Attendance Record" the topics discussed were health monitoring, medication management, and pressure injury and prevention. The "Training Attendance Record" did not indicate Caregiver H, Caregiver I, and Caregiver L attended the training. On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed staff records. The following was identified: Caregiver H was hired on 10/10/2024. Caregiver I was hired on 10/18/2024. Caregiver L was hired on 10/09/2025. As Surveyor reviewed staff records, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver H, Caregiver I, and Caregiver L have consistently been employed since their date of hire, and has been in a caregiver role since their date of hire.	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 screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed	{M 232}		

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{M 232}	Continued From page 8 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 ensure 1 (Caregiver I) of 3 caregivers reviewed had been screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing service. This is a repeat deficiency. See Statement of Deficiency Q7XE11, dated 06/21/2024. Findings include: On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed Caregiver I's record. Caregiver I was hired on 10/18/2024. Caregiver I's record did not contain a communicable disease screen, including a tuberculosis test within 90 days before the start of providing service. On 05/13/2026 at approximately 10:30 AM, as Surveyor was reviewing Caregiver I's record, Surveyor interviewed Licensee A. Licensee A reported he/she found that a previous employee removed some staff files from the facility but stated he/she would look in the file cabinet to see if he/she could locate Caregiver I's communicable disease screen and tuberculosis test. At approximately 11:00 AM, Licensee A informed Surveyor he/she "could not locate" Caregiver I's communicable disease screen and tuberculosis test.	{M 232}		

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{M 232}	Continued From page 9 On 05/15/2026 at approximately 4:03 PM, Surveyor interviewed Licensee A. Licensee A reported hiring Consultant J. Licensee A stated Consultant J has been assisting Licensee A with completing quarterly audits, which include auditing staff files. Licensee A reported that the last audit on staff files was completed in January 2026. The next audit is scheduled for June 2026. Licensee A could not confirm if Caregiver I's communicable disease screening or tuberculosis test was in Caregiver I's file during that January 2026's audit.	{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 1 (Caregiver L) of 3 caregivers reviewed received 15 hours of training prior to or within 6 months of hire. Caregiver L did not have evidence of training related to fire safety or first aid and choking prior to or within 6 months of hire.	{M 244}		

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{M 244}	Continued From page 10 This is a repeat deficiency. See Statement of Deficiency Q7XE11, dated 06/21/2024. Findings include: On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed Caregiver L's employee file. Caregiver L was hired on 10/09/2025. Caregiver L's file did not include evidence that indicated Caregiver L completed training related to fire safety and first aid and choking prior to or within 6 months of hire. On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed the Community-Based Care and Treatment Training registry, which did not indicate Caregiver L completed training in fire safety and first aid and choking. On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A could not confirm if Caregiver L completed training in fire safety and first aid and choking prior to or within 6 months of hire. Licensee A confirmed Caregiver L has worked alone within the adult family home since his/her date of hire.	{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 11	M 336		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 6 smoke detectors within the facility was in working order.

Findings include:

On 05/12/2026, upon Surveyor's entry into the adult family home at approximately 9:32 AM, Surveyor heard 1 of the 6 smoke detectors on the first-floor chirping.

On 05/12/2026 at approximately 9:32 AM, Surveyor interviewed Caregiver H. Surveyor informed Caregiver H of the chirping sound coming from a smoke detector. Caregiver H acknowledged the chirping sound coming from a smoke detector. Caregiver H reported the smoke detector has been chirping since his/her return from vacation, which was 05/07/2026.

On 05/12/2026 at approximately 9:45 AM, Surveyor completed an onsite tour with Caregiver H. It was identified the chirping sound came from the smoke detector located in the main hallway leading to residents' rooms and residents' bathroom.

On 05/12/2026 at approximately 10:30 AM, Surveyor interviewed Resident 4. Resident 4 acknowledge the chirping sound from the smoke detector located in the hallway. Resident 4 reported the smoke detector had been chirping for more than a week.

On 05/13/2026 at approximately 10:23 AM,

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M 336	Continued From page 12 Surveyor completed a second onsite visit with Licensee A and Caregiver H. Surveyor heard the same smoke detector chirping. Surveyor observed Licensee A and Caregiver H changing the battery in the smoke detector, however, the smoke detector still chirped. Licensee A stated he/she would reach out to maintenance to address the smoke detector. On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A was not sure why the smoke detector continued to chirp even after the batteries were changed. Licensee A reported the fire department came to the facility to check the smoke detector and could not identify why the smoke detector continued to chirp. Licensee A reported he/she may have to purchase a new smoke detector.	M 336		
{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 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.	{M 424}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 424}	Continued From page 13	{M 424}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 (Resident 3 and Resident 4) of 2 residents' individual service plans (ISPs) were reviewed every 6 months in 2025 and 2026.

Resident 3's ISPs were due to be reviewed on or before 7/13/2025 and 01/13/2026.
Resident 4's ISPs were due to be reviewed on or before 04/24/2026.

This is a repeat deficiency. See Statement of Deficiency Q7XE11, dated 06/21/2024.

Findings include:

On 05/12/2026 at approximately 9:30 AM, Surveyor reviewed resident's records and identified the following:
Resident 3 was admitted to the adult family home on 12/13/2022. Resident 3's record contained 3 ISPs dated 01/13/2023, 07/13/2024, and 01/13/2025. Resident 3's record did not contain any additional ISPs for 2025 or 2026. At minimum, Resident 3's ISP should have been reviewed on or before 7/13/2025 and 01/13/2026.
Resident 4 was admitted to the adult family home on 03/24/2025. Resident 4's record contained 2 ISPs dated 04/24/2025 and 10/24/2025. At minimum, Resident 4's ISP should have been reviewed on or before 04/24/2026.

On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018942	A. BUILDING: _____ B. WING _____	R-C 05/15/2026

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{M 424}	Continued From page 14 reported Resident 3's care management team canceled their care conference in July 2025. Due to the cancellation, Licensee A confirmed Resident 3's ISP was not reviewed. Licensee A reported Resident 3's next care conference was completed in 02/2026 due to behaviors Resident 3 began to display. Licensee A confirmed not having an updated ISP to reflect Resident 3's behaviors. Licensee A reported Resident 4 had a care conference with Resident 4's care management team in March 2026, but confirmed not having documentation that indicated Resident 4's ISP was reviewed.	{M 424}		
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 every prescription medication was securely stored in 1 of 1 common refrigerator. Resident 3's latanoprost and Risperdal Consta were not securely stored in the kitchen refrigerator.	M 458		

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M 458	Continued From page 15 Findings include: This facility was licensed on 12/13/2022 to serve up to 4 non-ambulatory residents in the client groups of advanced age, developmentally disabled, emotionally disturbed/mental illness, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, physically disabled and alcohol/drug dependent. On 05/12/2026, at approximately 9:45 AM, Surveyor toured the kitchen with Caregiver H. Surveyor observed one side-by-side refrigerator. Within the refrigerator, Surveyor observed 1 bottle of latanoprost and a clear plastic bag that contained two boxes of Risperdal Consta located in the door of the refrigerator, not in a lock box. On 05/12/2026, at approximately 9:45 AM, Surveyor interviewed Caregiver H. Caregiver H reported there was not enough room in the red lockbox, located in the refrigerator for the 1 bottle of latanoprost and two boxes of Risperdal Consta. Caregiver H reported residents did not go into the refrigerator alone but acknowledged the refrigerator did not lock. On 05/12/2026 between 9:30 AM and 12:00 PM, Surveyor observed residents freely ambulating throughout the adult family home. On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the 1 bottle of latanoprost, and two boxes of Risperdal Consta were not located in the lock box and confirmed the refrigerator does not have a lock. Licensee A reported he/she purchased a bigger lockbox to be used to store refrigerated medications.	M 458		

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{M 466}	Continued From page 16	{M 466}		
{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. 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 records reviewed. Residents 3's, 4's, and 5's Medication Administration Records (MAR) contained blank marks where medication administration should have been documented. This deficiency is being cited for the third time. See Statement of Deficiency (SOD) NLCY11, dated 12/22/2023, and SOD Q7XE11, dated 06/21/2024. Findings include: On 05/12/2026 at approximately 9:30 AM, Surveyor reviewed resident records. The following was identified: Resident 3 moved into the adult family home on 12/13/2022. Resident 3's record contained a physician order dated 11/02/2022. Physician	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 17	{M 466}		

order indicated facility staff were to administer Resident 3's medications.

Resident 3's MARs, dated 12/30/2025 to 05/21/2026, contained blanks where initials should have been documented to show that medication administration had been completed on the following dates:

Aripiprazole 10 milligrams - 8:00 AM: 01/28/2026, 01/29/2026
Aspirin 81 milligram - 8:00 PM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/23/2026
Benztropine mesylate 1 milligram - 8:00 PM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/23/2026
Cetirizine hydrochloride 10 milligram - 8:00 AM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/21/2026
Clonidine hydrochloride 0.2 milligram - 8:00 AM: 03/26/2026, 04/21/2026
Clonidine hydrochloride 0.2 milligram - 8:00 PM: 01/05/2026, 01/06/2026, 01/25/2026, 01/26/2026, 03/26/2026, 04/23/2026
Docusate sodium 250 milligram - 8:00 AM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/21/2026
Fluticasone propionate 50 micrograms - 8:00AM: 01/25/2026, 01/26/2026, 03/26/2026, 04/21/2026
Latanoprost 0.005% drops - 8:00PM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026
Loxapine 50 milligrams - 8:00 PM: 01/25/2026, 01/28/2026, 01/29/2026, 03/26/2026
Melatonin 3 milligrams - 8:00 PM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/23/2026
Risperdal Consta 50 milligrams - 8:00 AM: 01/28/2026
Sertraline 100 milligram - 8:00 AM: 01/28/2026,

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	0018942	A. BUILDING: _____ B. WING _____	R-C 05/15/2026

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{M 466}	Continued From page 18 01/29/2026, 03/26/2026, 04/22/2026, 04/23/2026 Trazadone 100 milligrams - 8:00 PM: 01/25/2026, 01/26/2026, 01/28/2026, 01/29/2026, 03/26/2026, 04/23/2026 Resident 4 moved into the adult family home on 03/24/2025. Resident 4's record contained a physician order dated 03/18/2025. Physician order indicated facility staff were to administer Resident 4's medications. Resident 4's MARs, dated 03/26/2026 to 05/21/2026, contained blanks where initials should have been documented to show that medication administration had been completed on the following dates: Amlodipine Besylate 5 milligrams - 8:00 AM: 05/20/2026, 05/23/2026 Gabapentin 300 milligrams - 8:00 AM: 04/20/2026, 04/23/2026, 05/10/2026 Gabapentin 300 milligrams - 4:00 PM: 04/23/2026, 05/10/2026 Gabapentin 400 milligrams - 8:00 PM: 04/17/2026, 04/23/2026 Divalproex 250 milligrams - 8:00 AM: 04/20/2026, 04/23/2026 Divalproex 250 milligrams - 8:00 PM: 04/23/2026 Duloxetine hydrochloride 30 milligrams - 8:00 AM: 04/20/2026, 04/23/2026 Lidocaine 4% Patch - 8:00 AM: 04/20/2026, 04/23/2026 Lidocaine 4% Patch - 8:00 PM: 04/23/2026 Lisinopril 40 milligrams - 8:00 AM: 04/20/2026, 04/23/2026 Metformin extended release 500 milligram - 8:00 AM: 04/20/2026, 04/23/2026 Metformin extended release 500 milligram - 8:00 PM: 04/23/2026 Pravastatin sodium 40 milligrams - 8:00 PM:	{M 466}		

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{M 466}	Continued From page 19 04/23/2026 Quetiapine fumarate 100 milligram - 8:00 AM: 04/20/2026, 04/23/2026 Quetiapine fumarate 100 milligram - 12:00 PM: 03/31/2026, 04/20/2026, 04/23/2026 Quetiapine fumarate 100 milligram - 8:00 PM: 04/23/2026 Trazadone hydrochloride 50 milligram - 8:00 PM: 04/23/2026 Triamcinolone Acetonide 0.1% cream - 8:00 AM: 04/20/2026, 04/23/2026 Triamcinolone Acetonide 0.1% cream - 8:00 PM: 04/23/2026 Vraylar 3 milligrams - 8:00 AM: 04/20/2026, 04/23/2026 Pantoprazole sodium 40 milligrams - 12:00 PM: 04/20/2026, 04/23/2026 Resident 5 moved into the adult family home on 01/07/2026. Resident 5's record contained a physician order dated 12/30/2025. Physician order indicated facility staff were to administer Resident 5's medications. Resident 5's MARs, dated 01/08/2026 to 05/21/2026, contained blanks where initials should have been documented to show that medication administration had been completed on the following dates: Duloxetine hydrochloride 20 milligrams - 8:00 AM: 01/28/2026, 01/29/2026, 04/20/2026, 04/23/2026 Duloxetine hydrochloride 20 milligrams - 8:00 PM: 01/29/2026, 03/25/2026 Ferrous sulfate 325 milligrams - 8:00 AM: 01/28/2026, 04/20/2026 Gabapentin 300 milligrams - 8:00 AM: 01/28/2026, 01/29/2026, 04/20/2026, 04/23/2026 Gabapentin 300 milligrams - 4:00 PM: 01/29/2026 Gabapentin 300 milligrams - 8:00 PM:	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 20 01/29/2026, 03/26/2026 Prazosin hydrochloride 1 milligram - 8:00 PM: 01/29/2026, 03/26/2026 Quetiapine Fumarate 50 milligrams - 8:00 PM: 01/29/2026, 03/26/2026 Trazadone hydrochloride 150 milligrams - 8:00 PM: 01/29/2026, 03/26/2026 On 05/12/2026 at approximately 10:30 AM, Surveyor interviewed Resident 4. Resident 4 confirmed receiving all his/her medication daily. On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A reported hiring Consultant J. Licensee A stated Consultant J has been assisting Licensee A with completing quarterly audits, which include auditing resident MARs. Licensee A reported that the last audit on was completed in January 2026. The next audit is scheduled for June 2026. Licensee A reported he/she is responsible for auditing MARs on a weekly basis to ensure medications are being signed out. Licensee A did not state why the above medications were not signed out. Licensee A stated he/she would work with the caregivers to ensure medications are being signed out after they are administered.	{M 466}		
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	M 570		

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M 570	Continued From page 21 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 3 (Resident 3, Resident 4, and Resident 5) of 3 residents were safeguarded from environmental hazards. The hot water coming from 1 of 1 bathroom faucet that is used by the residents was 151.9° Fahrenheit (F). Findings include: This facility was licensed on 12/13/2022 to serve up to 4 non-ambulatory residents in the client groups of advanced age, developmentally disabled, emotionally disturbed/mental illness, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, physically disabled and alcohol/drug dependent. On 05/12/2026, at approximately 10:41 AM, Surveyor tested the hot water temperature with Caregiver H from the resident bathroom sink faucet. The hot water was 151.9° F. Caregiver H disclosed the water temperature is tested once a month but was not sure how the water temperature was tested as he/she is not the caregiver who tests the water temperature. On 05/15/2026 at approximately 4:09 PM, Surveyor interviewed Licensee A. Licensee A was not aware that the hot water temperature was above 115° F. Licensee A reported water temperatures are to be taken daily by the caregivers. Licensee A will talk with the caregivers to ensure the caregivers are taking the	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018942	A. BUILDING: _____ B. WING _____	R-C 05/15/2026

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M 570	Continued From page 22 water temperatures accurately and correctly. Licensee A also stated he/she would work with maintenance to lower the temperature of the hot water. "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.)	M 570		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.	Z 023		

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Z 023	Continued From page 23 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider permitted 1 of 1 caregiver (Caregiver L) to work in the facility alone and have direct contact with the residents even though the caregiver was convicted on 07/19/1993 for 940.01 - Intentional Homicide First Degree and 940.02(1) - 2nd Degree Murder. This conviction prohibited Caregiver L from working as a caregiver in the home until rehabilitation approval was received. The Governmental Findings Report from the Department of Safety and Professional Services did not indicate any rehabilitation review and approval was obtained. Findings include: On 05/13/2026 at approximately 10:30 AM, Surveyor reviewed Caregiver L's record. Caregiver L was hired on 10/09/2025. Caregiver L's Background Information Disclosure (BID) form was signed and completed on 10/01/2025. Caregiver L checked the "Yes" box on the form in response to question 2 under "Section A - Acts,	Z 023		

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Z 023	Continued From page 24 Crimes, And Offenses That May Act As A Bar Or Restriction. 2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents." Caregiver L did not provide a list of crimes he/she was convicted of. The Department of Justice (DOJ) report, dated 01/02/2026, indicated Caregiver L was convicted on 07/19/1993 for 940.01 - Intentional Homicide First Degree and 940.02(1) - 2nd Degree Murder. The Governmental Findings Report, dated 01/02/2026, did not indicate any rehabilitation review and approval was obtained. On 05/13/2026 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A denied knowledge of Caregiver L's conviction. Licensee A reported he/she obtains the criminal background check for each caregiver, upon their hire. Licensee A denied comparing Caregiver L's convictions to DHS Chapter 12 to see if Caregiver L would be eligible to work within the adult family home.	Z 023		