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	0018097	A. BUILDING: _____ B. WING _____	C 10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF BROOKFIELD LLC	460 LEANORE LANE BROOKFIELD, WI 53005

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M 000	INITIAL COMMENTS On 10/07/2025 with information gathered through 10/17/2025, Surveyor conducted 2 complaint investigations at Community Living Of Brookfield LLC. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement Of Deficiency (SOD) QE1311 dated 11/08/2022, and SOD QE1312 dated 10/04/2023. The complaints were unsubstantiated. Census: 3	M 000		
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. This Rule is not met as evidenced by:	M 424		

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

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Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated in writing when the resident's needs or preferences changed substantially for 1 of 3 residents reviewed.

Resident 1's ISP was not updated to address high risk for falls or hospice services.

This is a repeat violation. See Statement Of Deficiency (SOD) QE1311 dated 11/08/2022, and SOD QE1312 dated 10/04/2023.

Findings include:

On 10/07/2025, Surveyor reviewed Resident 1's record. S/he was admitted 07/02/2021. Diagnoses included: scoliosis, severe mental retardation, obsessive-compulsive disorder and autistic disorder.

Observation notes dated 06/01/2025-10/07/2025:
-06/20/2025 6:30 PM (by Owner A) "[Resident 1] was running and [s/he] was about to fall into the table. [Staff's initials] hurried and grabbed [him/her] by the shirt and prevented the fall from happening. Manager informed."

-08/29/2025 4:45 PM (by Program Manager B) "The caregiver called me on shift and noticed the resident had a bruise on [his/her] back [sic] reported the situation to the director and reported to case manager."

-09/08/25 11:15 AM (by Former Caregiver C) "[Resident 1] ...fell going to the other chair didn't hurt [him/herself] but having a good morning."

-09/08/25 6:15 PM (by Caregiver D) "[Resident 1] had a fall and got a small cut on [his/her] upper

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M 424	Continued From page 2 lip." Physician services notes received from physician services via fax 10/17/2025 at 2:47 PM (summarized): -09/25/2025- admitted onto hospice service 09/23/2025, history of falls, onset 04/08/2024. -Home health note dated 07/15/2025 received from home health agency via email 10/11/2025 at 2:42 PM: Admitted onto home health services 07/15/2025 (discharged during 09/16/2025 hospitalization): 09/10/2025 home health physical therapy note: " ...DURING THIS EPISODE OF CARE [S/HE] HAS BEEN ASSESSED FOR PROPER FOOTWEAR SIZE/FIT AND AMOUNT OF SUPPORT THEY PROVIDE. THIS THERAPIST DISCOVERED THAT [S/HE] HAD BEEN WEARING SHOES THAT WERE MUCH TOO WIDE AND LONG FOR [HIS/HER] FOOT SIZE WHICH MAY HAVE BEEN CONTRIBUTING TO [HIS/HER] PREVIOUS FALLS. [S/HE] HAS SINCE MADE FOOTWEAR ADJUSTMENTS WITH NO FURTHER INCIDENTS OF FALLING AND IMPROVED STABILITY WITH AMBULATION UNTIL THIS PAST WEEK. [S/HE] HAS HAD A FEW FALLS SINCE THE LAST PHYSICAL THERAPY VISIT, ALTHOUGH THEY SEEM TO BE MORE BEHAVIORAL IN NATURE, NOT NECESSARILY DUE TO PATIENT INSTABILITY OR INCREASED WEAKNESS. THIS THERAPIST WAS ALSO ABLE TO OBSERVE THE [wheelchair] THAT THEY WERE PROVIDING TO [HIM/HER] TO USE IN THE FACILITY, AND IT WAS FOUND TO BE A BARIATRIC [wheelchair] THAT WAS MUCH TOO LARGE AND HEAVY FOR THE PATIENT TO UTILIZE EFFECTIVELY..."	M 424		

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ISP dated 09/11/2025 (summarized):
In the area of Transferring: " ...Independent with all transfers ...Service Provider Responsibilities: Staff should monitor and report changes with transferring abilities ..."

In the area of Mobility and Walking: "...Directions PT is weak, cannot balance [sic] [him/herself] most of the times[sic]. [S/he] will crawl on the floor or hold onto walls to ambulate. [S/he] has a tendency of also holding onto any wheel chair [sic] and wheel it to [his/her] room. Can be unsteady on feet when getting up from resting [sic] ...Service Provider Responsibilities: Staff should monitor and report changes with mobility and walking ..."

The ISP did not address high risk for falls and interventions to prevent falls, or hospice services.

On 10/07/2025 at 11:16 AM, Surveyor interviewed Program Manager B who stated Resident 1 had been a fall risk since admission. Program Manager B reviewed Resident 1's ISP in the electronic medical record and stated fall risk was identified on the face sheet but not on the ISP.

On 10/07/2025 at 3:24 PM, Surveyor discussed concern of the ISP not updated regarding falls and hospice services with Owner A and Program Manager B. Program Manager B stated falls should have been identified on the ISP but were only showing up on the face sheet and s/he would update the ISP.

Cross Reference:
M0448 DHS 88.07(2)(b)5 Monitoring Health
M0450 DHS 88.07(2)(b)6 Notification Of Changes

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M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff observed and documented changes in resident's health and referred resident to health care provider when necessary. Staff did not assess, document or immediately refer Resident 1 to a health care provider when a large bruise and 3 significant abrasions on his/her back were discovered. Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of developmentally disabled, physically disabled, terminally ill, emotionally disturbed/mental illness, advanced age, alcohol/drug dependent, irreversible dementia/Alzheimer's and traumatic brain injury. On 09/19/2025 at 1:26 PM, Surveyor received an email from Adult Protective Services (APS) (E) with 3 attachments including a report and 2 photos. The Report stated, " ...On 09/05/25 [name of county] APS received a report of unexplained injuries to [Resident 1]. [Resident 1] does not communicate verbally and is unable to communicate what happened to [him/her]. The report indicated [Program Manager B] explained the injuries to the reporter and stated "[Resident	M 448		

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1] fell". No other details were provided. Program Manager B emailed [Resident 1's] [managed care organization's name] case manager on 09/05/25 and stated "[s/he] had a bruise on [his/her] back" in reference to [Resident 1]. [Program Manager B] did not provide any further details. See attached photos of the injuries ..."

Photo 1 depicted a person holding a cell phone displaying a photo of a person's back with 3 injuries and bruising. Photo 2 depicted a person with shirt pulled up exposing his/her back, with 3 injuries on his/her back. Photo file information identified photo 1 and photo 2 were taken 09/09/2025 at 3:28 PM.

Description of injuries depicted in Photo 1 and Photo 2 by Division Of Quality Assurance (DQA) RN/Nurse Consultant G received via email 10/17/2025 at 2:46 PM:
Photo1- " ...All 3 abrasions were lateral to spine...Abrasion #1 had an irregular halo of yellow/light brown bruising which fully surrounded the light pink granulation tissue. The light pink granulation tissue fully surrounded an approximately 1 inch by 1 inch black/brown dry scab.
The second largest abrasion, abrasion #2, was approximately 2 inches superior to abrasion #1. Abrasion #2 was a red/brown scab fully surrounded by pink granulation and was approximately 1.5 inch by 0.5 inches in size.
The third abrasion, abrasion #3 was a stage 1 wound with a pink wound bed. Abrasion #3 was approximately 0.5 inches by 1 inch in size ..."
Photo 2- " ...All 3 wounds appeared to be in the last stages of healing with granulation tissue surrounding a light pink/brown scab ..."

On 10/07/2025 at approximately 10:30 AM,

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Surveyor requested Resident 1's record including incident/accident investigations.

On 10/07/2025, Surveyor reviewed Resident 1's record. S/he was admitted 07/02/2021. Diagnoses included: scoliosis, severe mental retardation, obsessive-compulsive disorder and autistic disorder.

The record contained an abuse investigation consisting of 6 staff statements and an investigation summary.

Former Caregiver C statement signed and dated 09/08/2025: " ...Came into work on Aug 29 [sic] 2025 [sic] got to doing my morning work with [Resident 1] and when I [sic] was changing [his/her] shirt I noticed that [Resident 1] had a big bruise on [his/her] back [sic] I called [Program Manager B] who is the house manager to inform [him/her] about the bruise that was on [him/her]. [S/he] was not aware of it [sic] [S/he] said to send [him/her] a picture of it so I send [sic] it to [him/her] and [s/he] said [s/he] would that [sic] care of it ..."

Program Manager B statement dated 09/08/2025: "On august [sic] 29th 2025, [Former Caregiver C] called me around 5pm [sic] to report a bruise from our resident [Resident 1]. [S/he] stated that [s/he] did not notice anything on [his/her] skin on [his/her] 8 hour shift until the end of [his/her] shift when [s/he] changed [him/her] around 3pm [sic]!...As the house manager I reported this matter to the director of the facility as well as [Resident 1's] Case [sic] manager as soon as the caregiver reported this matter ..."

Investigative Summary dated 09/12/2025 by Owner A: "After interviewing caregivers and one

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resident, we have come to conclusion that the allegations are not substantiated, and the bruise was of unknown origin ..."

Observation notes dated 08/07/2025-09/10/2025: "07/14/25 1:15 PM Observation for [Resident 1] [Name] spoke with [Resident 1's] NP to reduce Queitiapine [sic] because of reports that [s/he] was weak and more sleepy. NP states that [s/he] will reduce the dosage. [Owner A]

08/07/25 9:00 AM Observation for [Resident 1] The caregiver on shift reported that [Resident 1] is showing weakness and not eating! Case [sic] manger and primary doctor is notified [sic] [Program Manager B]

08/07/25 9:15 AM Observation for [Resident 1] [Resident 1] was admitted to the hospital due to weakness[sic] [Program Manager 1]

08/07/25 9:15 AM Observation for [Resident 1] [Resident 1] was admitted to the hospital due to weakness[sic] [Program Manager B]

08/11/25 1:00 PM Observation for [Resident 1] The resident is not doing well, not able to stand, etc. [Name of physician services] is notified [Program Manager B]

08/29/25 4:45 PM Observation for [Resident 1] The caregiver called me on shift and noticed the resident had a bruise on [his/her] back. I reported the situation to the director and reported to case manager [Program Manager B]

09/08/25 11:15 AM Observation for [Resident 1] [Resident 1] is up looking at tv laying on the couch had breakfast [sic] [his/her] meds a [sic] fell going to the other chair didn't hurt

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[him/herself] but having a good morning [sic] [Former Caregiver C]

09/08/25 4:15 PM Observation for [Resident 1] Found [Resident 1] in the living roomtaking [sic] a nap . [sic] [S/he] was tired I guess, [sic] [Caregiver D]

09/08/25 6:15 PM Observation for [Resident 1] [Resident 1] had a fall and got a small cut on [his/her] upper lip. [Caregiver D]

09/09/25 6:00 AM Observation for [Resident 1] [S/he] was strong when waking up and looking very okay. [Caregiver D]

09/09/25 7:30 AM Observation for [Resident 1] [S/he] was in good condition and cleaning [sic] [Caregiver F]

09/09/25 8:15 AM Observation for [Resident 1] reported [sic] resident fall to case manager and primary doctor! [Program Manager B]

09/10/25 7:45 AM Observation for [Resident 1] [S/he] looked very fine this morning . [sic] [Caregiver D]"

On 10/09/2025 at 11:08 AM, Surveyor received after visit summaries from Program Manager B via email. Dates of service were 08/08/2025, 08/20/2025, 09/22/2025, and 09/25/2025.

Home Health Notes received 10/10/2025 at 2:42 PM via email from home health agency (summarized):

LPN visit dated 09/05/2025:
" ...NOTED THAT PT HAD TWO SCABBED OVER SORES ON BACK. [HH LPN] ASKED

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M 448	Continued From page 9 [caregiver] HOW PT GOT THIS, [caregiver] REPORTED THAT [HIS/HER] UNDERSTANDING WAS THAT THOSE INJURIES WERE FROM A PAST FALL AND THAT [caregiver] SHARED A PIC OF THE SAME AREA FROM 8-29 WITH [home health LPN] TODAY. [Caregiver] STATES [S/HE] REPORTED NOTED INJURIES TO HOUSE MANAGER [Program Manager B's name] WHO HAD TOLD [HIM/HER] [S/HE] REPORTED IT TO [Owner A] ..." RN visit dated 09/08/2025: "Wound Assessment #1 - [Right] - LOW BACK, MED, LACERATION LENGTHxWIDTHxDEPTH(CM) 2 X 0.5 X 0.1 ... GRANULATION TISSUE INTACT EDGES DISTINCT ... SHAPE ROUND ... SKIN COLOR SURROUNDING WOUND NORM PERIPHERAL TISSUE EDEMA NONE PERIPHERAL TISSUE INDURATION NONE ... OPEN TO AIR PATIENT REPORTS NO PAIN TO WOUND .SN NOTED NO SIGNS OF INFECTION ..." RN visit dated 09/10/2025: [Skilled nursing] WAS GOING TO DISCHARGE PATIENT FROM SERVICES DUE TO NO CHANGES, ALTHOUGH LAST WEEK ...CAREGIVER REPORT AND VISABLE LACERATIONS AND BRUISING TO PATIENTS BACK. SN NOW TO RECERIFY TO CONTINUE TO MONITOR AREAS. PATIENT WOULD CONTINUE TO BENEFIT FROM SKILLED NURSING SERVICES FOR SAFETY EDUCATION, EDUCATION ON MEDICATION MANAGMENT AND MONITORING LACERATIONS ..."	M 448		

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M 448	Continued From page 10 The record did not contain assessment(s) dated 08/29/2025-09/07/2025 of injuries discovered 08/29/2025 on Resident 1's back. On 10/07/2025 at 11:16 AM, Surveyor interviewed Program Manager B who stated s/he believed Resident 1 was sent to the emergency room right after the fall and the after-visit summary was in Resident 1's record. Program Manager B stated the fall s/he was referring to corresponded with the investigation of bruise and abrasions. Program Manager B provided Surveyor with an after-visit summary dated 08/06/2025. Diagnoses included frequent falls and anorexia. On 10/07/2025 at 12:14 PM, Surveyor interviewed Program Manager B who stated they did not complete an assessment of abrasions and bruising on Resident 1's back because Resident 1 was sent to hospital right after. Program Manager B stated Resident 1's back was assessed by the physician's group who saw residents at the adult family home. Program Manager B stated s/he looked at Resident 1's back after the bruise was reported to him/her and it appeared Resident 1 had fallen or ran into something. Program Manager B stated s/he wrote an observation note. Surveyor showed Program Manager B photo 1 and photo 2 of Resident 1's back. S/he verified photo 1 was the photo sent to him/her by Caregiver C on 08/29/2025. Program Manager B agreed with Surveyor that the injuries were more than just a bruise. On 09/07/2025 at 3:24 PM, Surveyor discussed concern of no assessment or documentation of injuries on Resident 1's back with Owner A and Program Manager B. Program Manager B stated	M 448		

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they did not feel the injuries were due to abuse.

On 10/08/2025 at 9:01 AM, Surveyor interviewed Case Manager H who stated Program manager B minimized Resident 1's back injuries when a bruise was reported to him/her on 08/29/2025.

On 10/10/2025 at 12:35 PM, Surveyor interviewed Former Caregiver C who stated s/he could not remember the date s/he discovered the injuries (Photo 1) on Resident 1's back. Former Caregiver C stated s/he worked the day shift the day s/he discovered them and the night shift worker, Caregiver D, did not mention the injuries during shift-to-shift report. Former Caregiver C stated s/he discovered the injuries when s/he was changing Resident 1's shirt. Caregiver C stated s/he took Photo 1 and sent it to Program Manager B when s/he reported the injuries to Program Manager B.

On 10/10/2025 at 1:22 PM, Surveyor interviewed Home Health Nurse I who stated on 09/05/2025 a facility caregiver reported the injuries and bruise on Resident 1's back to the home health LPN. Home Health Nurse I stated when s/he questioned facility staff about it they stated they knew nothing about it.

On 10/17/2025 at 1:40 PM, Surveyor interviewed Physician Services J who stated physician services saw Resident 1 on 08/08/2025, 08/20/2025 and 09/25/2025 and his/her back injuries and bruise were reported to them on 09/05/2025 at 9:41 AM. Physician Services J stated a pharmacy consult was done 09/22/2025 so Resident 1 was not seen.

Summary:
The provider did not assess, request an

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M 448	Continued From page 12 assessment by home health, physician services or managed care organization, or take Resident 1 to urgent care or the emergency room for assessment and treatment recommendations when 3 significant abrasions and a large bruise were discovered on Resident 1's back on 08/29/2025. Cross Reference: M0424 DHS 88.06(3)(f) Review Of ISP M0450 DHS 88.07(2)(b)6 Notification Of Changes	M 448		
M 450	88.07(2)(b)6 NOTIFICATION OF CHANGES Notifying the placing agency, if any, the guardian, if any, of any significant changes in the resident's medical condition, including any life-threatening, disabling or serious illness, any illness lasting more than 3 days, an injury sustained by the resident, medical treatment needed by the resident or the resident's absence from the home for more than 24 hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the placing agency was correctly notified of an injury sustained by a resident. The provider failed to report 3 lacerations when reporting a corresponding bruise to Resident 1's managed care organization.	M 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018097	A. BUILDING: _____ B. WING _____	C 10/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF BROOKFIELD LLC	460 LEANORE LANE BROOKFIELD, WI 53005

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M 450	Continued From page 13 Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of developmentally disabled, physically disabled, terminally ill, emotionally disturbed/mental illness, advanced age, alcohol/drug dependent, irreversible dementia/Alzheimer's and traumatic brain injury. On 09/19/2025 at 1:26 PM, Surveyor received an email from Adult Protective Services (APS) (E) with 3 attachments including a report and 2 photos. Photo 1 depicted a person holding a cell phone displaying a photo of a person's back with 3 injuries and bruising. Photo 2 depicted a person with shirt pulled up exposing his/her back, with 3 injuries on his/her back. Photo file information identified photo 1 and photo 2 were taken 09/09/2025 at 3:28 PM. Description of injuries depicted in Photo 1 and Photo 2 by Division Of Quality Assurance (DQA) RN/Nurse Consultant G received via email 10/17/2025 at 2:46 PM: Photo1- " ...All 3 abrasions were lateral to spine. The largest abrasion, abrasion #1, was approximately 4 inches in length and 1.5 inches in width. Abrasion #1 had an irregular halo of yellow/light brown bruising which fully surrounded the light pink granulation tissue. The light pink granulation tissue fully surrounded an approximately 1 inch by 1 inch black/brown dry scab. The second largest abrasion, abrasion #2, was approximately 2 inches superior to abrasion #1. Abrasion #2 was a red/brown scab fully surrounded by pink granulation and was approximately 1.5 inch by 0.5 inches in size.	M 450		

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M 450	Continued From page 14	M 450		

The third abrasion, abrasion #3 was a stage 1 wound with a pink wound bed. Abrasion #3 was approximately 0.5 inches by 1 inch in size ..." Photo 2- " ...All 3 wounds appeared to be in the last stages of healing with granulation tissue surrounding a light pink/brown scab ..."

On 10/07/2025, Surveyor reviewed Resident 1's record. S/he was admitted 07/02/2021. Diagnoses included: scoliosis, severe mental retardation, obsessive-compulsive disorder and autistic disorder.

The record contained an abuse investigation consisting of 6 staff statements and an investigation summary.
Former Caregiver C statement signed and dated 09/08/2025: " ...Came into work on Aug 29 [sic] 2025 [sic] got to doing my morning work with [Resident 1] and when I [sic] was changing [his/her] shirt I noticed that [Resident 1] had a big bruise on [his/her] back [sic] I called [Program Manager B] who is the house manager to inform [him/her] about the bruise that was on [him/her]. [S/he] was not aware of it [sic] [S/he] said to send [him/her] a picture of it [Photo 1] so I send [sic] it to [him/her] and [s/he] said [s/he] would that [sic] care of it ..."

Program Manager B statement dated 09/08/2025: "On august [sic] 29th 2025, [Former Caregiver C] called me around 5pm [sic] to report a bruise from our resident [Resident 1]. [S/he] stated that [s/he] did not notice anything on [his/her] skin on [his/her] 8 hour shift until the end of [his/her] shift when [s/he] changed [him/her] around 3pm [sic]!...As the house manager I reported this matter to the director of the facility as well as [Resident 1's] Case [sic] manager as soon as the caregiver reported this matter ..."

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M 450	Continued From page 15 Observation note dated 08/29/2025: " ...The caregiver called me on shift and noticed the resident had a bruise on [his/her] back. I reported the situation to the director and reported to case manager [Program Manager B] ..." Home Health Notes received 10/10/2025 at 2:42 PM via email from home health agency (summarized): LPN visit dated 09/05/2025: " ...NOTED THAT PT HAD TWO SCABBED OVER SORES ON BACK. [HH LPN] ASKED [caregiver] HOW PT GOT THIS, [caregiver] REPORTED THAT [HIS/HER] UNDERSTANDING WAS THAT THOSE INJURIES WERE FROM A PAST FALL AND THAT [caregiver] SHARED A PIC [Photo 1] OF THE SAME AREA FROM 8-29 WITH [home health LPN] TODAY. [Caregiver] STATES [S/HE] REPORTED NOTED INJURIES TO HOUSE MANAGER [Program Manager B's name] WHO HAD TOLD [HIM/HER] [S/HE] REPORTED IT TO [Owner A] ..." RN visit dated 09/10/2025: " ...[Skilled nursing] WAS GOING TO DISCHARGE PATIENT FROM SERVICES DUE TO NO CHANGES, ALTHOUGH LAST WEEK ...CAREGIVER REPORT AND VISABLE [sic] LACERATIONS AND BRUISING TO PATIENTS BACK. SN NOW TO RECERIFY [sic]TO CONTINUE TO MONITOR AREAS. PATIENT WOULD CONTINUE TO BENEFIT FROM SKILLED NURSING SERVICES FOR SAFETY EDUCATION, EDUCATION ON MEDICATION MANAGMENT AND MONITORING LACERATIONS ..."	M 450		

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M 450	Continued From page 16 On 10/07/2025 at 11:16 AM, Surveyor interviewed Program Manager B who stated s/he believed Resident 1 was sent to the emergency room right after the fall and the after-visit summary was in Resident 1's record. Program Manager B stated the fall s/he was referring to corresponded with the investigation of bruise and abrasions. Program Manager B provided Surveyor with an after-visit summary dated 08/06/2025. Diagnoses included frequent falls and anorexia. On 10/07/2025 at 12:14 PM, Surveyor interviewed Program Manager B who stated s/he looked at Resident 1's back after the bruise was reported to him/her and it appeared Resident 1 had fallen or ran into something. Program Manager B stated s/he wrote an observation note. Surveyor showed Program Manager B photo 1 and photo 2 of Resident 1's back. S/he verified photo 1 was the photo sent to him/her by Caregiver C on 08/29/2025. Program Manager B agreed with Surveyor that the injuries were more than just a bruise. On 10/08/2025 at 9:01 AM, Surveyor interviewed Case Manager H who stated Program manager B minimized Resident 1's back injuries when a bruise was reported to him/her on 08/29/2025. On 10/10/2025 at 12:35 PM, Surveyor interviewed Former Caregiver C s/he took Photo 1 and sent it to Program Manager B when s/he reported the injuries to Program Manager B. Cross Reference: M0424 DHS 88.06(3)(f) Review Of ISP M0448 DHS 88.07(2)(b)5 Monitoring Health	M 450		