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	0018097	A. BUILDING: _____ B. WING _____	R-C 04/01/2026

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COMMUNITY LIVING OF BROOKFIELD LLC	460 LEANORE LANE BROOKFIELD, WI 53005

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{M 000}	INITIAL COMMENTS On 03/18/2026 with information gathered through 04/01/2026, Surveyor conducted a standard survey, 1 verification visit and 1 complaint investigation. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See Statement OF Deficiency (SOD) QE1311 dated 11/08/2022, SOD QE1312 dated 10/04/2023 and SOD QM7011 dated 10/17/2025. Two of 3 deficiencies from Statement Of Deficiency (SOD) QM7011 dated 10/17/2025 were substantially corrected. The complaint was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a homelike environment.	M 276		

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

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M 276	Continued From page 1 Findings include: On 03/18/2026 at 1:31 PM, while touring facility with Assistant Administrator K, Surveyor observed: Example 1- Hallway Near Front Door 3 dime-sized holes in bifold closet doors Paint chipped and white baseboard discolored black left of 1st bedroom door Approximately 5" long and ¾ cm deep scrape between closet door and bathroom door White baseboards covered with thick layer of dust Example 2- Living Room Black marks on white baseboard under large window White baseboards covered with thick layer of dust Heat vent near television rusted Example 3- Dining Room and Kitchen Several areas of tape on floor (approximately 6" x 4"; 7" x 4"; 12" x 2", 5" x 4", and 5" x 2") Example 4- Hallway Leading Into Dining Room Heat vent rusted Approximately 3' 6" high x 2' wide area of streaks of dried clear liquid White baseboards heavily soiled with dust and black scuff marks Example 5- Hallway Near Employee Bathroom 2" x approximately 7" tape on floor Approximately 3" diameter hole in wall Approximately 10" x 4" streak of black substance on baseboard To the right of the bathroom door, large black scuff ran entire length of wall	M 276		

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Example 6- Resident 2's Room
Approximately 8" of slats missing from left bottom corner of window blind
Bulb burnt out on ceiling light
Resident 2 stated s/he broke the blind.

Example 7- Resident 3's Room
1 of 2 bulbs missing from ceiling light
Globe missing from ceiling light.
Resident 3 stated s/he took ceiling globe down and stored it in closet until s/he could replace the missing light bulb.

On 03/18/2026 at 1:50 PM, Surveyor interviewed Assistant Administrator K who stated caregivers clean every shift, and cleaning baseboards was probably included in that cleaning. Assistant Administrator K stated the scuffs and chipped paint were due to wheelchairs bumping into walls, s/he did not know why streaks of dried liquid were on the dining room wall or why it had not been cleaned. Assistant Administrator K stated Licensee A was planning on painting entire interior of home when weather improved.

On 03/18/2026 at 1:54 PM, Surveyor discussed concern of home environment with Licensee A and Assistant Administrator K. Assistant Administrator K stated s/he did not recall last time baseboards were cleaned but they were cleaned every 2 months.

On 03/18/2026 at approximately 2:20 PM, Surveyor interviewed Caregiver F who stated the tape on the floor held the seams (between the laminate floor's planks) down and Licensee A had an estimate done to have it fixed. Caregiver F stated a former resident's electric wheelchair caused the problem with the seams.

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M 334	Continued From page 3	M 334		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a required smoke detector was located at the head of an open stairway. No smoke detector was attached to the smoke detector's mounting bracket at the head of the basement stairway. Findings include: On 03/18/2026 at 1:40 PM, while touring home with Assistant Administrator B, Surveyor observed a smoke detector mounted on the ceiling at the head of the open stair way leading to the basement. The smoke detector was missing from the bracket.	M 334		

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M 334	Continued From page 4 On 03/18/2026 at 1:40 PM, Assistant Administrator B asked Caregiver C if s/he knew why the smoke detector was missing from the bracket. Caregiver C stated if the smoke detector no longer worked Licensee A may have taken it down to exchange it for a new one. On 03/18/2026 at 1:54 PM, Surveyor discussed concern of missing smoke detector with Licensee A and Assistant Administrator B. Licensee A stated there always was a smoke detector at the head of the basement stairway and someone may have taken it down.	M 334		
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: Based on record review and interview, the	M 424		

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provider did not ensure the individual service plan (ISP) was updated in writing when the resident's needs or preferences changed substantially.

Resident 2's ISP did not identify specific feeding guidelines to prevent aspiration as recommended by speech therapy.

Resident 4's ISP did not identify Resident was unable to bear weight and transferred with a Hoyer lift; attended outpatient therapy or had a home exercise program; therapy recommended use of a U-strap/sling to be used with Hoyer lift, an exercise band and alternate positioning from lying in bed/sitting in wheelchair; hand specialist issued a robotic glove for right hand injury; had an electric wheelchair and battery needed charging; pain management interventions or Resident 4's inappropriate behaviors toward staff limited their ability to provide cares.

This is a repeat violation. See Statement Of Deficiency (SOD) QE1311 dated 11/08/2022, SOD QE1312 dated 10/04/2023 and SOD QM7011 dated 10/17/2025.

Findings include:
The adult family home is licensed to serve up to 4 residents within the client groups of physically disabled, advanced age, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, developmentally disabled, traumatic brain injury, and alcohol/drug dependent.

Example 1- Resident 2

On 03/18/2026 at 1:33 PM while touring home with Assistant Administrator K, Surveyor observed a posting taped to the kitchen refrigerator door.

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M 424	Continued From page 6 The posting was signed by a speech therapist, dated 07/25/2023 and stated (summarized): General consistency diet, cut small, with moderate thick liquids; sit upright for all oral intake, remain sitting for 1 hour before reclining, rinse mouth after each meal, clean teeth each morning and evening, avoid drinking during meals and receive assistance with eating and drinking as needed; and staff were to call doctor if Resident 2 experienced fever, chest congestion, coughing, choking , severe tiredness or generally feeling unwell. On 03/18/2026 and 03/19/2026, Surveyor reviewed Resident 2's record. S/he was admitted 08/27/2021. Diagnoses included moderate mental retardation. ISP dated 03/01/2026: In the are of Meal Preparation: " ...Staff should thicken all liquids, moderately thick, using 4 ½ to 5 ½ tsp of thick it [sic]. Nectar consistency ..." In the area of Eating: " ...Following special dietary needs to ensure healthy eating habits and intake of desired beverages." In the area of Oral Care: " ...Full assistance 2x every day ...Staff should assist with setup and completion of oral cares every morning and every evening. Complete oral cares at least once per day." The ISP did not identify food needed to be cut small, resident was to sit upright for all oral intake and remain sitting for 1 hour before reclining, drinking during meals was to be avoided, mouth was to be rinsed after each meal, and staff were to call doctor if Resident 2 experienced fever, chest congestion, coughing, choking , severe tiredness or generally felt unwell.	M 424		

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Example 2- Resident 4
On 01/14/2026, the Department received a complaint alleging transfers and repositioning were not provided.

On 03/18/2026, Surveyor reviewed Resident 4's record. S/he was admitted 10/30/2025 and discharged 02/27/2026. Diagnoses included quadriplegia, unspecified and chronic pain syndrome.

Pain Evaluation dated 10/30/2025 (summarized)-
Physical Limitations- can not bear any weight/Hoyer lift transfers
Description of pain- Constant sharp back and joint pain
Goal- To have less pain during physical therapy.

Observation notes dated 11/04/2025-01/13/2026-
11/08/2025 7:00 AM- "[S/he] was so rude today [sic]"
01/13/2026 6:15 PM- "[Resident 4] was very abusive today when I was cleaning [him/her] ..."
01/25/2026 7:15 AM- "[S/HE] WAS YELLING AT ME ALL THE TIME TRYING TO PICK ON ME."

ISP dated 12/03/2025 (summarized):
In the area of Capacity for Self-Care- Total assistance and wheelchair
In the area of Mobility & Walking- Full assistance "Requires full assistance including physical and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down"
In the area of Transferring- Full assistance
In the area of Chronic Illnesses- "Has chronic illness(es) that require proper treatment and management ..."
In the area of Physical Disabilities- "Patient has

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contractures"
In the area of Interaction- Displayed positive/appropriate interactions
In the area of Attitude- Displayed positive/appropriate attitude

On 03/18/2026 at 1:14 PM, Surveyor interviewed Caregiver F who stated Resident 4 did not like anyone to touch him/her and would spit at staff. Caregiver F stated Resident 4 was seen at outpatient therapy, his/her body was completely stiff "like a board" and s/he would scream when moved. Caregiver F stated Resident 4 requested staff rub his/her arms from wrist to shoulder, and s/he did not recall seeing any written recommendations from therapy.

On 03/19/2026 at 10:57 AM, Surveyor interviewed Caregiver D who stated Resident 4 did not move at all because s/he was paralyzed from the neck down, so transferring him/her with a Hoyer lift was very difficult even with 2 people. Caregiver D stated Resident 4 did not cooperate with exercises, and staff would bring him/her out into the living room. Caregiver D stated Resident 4 had a lot of appointments including outpatient therapy. Caregiver D stated Resident 4's pain appeared well managed.

On 03/19/2026 at 1:28 PM, Surveyor interviewed Physical Therapist (PT) L who stated s/he provided outpatient physical therapy at the therapy clinic to Resident 4 from prior to his/her admission to Community Living of Brookfield in October 2025 to mid-February 2026. PT-L stated s/he called and spoke with Licensee A requesting Resident 4 be transferred to/from bed/wheelchair multiple times per day. PT-L stated s/he sent written recommendations home with Resident 4 for staff.

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M 424	Continued From page 9 Physical Therapy notes received 03/31/2026 at 10:55 AM via fax from PT-L: Visit 9, dated 11/10/2025- " ...[S/he] moved facilities last Friday and has been adjusting to the move ...Patient mobility in each joint has improved ...Performed hoyer [sic] transfer total assist x2-3 [assist of 2-3 persons] due to stiffness throughout all extremities for safety ...Patient has also moved to a different facility so [s/he] has not been able to have consistent caregivers to assist with home exercise program ...Patient reports performing HEP [home exercise program] as prescribed ...." Visit 10, dated 11/24/2025- " ...Reported since moving to different facility, they have not transferred [him/her] much. Since moving to facility [s/he] has only been transferred to [his/her] chair once. Has been compliant with HEP ...Performed hoyer transfer total assist x2 due to stiffness throughout all extremities for safety ...Provided print out for U-strap that could be helpful for safer transfers at [his/her] facility ...Provided patient print out with instructions to be up seated in power chair for facility to mobilize patient ...Demonstrated increased lower extremity stiffness due to facility not mobilizing patient from bed ..." Visit 11, dated 12/03/2025- " ...Facility only helped patient up once since last visit. Was able to do [his/her] own indent [sic] exercises [him/herself] ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ...Demonstrated reduced knee extension on bilateral legs from not being transferred at [his/her] facility ...Limited by contractures throughout entire body and reduced positional changes at facility ..."	M 424		

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M 424	Continued From page 10 Visit 12, dated 01/08/2026- " ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ...Limited by right wrist pain inability to assist with transfer training and reduced positional changes at facility ..." Visit 13, dated 01/16/2026- " ...Went to [emergency department] for right wrist pain and found no fractures on wrist ...Has not been transferred out of bed since last therapy session ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ..." Visit 14, dated 01/28/2026- " ...Has been working on HEP consistently with independent exercises-facility does not support patient with any other physical interventions ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ..." Visit 15, dated 02/06/2026 " ...Has been compliant with current HEP that [s/her] can do independently ...Spacing out PT and OT appointments on different day has improved mobility overall as facility is forced to hoyer [sic] lift patient onto power chair ...Patient is limited in progress in sitting upright goal and side lying to right due to lacking support from facility and injury of right wrist impacting bilateral upper extremities to support transfer stability ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ..." Visit 16 dated 02/13/2026- " ...Reported seeing hand specialist who provided robotic glove and topical cream for right hand injury. Facility has not yet donned glove for patient or assisted with	M 424		

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exercises ...Performed hoyer [sic] transfer total assist x2 due to stiffness throughout all extremities for safety ..."

On 04/01/2026 at 9:44 AM, Surveyor received a fax from PT-L stating references to "assist x2" in the therapy notes meant 2 therapy staff assisted with the Hoyer transfers during therapy.

On 03/31/2026 at6 5:19 PM, Surveyor interviewed Resident 4 who stated staff usually did not get him/her out of bed unless s/he had an appointment, and when s/he had an appointment, they would wait until a 2nd staff arrived to assist with the Hoyer transfer. Resident 4 stated physical therapy wanted a Hoyer sling that went between the legs used for better support, but it was never obtained, and s/he had an exercise band from therapy for staff to use during repositioning in bed but staff did not use it. Resident 4 stated s/he did not feel safe during transfers in the home. Resident 4 stated s/he gave therapy's written recommendations to Caregiver D and Caregiver F but they acted like they did not understand due to language barrier. Resident 4 stated initially s/he had back-to-back physical and occupational therapy appointments on the same days but therapy switched them to different days so staff would have to get him/her out of bed more often. Resident 4 stated staff would forget to charge his/her electric wheelchair's battery.

On 04/01/2026 at 10:46 AM, Surveyor discussed concern of ISPs not updated with Licensee A and Assistant Administrator K.
Licensee A stated: The adult family home was staffed with 1 person each shift. When s/he conducted an onsite preadmission assessment at the prior home s/he was told Resident 4 was a 1

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person assist transfer, but s/he did not observe the transfer. The former home wanted to discharge Resident 4 as soon as possible so the admission process was rushed. Due to Resident 4's quadriplegia, his/her body was stiff from the neck down and they did not realize 2 staff were needed to safely transfer him/her with the hoyer lift until a few days after admission. Once they realized it, they updated Resident 4's managed care organization who stated they would seek new placement for Resident 4. Staff ensured 2 staff were available for all transfers, and Licensee A was usually the 2nd staff. Resident 4 usually told staff what time s/he wanted to be transferred, then staff would call Licensee A to come to the home to assist, and Licensee A knew ahead of time when Resident 4 needed to be transferred for appointments. Resident 4 went to therapy appointments 2-3 times per week. Licensee A was available 7 days per week to assist with transfers, and 2 staff would transfer Resident 4 during their shift change overlap. S/he was aware of the U-sling and robotic glove but not aware of the exercise band or therapy home exercise program. Resident 4 used a manual wheelchair because his/her electric wheelchair was broken. Licensee A stated s/he did not recall therapy sending any written updates or calling him/her, at times Resident 4 would provide therapy information, and because Resident 4 made his/her own health care decisions they did not reach out to therapy for information. Resident 4's behaviors consisted included cussing staff out, calling them racial slurs, and belittling staff resulting in a negative environment. Assistant Administrator K stated they created Resident 4's ISP upon admission but had not received the updated information from therapy.

Cross Reference:

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M 424	Continued From page 13 M0552 DHS 88.10(3)(c) Confidentiality	M 424		
M 552	88.10(3)(c) Confidentiality Confidentiality. To have his or her records kept confidential as described in s. HSS 88.09(1)(b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the resident right to confidentiality. Confidential information regarding Resident 2 was posted on the kitchen refrigerator. Findings include: On 03/18/2026 at 1:33 PM while touring home with Assistant Administrator K, Surveyor observed a posting taped to the kitchen refrigerator door. The posting was signed by a speech therapist, dated 07/25/2023 and stated (summarized): General consistency diet, cut small, with moderate thick liquids; sit upright for all oral intake, remain sitting for 1 hour before reclining, rinse mouth after each meal, clean teeth each morning and evening, avoid drinking during meals and receive assistance with eating and drinking as needed; and staff were to call doctor if Resident 2 experienced fever, chest congestion, coughing, choking , severe tiredness or generally feeling unwell. On 03/18/2026 at 1:33 PM, Surveyor interviewed Assistant Administrator K who stated the guidelines posted on the refrigerator regarding Resident 2 were from a speech therapist who wanted all staff to see the guidelines.	M 552		

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 _____	R-C 04/01/2026

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

(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 552	Continued From page 14 On 03/19/2026 at 10:11 AM, Surveyor interviewed Licensee A regarding concern of resident right to confidentiality due to Resident 2's private health information posted on kitchen refrigerator. Licensee A stated the guidelines were posted on the kitchen refrigerator for all staff, including any agency staff unfamiliar with Resident 2 to see. Cross Reference: M0428 DHS 88.06(3)(f) Review Of ISP	M 552		