STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017466	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY PERSONAL CARE AFH LLC	1535 W GOLDCREST ST MILWAUKEE, WI 53221

(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 06/09/2026 with information gathered through 06/15/2026, Surveyor conducted a complaint investigation at Quality Personal Care AFH. Two deficiencies were identified. One complaint was unsubstantiated. Census: 1	M 000		
M 132	88.03(5)(d) CHANGE OR DAMAGE TO STRUCTURE A change in the home's structure or damages to the home that may present a hazard to the residents. This Rule is not met as evidenced by: Based on interview and record review, the provider did not report damage to the home that presented a hazard to 1 of 1 resident (Residents 1). Resident 1 was evacuated to new location due to an electrical safety inspection. The inspection found the homes electrical system to be unsafe requiring corrective action by a qualified electrical contractor. This was not reported to the Department within 7 days following the electrical safety inspection which occurred on 06/02/2026. Findings: On 06/09/2026, Surveyor arrived at 10:00 AM at the facility and found no occupants. On 06/09/2026 at approximately 10:10 AM, Surveyor phoned Licensee A who confirmed the home was unoccupied and Resident 1 had been relocated for safety reasons. Surveyor asked	M 132		

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

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 132	Continued From page 1 Licensee A if the emergency evacuation had been reported to the Department. Licensee A confirmed they had reported it. On 06/10/2026 at 12:15 PM, Surveyor received and reviewed a document from Licensee A entitled; "Electrical Inspections Findings." This document identified multiple electrical deficiencies which found the homes electrical system to be unsafe. On 06/10/2026 at 12:25 PM, Surveyor reviewed department records and identified there was not a self-report submitted by the provider related to the inspection of the homes electrical system which deemed it to be unsafe requiring relocation of Resident 1.	M 132		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure they obtained a record of all medical visits and reports for 1 of 1 resident (Resident 1). No record was maintained by the provider as a part of his/her record. Findings include: On 06/11/2026 at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/19/2021. Resident 1's record did not include annual medical visits.	M 446		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017466	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY PERSONAL CARE AFH LLC	**1535 W GOLDCREST ST MILWAUKEE, WI 53221**

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M 446	Continued From page 2 On 06/11/2026 at 4:16 PM Surveyor received an e-mail from Licensee A which stated, "medical appointments, visits, and related medical records, those are maintained and coordinated by [their] guardian. [They] manage the member's medical appointments and healthcare-related matters directly.	M 446		