STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017099	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE OF LOVE AFH LLC	5305 N 54TH ST MILWAUKEE, WI 53218

(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 04/02/2025, Surveyor conducted a standard survey at Circle of Love Adult Family Home. As a result, 11 deficiencies were identified. Census: 3	M 000		
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 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 of 2 caregivers (Caregiver B) was screened for communicable diseases, including tuberculosis (TB), within 90 days before the start of providing cares. Caregiver B was screened for TB 29 days after the start of providing care. Caregiver B was not screened for communicable diseases. Findings include: On 04/02/2025, at 10:10 AM, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 04/25/2024. Caregiver B was screened for TB on	M 232		

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

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M 232	Continued From page 1 05/24/2024, which was 29 days after her/his start date. Caregiver B's record did not evidence Caregiver B was screened for communicable diseases. On 04/02/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed staff were to be screened for TB. Administrator A reported s/he was not aware of the communicable disease screening or the timeline of when the screening was to take place.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver B did not receive training in standard precautions prior to providing care. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per	M 235		

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M 235	Continued From page 2 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). Findings include: On 04/02/2025, at 10:10 AM, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 04/25/2024. Caregiver B's file contained a certificate of completion, dated 09/23/2024, which indicated Caregiver B completed medication training, standard precautions, first aid and choking, fire safety, resident rights, client group specifics and prevention of abuse or neglect. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B provided care to residents prior to being trained in standard precautions. Administrator A reported s/he was unaware of the timeline for initial training, Administrator A reported s/he thought s/he had 6 months to ensure standard precaution training was completed.	M 235		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and the evacuation time for each drill for 3 of 3 years. There was no documentation of fire drill being conducted in	M 348		

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M 348	Continued From page 3 2022, 2023 and 2024. Findings include: On 04/02/2025, at, 11:00 AM, Surveyor reviewed the facility safety files. There was no evidence of fire drill being conducted in 2022, 2023 and 2024. On 04/02/2025, at 11:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported none had been completed in a long while. Administrator A reported s/he was keeping up with the requirements but "life happened."	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) was screened for tuberculosis (TB) 90 prior to or 7 days after admission. Resident 1 was screened for TB at least 232 days	M 380		

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M 380	Continued From page 4 prior to admission. Resident 2 was screened for communicable diseases 414 days after admission and TB 409 days after admission. Findings include: On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 07/2020. Resident 1's record contained a TB test, dated 11/12/2019, which was at least 232 days prior to admission. Resident 1's record did not contain evidence Resident 1 was screened for communicable diseases. Resident 2 was admitted on 08/10/2020. Resident 2's record contained a TB test, dated 09/23/2021, which was 409 days after Resident 2's admission. Resident 2's record contained a communicable disease screening, dated 09/28/2021, which was 414 days after Resident 2's admission. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement but was unaware of the timeline. Administrator A reported both residents were screened for TB and communicable diseases but was unaware of where the paperwork was.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite	M 384		

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M 384	Continued From page 5	M 384		

care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.
This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure an admission agreement was completed, dated, and signed by each resident, guardian or designated representative, and licensee, prior to admission for 2 of 2 residents (Resident 1 and Resident 2). Resident 1 and Resident 2 did not have signed admission agreements.

Findings include:

On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1 was her/his own person. Resident 1's file did not contain any evidence of a signed agreement between the licensee and Resident 1.

Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2 was her/his own person. Resident 2's file did not contain any evidence of a signed agreement between the licensee and Resident 2.

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M 384	Continued From page 6 On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A reported s/he would have to create a service agreement. Administrator A reported s/he had something but did not include all the requirements. When Surveyor inquired about what Administrator A had, Administrator A reported s/he was unable to find it in the files.	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment, and an individual service plan (ISP) were developed for 2 of 2 residents within 30 days after placement. Resident 1 and Resident 2 did not have a written assessment, or an ISP completed within 30 days. Findings include: On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident	M 404		

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M 404	Continued From page 7 1's record contained an ISP, dated 10/20/2020. Resident 1's record did not contain a written assessment. Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2's record contained an ISP, dated 01/06/2021. Resident 2's record contained a written assessment which was undated. The written assessment indicated Resident 2 used a wheeled walker and cane as assistive devices and was forgetful. The assessment did not contain any other information. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was unaware of the code requirement. Administrator A reported s/he needed to create an assessment to ensure compliance.	M 404		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2).	M 420		

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M 420	Continued From page 8 Findings include: On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1 was her/his own person. Resident 1 had a managed care organization (MCO). Resident 1's record contained an ISP, dated 08/2023. The ISP was not signed. Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2 was her/his own person. Resident 2 had an MCO. Resident 2's record contained an ISP, dated 04/23/2024. The ISP was not signed. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was unaware the ISPs needed to be signed by all parties. Administrator A reported s/he would ensure all ISPs were signed by all parties.	M 420		
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	M 424		

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M 424	Continued From page 9	M 424		

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 provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) individual service plans (ISPs) were reviewed at least every 6 months and with changes.

Findings include:

On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1's record contained an ISP, dated 08/2023. Resident 1's ISP was due to be reviewed in 02/2024, 08/2024, and 02/2025.

Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2's record contained an ISP, dated 04/23/2024. Resident 2's ISP was due to be reviewed in 10/2024.

On 04/02/2025, at 11:30 AM, Surveyor

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M 424	Continued From page 10 interviewed Administrator A. Administrator A reported s/he reviews the ISPs every 90 days. Administrator A reported the case manager for the managed care organization (MCO) comes to the facility every 90 days and updates the ISP. Surveyor inquired if it was the MCO's service plan or the ISPs with the facility. Administrator A reported it was the MCO's service plan.	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 record review, observation and interview, the provider did not ensure prescription medication was securely stored and remained in its original container for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's medications were not securely stored in her/his room. Resident 2's medications were placed in a weekly medication container. Findings include: On 04/02/2025, at 10:30 AM, Surveyor reviewed	M 458		

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M 458	Continued From page 11	M 458		

resident records and identified the following:

Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1 was her/his own person. Resident 1's individual service plan (ISP) indicated Resident 1 was able to self-administer medications and required reminders and supervision to take medications. An after-visit summary (AVS) indicated Resident 1 was prescribed the following medications: albuterol inhaler, alfuzosin 10 milligrams (mg), atorvastatin 80 mg, Breztri inhaler, calcium with vitamin D 500 mg, carboxymethylcellulose solution, diclofenac gel, finasteride 5 mg, gabapentin 600 mg, lamotrigine 200 mg, mirtazapine 30 mg, nifedipine 90 mg, and senna 8.6 mg.

Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2 was her/his own person. Resident 2's ISP, dated 04/23/2024, indicated Resident 2 required staff to provide medication administration. A written order from Resident 2's physician, dated 09/23/2021, indicated Resident 2 required assistance from staff for medication administration. An AVS, dated 09/18/2024, indicated Resident 2 was prescribed the following medications: albuterol inhaler, atorvastatin 40 mg, benztropine 0.5 mg, ciprofloxacin 500 mg, divalproex 500 mg, famotidine 40 mg, fluticasone-salmeterol inhaler, haloperidol 10 mg, metformin 500 mg, and sertraline 50 mg.

On 04/02/2025, at 11:00 AM, Surveyor toured the facility with Administrator A. Surveyor reviewed Resident 2's medications. Surveyor observed a

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M 458	Continued From page 12 weekly medication planner which contained medications. Surveyor did not observe any labels indicating what medications were in the pill boxes. Surveyor toured Resident 1's bedroom. The bedroom door was open. The bedroom door contained a locking mechanism, which was not engaged. Surveyor observed medication bottles on the dresser and table in Resident 2's bedroom. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed medications were to be securely stored. Administrator A reported Resident 1 self-administered her/his medications. Administrator A reported s/he thought Resident 1's medications were ok to be in Resident 1's room. Administrator A reported there was a lock box in Resident 1's room and s/he would need to ensure Resident 1 used the lock box. Administrator A reported s/he was unaware they could not utilize the weekly medication planners. Administrator A reported s/he was the one who filled the medication planner.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written	M 464		

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M 464	Continued From page 13 order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications prior to administering medications for 2 of 2 residents. Resident 1's record did not contain a written order to administer medications. Resident 2's written order was received 409 days after staff administered medications to Resident 2. Findings include: On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1 was her/his own person. Resident 1's individual service plan (ISP) indicated Resident 1 was able to self-administer medications and required reminders and supervision to take medications. Resident 1's record did not contain evidence written order indicating Resident 1 required assistance with medication administration. Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2 was her/his own person. Resident 2's ISP, dated 04/23/2024, indicated Resident 2 required staff to provide medication administration. A written order from Resident 2's physician, dated 09/23/2021,	M 464		

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M 464	Continued From page 14 indicated Resident 2 required assistance from staff for medication administration, which was 409 days after Resident 2 was admitted. On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was aware of the code requirement. Administrator A reported s/he was unsure why Resident 2's written order was late. Administrator A confirmed Resident 2 had medications when s/he was admitted and required staff administration. Administrator A reported s/he was unaware of supervising and giving reminders of medication administration was considered medication administration.	M 464		
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 a record was kept for all prescription medications controlled, dispensed, and administered by the provider for 2 of 2 residents (Resident 1 and Resident 2). Resident 1 required supervision with medication administration by staff and did not have a	M 466		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017099	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 466	Continued From page 15	M 466		

medication administration record to record the administration. Resident 2 was administered medications by staff daily and did not have a medication administration record to record the administration.

Findings include:

On 04/02/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 07/2020, with diagnoses including chronic obstructive lung disease, hyperlipidemia, hypertension, obesity, and atherosclerosis of coronary artery. Resident 1 was her/his own person. Resident 1's individual service plan (ISP) indicated Resident 1 was able to self-administer medications and required reminders and supervision to take medications. Resident 1's record did not contain evidence of a medication administration record (MAR).

Resident 2 was admitted on 08/10/2020, with diagnoses including schizophrenia, chronic pulmonary disease, and asthma. Resident 2 was her/his own person. Resident 2's ISP, dated 04/23/2024, indicated Resident 2 required staff to provide medication administration. A written order from Resident 2's physician, dated 09/23/2021, indicated Resident 2 required assistance from staff for medication administration. Resident 2's record did not contain evidence of a MAR.

On 04/02/2025, at 11:30 AM, Surveyor interviewed Administrator A. Administrator A reported Resident 1 had shaky hands and would drop medications which is why s/he needed supervision with medication administration. Administrator A reported Resident 1 received her/his medications from veteran's affairs (VA),

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M 466	Continued From page 16 and they did not offer a MAR. Administrator A reported s/he would need to create MARs for the residents.	M 466		