| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| GENTLE HEARTS AND LOUD LOVE ADULT FAMILY H | 6845 W LINDA DR W BEND, WI 53090 |

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| M 000 | INITIAL COMMENTS<br><br>On 06/09/2026, Surveyor conducted a standard survey and complaint investigation at Gentle Hearts and Loud Love Adult Family Home, an Adult Family Home (AFH) in West Bend, WI.<br><br>Thirteen deficiencies identified.<br><br>Complaint substantiated.<br><br>Census: 3 | M 000 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, Licensee A did not ensure 3 of 3 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis within 90 days before the start of providing care. Caregiver B, Caregiver C and Caregiver D did not have a TB skin test completed within 90 days prior to providing care.<br><br>Findings include: | M 232 | | |

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

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| M 232 | Continued From page 1<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor conducted a review of 3 employee records, which were provided by Licensee A. Surveyor noted the following concerns:<br>-Caregiver B was hired 11/14/2024. Caregiver B's record did not include a TB skin test.<br>-Caregiver C was hired 03/03/2026. Caregiver C's record did not include a TB skin test.<br>-Caregiver D was hired 08/29/2024. Caregiver D's record did not include a TB skin test.<br><br>On 06/09/2026 at approximately 1:15 PM., Surveyor reviewed concern with Licensee A that 3 of 3 caregivers reviewed did not have a TB skin test, within 90 days prior to the start of proving care. Licensee A stated s/he thought all of them had gotten a TB skin test. Licensee A acknowledged all employees reviewed were missing a TB skin test and stated s/he would get them completed as soon as possible. | M 232 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>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.<br><br>This Rule is not met as evidenced by: | M 244 | | |

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| M 244 | Continued From page 2<br><br>Based on record review and interview, the licensee did not have Caregiver B, Caregiver C and Caregiver D complete training 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.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor conducted a review of 3 employee records, which were provided by Licensee A. Surveyor noted the following:<br>-Caregiver B was hired 11/14/2024. Caregiver B's record did not include training for resident rights and health, safety, welfare and treatment of residents. Caregiver B did not qualify for an exemption of these trainings.<br>-Caregiver C was hired 03/03/2026. Caregiver C's record did not include training for resident rights and health, safety, welfare and treatment of residents. Caregiver C did not qualify for an exemption of these trainings.<br>-Caregiver D was hired 08/29/2024. Caregiver D's record did not include training for resident rights and health, safety, welfare and treatment of residents. Caregiver D did not qualify for an exemption of these trainings.<br><br>On 06/09/2026 at approximately 1:15 PM., Surveyor reviewed concern with Licensee A that 3 of 3 caregivers reviewed did not have training for resident rights and health, safety, welfare and treatment of residents within 6 months of hire. Licensee A stated s/he did not know that and s/he had them do all the Community-Based Residential Facility approved courses and thought that was enough. Licensee A acknowledged all employees reviewed were missing training for | M 244 | | |

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| M 244 | Continued From page 3<br>resident rights and health, safety, welfare and treatment of residents and stated s/he would get them completed as soon as possible. | M 244 | | |
| M 246 | 88.04(5)(b) TRAINING-8 HOURS ANNUALLY<br><br>Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 employees requested who required annual training. Caregiver B and Caregiver D did not receive 8 hours of annual continuing education training in calendar year 2025.<br><br>Findings include:<br><br>On 06/09/2026, Surveyor requested to review Caregiver B and Caregiver D's record and identified the following:<br>-Caregiver B was hired on 11/14/2024. Caregiver B did not have any continuing education training for calendar year 2025. Caregiver B did not qualify for an exemption of these trainings. | M 246 | | |

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| M 246 | Continued From page 4<br>-Caregiver D was hired on 08/29/2024. Caregiver D did not have any continuing education training for calendar year 2025. Caregiver D did not qualify for an exemption of these trainings.<br><br>On 06/09/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware Caregiver B and Caregiver D needed 8 hours of annual continuing education training. Licensee A stated s/he would make sure staff have the appropriate training moving forward. | M 246 | | |
| M 282 | 88.05(3)(d) ANNUAL WELL WATER INSPECTIONS<br><br>Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or other approved laboratory at least annually for calendar year 2024 and 2025.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 11:45 AM, Surveyor requested to review well water tests for calendar year 2024 and 2025. Surveyor could only locate a well water test from 07/25/2023.<br><br>On 06/09/2026 at approximately 1:00 PM, | M 282 | | |

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| M 282 | Continued From page 5<br>Surveyor interviewed Licensee A. Licensee A stated s/he did not do well water testing for 2024 and 2025. | M 282 | | |
| M 322 | 88.05(3)(m) 2 EXITS TO GRADE-BEDROOMS IN BASEMENT<br><br>No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of a single family dwelling unless there are 2 exits to the grade from that floor level.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility did not ensure there were 2 exits to grade from the basement where Resident 1 resided.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 11:38 AM, Surveyor toured the home with Caregiver B.<br><br>Caregiver B stated that 3 resident bedrooms were located on the main level and one resident resided downstairs in the basement.<br><br>Surveyor entered the basement through an internal staircase and observed a patio door in the common area and an egress window in Resident 1's bedroom.<br><br>Surveyor tried opening the patio door but was not able to because a metal stick mechanism was in the sliding patio door part. Surveyor had to physically bend over and lift up the metal stick and then unlock the patio door and slide it open. | M 322 | | |

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| M 322 | Continued From page 6<br><br>Surveyor asked Caregiver B how long the metal stick has been in the sliding patio door and Caregiver B stated s/he was not sure because Licensee A put it in there but as long as s/he has been working there, it has been like that.<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor went over above concerns with Licensee A. Licensee A stated s/he had put that there so they could lock the door. Licensee A acknowledged it was blocking the patio door being easily opened by Resident 1 who resided in the basement bedroom. Licensee A stated s/he would take the metal stick out of the patio door moving forward. | M 322 | | |
| M 334 | 88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider | M 334 | | |

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| M 334 | Continued From page 7<br>did not ensure there was a smoke detector in 1 of 3 resident's room. There was no smoke detectors in Resident 2's bedroom.<br><br>Findings include:<br><br>On 06/09/2026, at 11:55 AM, Surveyor toured the home and observed the following:<br><br>-Resident 2's bedroom did not contain a smoke detector.<br><br>On 06/09/2026 at 11:55 AM, Surveyor interviewed Caregiver B. Caregiver B stated it had just fallen down "the other day" and that the landlord was coming to fix it.<br><br>On 06/09/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 2 would take the smoke detector down. Resident 2 overheard Licensee A make this statement and s/he stated his/her smoke detector was not working so s/he took it down but there were no new batteries for it. Caregiver B then grabbed the smoke detector on Resident 2's table in his/her room and pressed the button and it did not alarm. Licensee A acknowledged Resident 2's room was missing a smoke detector. Licensee A stated the landlord was coming that day to fix another smoke detector that had fallen down and s/he will have him/her look at Resident 2's smoke detector as well. | M 334 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service | M 346 | | |

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| M 346 | Continued From page 8<br>providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1, Resident 2 and Resident 3 had not been evaluated for evacuation time, using the department's form, since their admission.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 11:45 AM, Surveyor reviewed Resident 1, Resident 2 and Resident 3's records and identified the following:<br>-Resident 1 was admitted to the provider's home on 04/03/2024. Resident 1's record did not include an updated evacuation assessment form since 04/03/2024. Resident 1 should have had an evacuation assessment on 04/03/2025 and 04/03/2026.<br>-Resident 2 was admitted to the provider's home on 03/18/2025. Resident 2's record did not include an updated evacuation assessment form since 03/18/2025. Resident 2 should have had an evacuation assessment on 03/18/2026.<br>-Resident 3 was admitted to the provider's home on 03/20/2025. Resident 3's record did not include an updated evacuation assessment form since 03/20/2025. Resident 2 should have had an evacuation assessment on 03/20/2026.<br><br>On 06/09/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A | M 346 | | |

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| M 346 | Continued From page 9<br>stated s/he thought the evacuation only had to be completed upon admission and did not know it was an annual assessment. Licensee A stated s/he did not update since their admission and would make sure moving forward all residents' evacuation assessments are completed upon admission and annually thereafter. | M 346 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed received a health exam, including a screening for communicable disease, within 90 days prior to admission or within 7 days after admission. Resident 1 did not have a communicable disease screening completed. Resident 2 and Resident 3 did not have a communicable disease screening and TB skin test completed.<br><br>Findings include: | M 380 | | |

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| M 380 | Continued From page 10<br><br>On 06/09/2026 at approximately 11:30 AM, Surveyor requested Resident 1, Resident 2 and Resident 3's record and identified the following:<br>-Resident 1 was admitted to the facility on 04/03/2024. Resident 1's record did not include a communicable disease screening.<br>-Resident 2 was admitted to the facility on 03/18/2025. Resident 2's record did not include a communicable disease screening and TB skin test.<br>-Resident 3 was admitted to the facility on 03/20/2025. Resident 3's record did not include a communicable disease screening and TB skin test.<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor reviewed above information with Licensee A. Licensee A stated s/he could not find them in their records and would reach out to Resident 1, Resident 2 and Resident 3's physician's and get them completed. | M 380 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 | M 424 | | |

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| M 424 | Continued From page 11<br>change substantially or when requested by the resident or the resident's guardian.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident's service plan reviewed was reviewed by the provider, the resident (Resident 2) and the placing agency at least once every 6 months to determine the appropriateness of the care plan and to update the care plan as necessary.<br><br>Findings include:<br><br>On 06/09/2026, Surveyor requested to review Resident 2's record and identified the following:<br>-Resident 2 was admitted to the facility on 03/18/2025 and was his/her own person.<br>-Resident 2's most recently signed and dated Individual Service Plan (ISP) was 04/10/2025. Surveyor noted that Resident 2's most recent ISPs should have been completed in October 2025 and April 2026.<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor interviewed Licensee A regarding Resident 2 not having an ISP that was reviewed and updated since April 2025. Licensee A stated s/he must have missed that and was aware ISPs needed to be updated every 6 months or as needed. Licensee A confirmed s/he missed updating Resident 2's ISP in October 2025 and April 2026. | M 424 | | |

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| M 458 | Continued From page 12 | M 458 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure medication was securely stored for 1 of 1 storage area. The home's medication cabinet was kept unlocked.<br><br>Findings include:<br><br>The provider's home is licensed to serve up to 4 individuals with client groups including developmentally disabled, traumatic brain injury, advanced age, physically disabled, public funding, terminally ill, correctional clients, irreversible dementia/Alzheimer's, alcohol/drug dependent and emotionally disturbed/mental illness.<br><br>On 06/09/2026 at approximately 11:45 AM, Surveyor toured the provider's home. Surveyor observed the provider's medication cabinet in the dining room was not locked.<br><br>On 06/09/2026 at approximately 12:00 PM, Surveyor interviewed Caregiver B. Caregiver B | M 458 | | |

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| | 0019902 | A. BUILDING: _____ B. WING _____ | C 06/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GENTLE HEARTS AND LOUD LOVE ADULT FAMILY H | 6845 W LINDA DR W BEND, WI 53090 |

| (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 |
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| M 458 | Continued From page 13<br>stated the key got lost to the cabinet so staff had to pry open the medication cabinet to get the residents' medications to them. Caregiver B stated the medications have been stored without a lock since "maybe last night." Caregiver B stated residents eat their meals together in the dining room and are free to access the entire home as they are all ambulatory residents.<br><br>On 06/09/2026 at approximately 1:30 PM, Licensee A confirmed the medications were not locked because the keys were missing and they had to break the lock off so they could give the medications to the residents. Licensee A could not recall when this occurred, but stated s/he worked last night and it was unlocked then. Licensee A stated s/he was working with his/her landlord to fix it. | M 458 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>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 order in the resident's file.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain a written order from the | M 464 | | |

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| M 464 | Continued From page 14<br>physician for 1 of 3 residents reviewed who required staff to administer their medications. Resident 1 did not have a written order permitting the provider staff to administer medications.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 11:45 AM, Surveyor reviewed Resident 1's records and identified the following:<br>-Resident 1 was admitted to the provider's home on 04/03/2024.<br>-Resident 1's medications were administered by the home's caregivers. Resident 1's record did not include a physician order to administer medications.<br><br>On 06/09/2026 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he looked in Resident 1's record and could not locate a written order permitting the provider staff to administer medications. Licensee A stated s/he would get the information from Resident 1's primary physician. | M 464 | | |
| M 556 | 88.10(3)(e) Self-Direction<br><br>Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact | M 556 | | |

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| M 556 | Continued From page 15<br>any agency needed to arrange it.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 3 of 3 residents were able to make decisions related to his/her food preferences and needs. The facility had locks over some of the kitchen cabinets and the refrigerator and residents did not have access to food or snacks.<br><br>Findings include:<br><br>On 06/09/2026 at approximately 12:00 PM, Surveyor conducted a tour of the home. In the kitchen, Surveyor observed a locking mechanism over the kitchen cabinets and refrigerator but they were unlocked at the time.<br><br>On 06/09/2026 at approximately 1:15 PM, Surveyor interviewed Licensee A and Caregiver B. Licensee A and Caregiver B stated all residents are independent with eating and can make his/her needs known. Licensee A stated the cabinets and refrigerator have always been locked until the keys were lost which happened the day before. Licensee A stated Resident 2 would bring in dead animals and put them in the refrigerator and s/he was locking the refrigerator. Licensee A acknowledged s/he locking the refrigerator would keep the other residents from being able to access food and their snacks. Licensee A stated Resident 2 did get a refrigerator in his/her room recently so moving forward it should not be an issue anymore. | M 556 | | |
| Z 010 | 50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE | Z 010 | | |

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| Z 010 | Continued From page 16<br><br>If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge.<br><br>If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint.<br><br>If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure every reasonable effort to | Z 010 | | |

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| Z 010 | Continued From page 17 | Z 010 | | |

contact the clerk of courts to determine the final disposition of a charge for a serious crime was made for 1 of 1 caregiver reviewed that had a charge of a serious crime. The provider did not make an effort to determine the final disposition of Caregiver B's charge of 940.01(1)(A) 1st Degree Intentional Homicide.

Findings include:

Chapter DHS 50.065(1)(e)1. defines "Serious Crime" as violation of s. 940.19 (3), 1999 stats., a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3., or a violation of the law of any other state or United States jurisdiction that would be a violation of s. 940.19 (3), 1999 stats., or a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3. if committed in this state.

On 06/09/2026 at approximately 12:50 PM, Surveyor reviewed Caregiver B's record and identified the following:
Caregiver B's Background Information Disclosure (BID) was dated 11/14/2024, Department of Justice (DOJ) dated 04/08/2025 and Governmental Findings (GF) dated 04/08/2025.

The DOJ included a charge, dated 07/26/2022, of 940.01(1)(a) 1st Degree Intentional Homicide. The DOJ did not list the disposition.

On 06/09/2026 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A

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| Z 010 | Continued From page 18<br>stated s/he was aware of the charge and did not know that s/he needed to gather the final disposition of the charge from the clerk of courts. Licensee A stated s/he would get the additional information from the clerk of courts as soon as possible. | Z 010 | | |