STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018225	A. BUILDING: _____ B. WING _____	C 09/23/2025

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AMAZING CARE GROUP HOME LLC	**5732 NORTH 87TH STREET MILWAUKEE, WI 53225**

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M 000	INITIAL COMMENTS On 09/23/2025, Surveyors conducted a standard survey and complaint investigation at Amazing Care Group Home LLC. Complaint was substantiated Ten deficiencies were identified. Census : 2	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 1 service provider (Caregiver B) was screened for communicable diseases. Caregiver B's employee record did not contain documentation of being screened for communicable diseases nor was there a of baseline tuberculosis (TB) test result. Findings include: On 09/23/2025 at approximately 2:00 PM surveyors reviewed Caregiver B's records.	M 232		

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

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M 232	Continued From page 1 Caregiver B was hired on 11/21/2021, Caregiver B's records did not contain proof of TB test result nor communicable disease screening. On 09/23/2025 at approximately 2:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed s/he was aware of the regulation related to communicable disease screening, but did not know why the records were not available. Licensee A confirmed there was no documentation included in Caregiver B's record indicating s/he was screened for communicable disease, including TB.	M 232		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received 8 hours of annual training for 1 of 1 caregiver reviewed. Caregiver B did not receive annual training in 2024. Findings include: On 09/23/2025, at 2:00 PM, Surveyors reviewed	M 246		

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M 246	Continued From page 2 Caregiver B's file. Caregiver B was hired on 11/21/2021. Caregiver B's record did not contain evidence of annual training in 2024. On 09/23/2025, at 2:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed staff were to have 8 hours of training annually. Licensee A reported s/he did not know Caregiver B did not complete the required training.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected by a heating contractor of a local utility company, at least every 3 years for 1 of 1 furnace. Findings include: This provider was licensed on 08/31/2020 to provide care for up to 4 residents in the client groups of correctional clients, pregnant women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 09/23/2025, at approximately 2:00 PM, Surveyor reviewed safety records. The safety records did not contain a furnace inspection. On 09/23/2025, at approximately 2:15 PM,	M 290		

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M 290	Continued From page 3 Surveyor interviewed Licensee A. Licensee A reported s/he did not have a safety inspection for the gas furnace. Licensee A reported the last safety inspection was completed before the facility was licensed. Licensee A reported s/he was unaware of the code requirement to have the furnace inspected every 3 years.	M 290		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a fire extinguisher on each floor of the facility for 1 of 2 floors. There	M 332		

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M 332	Continued From page 4 was no fire extinguisher for the first floor where all residents resided. Findings include: This provider was licensed on 08/31/2020 to provide care for up to 4 residents in the client groups of correctional clients, pregnant women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 09/23/2025 at 10:00 AM, Surveyors toured the facility. The kitchen had a sign labeled "Fire Extinguisher" with an arrow pointing below it, no fire extinguisher was seen in the kitchen. On 09/23/2025 at approximately 11:00 AM, Surveyors interviewed Licensee A regarding the fire extinguisher not being in or near the kitchen. Licensee A stated s/he did not know why there was no fire extinguisher present, and s/he would get a new one immediately. Cross Reference: M0334 88.05(4)(b)1 Smoke Detectors Cross Reference: M0336 88.05(4)(b)2 Smoke Detectors--Testing and Maintenance	M 332		
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	M 334		

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M 334	Continued From page 5 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 smoke detectors were in 1 of 6 required locations. Resident 1's bedroom did not contain a smoke detector. Findings include: This provider was licensed on 08/31/2020 to provide care for up to 4 residents in the client groups of correctional clients, pregnant women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 09/23/2025, at 10:00 AM Surveyors toured the facility. Resident 1's bedroom did not have a smoke detector mounted to the ceiling. On 09/23/2025, at approximately 11:00 AM, Surveyors interviewed Licensee A regarding Resident 1's bedroom not having a smoke detector. S/he stated they were not aware there was no smoke detector in the room or for how long the smoke detector was not present. Licensee A stated they would have one installed right away.	M 334		

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M 334	Continued From page 6 Cross Reference: M0332 88.05(4)(a) Fire Safety - Fire Extinguishers M0336 88.05(4)(b)2 Smoke Detectors--Testing and Maintenance	M 334		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure any of the smoke detectors in the facility were tested monthly for 2 of 2 years (2023, 2024, and to date in 2025). Findings include: This provider was licensed on 08/31/2020 to provide care for up to 4 residents in the client groups of correctional clients, pregnant women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 09/23/2025, Surveyor requested the monthly smoke detector testing logs from Licensee A. No evidence of smoke detector testing was provided	M 336		

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M 336	Continued From page 7 to Surveyor. On 09/23/2025, at approximately 11:00 AM, Licensee A stated s/he did not have any records of smoke detector testing as s/he did not know that they required monthly testing. Licensee A stated s/he assumed the smoke detectors just needed to be changed when they started beeping. Cross Reference: M0332 88.05(4)(a) Fire Safety - Fire Extinguishers M0334 88.05(4)(b)1 Smoke Detectors	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment for 1 of 2 residents who lived in the facility. Resident 1 did not have an evacuation assessment completed in 2023 and 2024. Findings include: On 09/2/2025 at 2:00 PM, Surveyors reviewed Resident 1's records. Resident 1 was admitted on 07/03/2022 with diagnoses including vascular	M 346		

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M 346	Continued From page 8 dementia. Resident 1 had an evacuation assessment completed in November of 2022, but none completed since then. On 09/23/2025 at approximately 2:15 PM, Surveyors interviewed Licensee A. Licensee A stated s/he was not aware that they assessment had to be completed annually, and going forward would ensure they are completed according to the regulations.	M 346		
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 provider did not ensure 1 of 1 resident's (Resident 3's) individual service plan (ISP) was reviewed every 6 months or with change in	M 424		

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M 424	Continued From page 9 condition by the licensee. Resident 3's ISP was due for an update by 04/2025 and did not include behaviors s/he exhibited after an incident on 08/30/2025. Findings include: On 09/23/2025, Surveyor reviewed the department's electronic record for the facility. Licensee A submitted a self-report involving Resident 3, dated 08/30/2025. The self-report identified Resident 3 attacked a volunteer in the home and stabbed the volunteer and harmed him/herself during the incident. Resident 3 was later taken to the hospital for treatment and then to jail. On 09/23/2025 at 1:00 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 10/01/2024. Resident 3 had only an initial ISP on record, dated 10/01/2024. Per the ISP Resident 3 had no aggressive or violent behaviors. On 09/23/2025 at 2:15 PM, Surveyor interviewed Licensee A regarding Resident 3. Per Licensee A Resident 3 was short tempered and " ... did not like young people." Resident 3 had mentioned to Licensee A as well as other staff that s/he did not like a volunteer that was working in the facility. Resident 3's ISP was not updated to reflect this change in behavior, nor updated after six months. Licensee A stated s/he had not got around to updating it.	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	M 458		

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M 458	Continued From page 10 the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not keep 1 of 2 resident's (Resident 1) prescription medications securely stored in its original container. Resident 1 had medications locked in the medication closet as well as in a medication organizer in his/her room. Findings include: On 09/23/2025 at approximately 10:00 AM, Surveyors toured the facility. Resident 1 had a medication organizer with medicine in his/her room. At 12:00 PM, Surveyors observed medication blister packs belonging to Resident 1 in the medication cabinet. On 09/23/2025, at 10:05 AM, Surveyors interviewed Resident 1 regarding the medication in the medication organizer. Resident 1 stated the caregivers set up his/her medications for him/her weekly. On 09/23/2025, at 12:05 PM, Surveyors interviewed Licensee A about Resident 1's medications in the medication cabinet. Licensee A stated the caregivers administered Resident 1's medications and as such they were stored in the	M 458		

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M 458	Continued From page 11 medication cabinet securely. Licensee A was asked about the medications found in Resident 1's room. Licensee A stated s/he did not know about them and would have them removed.	M 458		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 3 of 3 residents. The hot water temperature in the bathroom was 136.0° Fahrenheit (F). Findings include: This provider was licensed on 08/31/2020 to provide care for up to 4 residents in the client groups of correctional clients, pregnant women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent.	M 570		

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M 570	Continued From page 12 On 09/23/2025, at 10:00 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 136° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 09/23/2025 at 10:50 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware the water temperature was too high. Licensee A reported maintenance would ensure the water heater was set correctly.	M 570		