STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017554	A. BUILDING: _____ B. WING _____	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A+ JUST LIKE FAMILY FRANKLIN B	1619 FRANKLIN ST B MOUNT PLEASANT, WI 53403

(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 02/25/2026, Surveyor concluded a monitoring visit at A+ Just Like Family Franklin B. 1 deficiency was identified. Census: 4	M 000		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not arrange for a caregiver (service provider) to be present in the home when residents required services or supervision. The licensee shared staff between two provider homes and did not ensure the provider's home was staffed when 1 of 4 residents (Resident 1) required 1:1 supervision and 2 of 4 residents required 24-hour supervision. Findings include: Definition of "Continuous care" from DHS 88 means the need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or	M 434		

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

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M 434	Continued From page 1	M 434		

become critical during any time of the day or night.
Note: Examples of persons who need continuous care are wanderers, persons with irreversible dementia, persons who are self-abusive or who become agitated or emotionally upset and persons whose changing or unstable health condition requires monitoring.

On 02/20/2026, between 10:00 a.m., and 3:30 p.m., Surveyor observed the following:

- The home was located on the south end of a side-by-side duplex style building. The building had 2 licensed Adult Family Homes (AFHs), owned by Licensee A and operated by Supervisor B. They are defined by Side A (the licensed AFH next door) and Side B (this facility).

On 02/20/2026, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 09/01/2021 with diagnoses including personality and behavioral disorders due to known physiological condition, panic disorder, developmental disorder, epilepsy and nocturia. Resident 1 had a guardian. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 1's individual service plan (ISP) dated 01/09/2026 indicated Resident 1 required 24-hour supervision in the home. Resident 1's behavioral support plan (BSP), dated 10/09/2025, indicated Resident 1 required 24/7 staffing, awake overnight staff. One to one staffing was in place due to behavioral intervention needs and seizure disorder.

Resident 2 was admitted on 10/15/2021 with diagnoses including muscular dystrophy,

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M 434	Continued From page 2	M 434		

schizoaffective disorder, anxiety, developmental delay and intellectual disability.
Resident 2 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 2's individual service plan (ISP) dated 01/09/2026 indicated Resident 2 required 24-hour supervision in the home.

Resident 3 was admitted on 07/22/2020 with diagnoses including epilepsy, insomnia, falls, and traumatic brain injury. Resident 3 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 3's individual service plan (ISP) dated 01/09/2026 indicated Resident 3 required 24-hour supervision in the home.

On 02/20/2026 at 10:20 a.m., Surveyor interviewed Supervisor B, who stated Side A had one caregiver and three residents. The first shift was from 8:00 a.m. to 4:00 p.m., the second shift was 4:00 p.m. to 11:00 p.m. and the third shift was 11:00 p.m. to 8:00 a.m. Supervisor B stated Saturdays and Sundays were 12-hour shifts.

Supervisor B stated Side B had two caregivers and four residents. One resident (Resident 1) had dedicated 1:1 staffing, 24 hours a day. The first shift was from 8:00 a.m. to 4:00 p.m., the second shift was 4:00 p.m. to 11:00 p.m. and the third shift was 11:00 p.m. to 8:00 a.m. Supervisor B stated Saturdays and Sundays were 12-hour shifts.

Supervisor B explained on 01/27/2026, Caregiver I worked second shift on Side A from 4:00 p.m. to 11:00 p.m. Caregiver E was due to come in and work 11:00 p.m. to 8:00 a.m. at Side A. Caregiver E called Caregiver D on Side B and asked

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M 434	Continued From page 3 him/her to cover the shift until s/he arrived. Caregiver D agreed to cover his/her shift and dismissed Caregiver I from Side A. Caregiver D went over to Side A. Caregiver C was assigned to be the 1:1 staff for Resident 1 from 11:00 p.m. to 8:00 a.m. on 01/27/2026. Caregiver E did not show up to his/her shift. Caregiver D and Caregiver C did not notify management about staffing shortage. Supervisor B confirmed that Caregiver C covered facility side B alone, with Resident 1, who required 1:1 staffing and Resident 2 and 3 who required 24-hour supervision. Supervisor B stated, "The caregivers should have called management to assist with staffing. We do not know why they did not. What a mess." On 02/25/2026, Licensee A called Surveyor and confirmed one caregiver was left alone at facility side B for an unknown amount of time.	M 434		