STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018046	A. BUILDING: _____ B. WING _____	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER CARE HOME AWAY FROM HOME	8925 WEST STARK STREET MILWAUKEE, WI 53225

(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 09/03/2025, with information gathered through 09/15/2025, Surveyor conducted a standard licensure survey at Tender Care Home Away From Home. Nine deficiencies were identified. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 24 hours, a significant change in Resident 2's condition when s/he had sustained a fall resulting in hospitalization. Findings include: On 09/03/2025, Surveyor reviewed Resident 2's record. Resident 2's "Risk Reduction Agreement," dated 09/16/2024, documented: "Member had a fall on 08/27/2024 and got checked out at the ER (emergency room).	M 134		

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

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M 134	Continued From page 1 Member was admitted to the hospital then discharged from hospital with diagnoses that include recurrent syncope (sudden fainting), bradycardia (slower heartbeat), and hypotension (low blood pressure/some noted that can be caused by dehydration)." On 09/15/2025, Surveyor reviewed the Department file and did not find any written report that Resident 2 had experienced a medical emergency. On 09/15/2025 at 5:39 PM, Surveyor emailed Licensee A and explained the requirements when a resident incident should be reported to the Department. On 09/15/2025 at 6:14 PM, Licensee A emailed Surveyor and stated s/he would review the provided documentation to ensure compliance.	M 134		
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 all service providers involved in the operation of the adult family home complied with the universal precautions contained	M 235		

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M 235	Continued From page 2 in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver B and Caregiver C did not complete annual training regarding standard precautions in 2023 and 2024. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." The provider is licensed to serve up to 4 residents within the client groups physically disabled, traumatic brain injury, alcohol/drug dependent, developmentally disabled and advanced aged. On 09/03/2025, Surveyor reviewed Caregiver B's and Caregiver C's training records. Caregiver B was hired 10/2021. Caregiver B's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2023 and 2024. Caregiver C was hired 04/2023. Caregiver C's record did not contain annual	M 235		

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M 235	Continued From page 3 training for universal precautions related to the control of blood-borne pathogens in 2024. On 09/03/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was unsure if Caregiver B and Caregiver C had completed their annual standard precautions training but would ensure they completed them in 2025. Licensee A confirmed that Caregiver B and Caregiver C worked independently and could be exposed to blood-borne pathogens.	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 fire drill documentation contained the evacuation time for each drill maintained by the home in 2024 and 2025. Findings include: The provider is licensed to serve up to 4 residents within the client groups physically disabled, traumatic brain injury, alcohol/drug dependent, developmentally disabled and advanced aged. On 09/03/2025, at approximately 11:00 AM, Surveyor reviewed the 2024 and 2025 fire drills with Licensee A. The fire drills documented an "x" for each month from January 2024 through May 2025. Surveyor asked for clarification as to	M 348		

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M 348	Continued From page 4 what the "x" represented. Licensee A stated the "x" meant that a fire drill had been completed that month. The documentation did not document the date of the drill or the evacuation time. Licensee A stated s/he would ensure fire drills going forward would contain the date of the drill and the evacuation time of the residents.	M 348		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 3 of 3 resident (Resident 1, Resident 2, and Resident 3) records reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.	M 406		

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M 406	Continued From page 5 Resident 1 moved into the home 01/26/2022 and was represented by Power of Attorney (POA) D. Resident 1's ISP signature page documented the ISP had been reviewed 04/20/2024 and 04/16/2025. POA D had not documented that s/he had reviewed the ISPs. Resident 2 moved into the home 11/2021 and was his/her own person. Resident 2's ISP signature page documented the ISP had been reviewed 05/04/2023, 02/01/2024, 05/08/2024, 05/05/2025. Resident 2 had not documented that s/he had reviewed the ISPs. Resident 3 moved into the home 10/2021 and was represented by Guardian E. Resident 3's ISP signature page documented the ISP had been reviewed 08/05/2024, 02/06/2025 and 08/04/2025. Guardian E had not documented that s/he had review the ISPs. On 09/03/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would coordinate his/her care conferences with the managed care organizations and ensure all residents and their representatives had the opportunity to review the ISP and sign to show understanding and agreeance with the ISP. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	M 406		
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	M 424		

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M 424	Continued From page 6 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 2 of 3 residents' (Resident 1 and Resident 2) Individual Service Plan (ISP) were reviewed at least every 6 months. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home 01/26/2022. Resident 1's ISP signature page documented the ISP had been reviewed 03/20/2023, 04/20/2024 and 04/16/2025. Resident 1's ISP should have also been reviewed in 09/2023 and 10/2024. Resident 2 moved into the home 11/2021. Resident 2's ISP signature page documented the ISP had been reviewed 05/04/2023, 02/01/2024, 05/08/2024, 05/05/2025. Resident 2's ISP should have also been reviewed	M 424		

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M 424	Continued From page 7 in 11/2023 and 11/2024. On 09/03/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure the ISPs were to be updated every 6 months. Cross Reference: M0406 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 3 residents' medications were administered as prescribed. Resident 1 received his/her Fluticasone Propionate (nasal spray) after the prescription had expired. Findings include: On 09/03/2025, at approximately 9:40 AM, Surveyor and Licensee A observed Resident 1's	M 462		

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M 462	Continued From page 8 bottle of Fluticasone Propionate with a missing cap, with a dispensed date of 08/26/2024 and a prescription expiration date of 08/25/2025. On 09/03/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 01/26/2022. Resident 1's August 2025 Medication Administration Record (MAR) documented: Fluticasone 50 MCG (micrograms) Spr (spray) - Inhale one spray in each nostril daily. The MAR documented administration 08/27 to 08/31. Licensee A stated s/he would reorder the Fluticasone since s/he did not know when the bottle had been opened, and the prescription had expired. Licensee A stated s/he would teach staff to date the medication when it was opened to assist in performing audit reviews.	M 462		
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:	M 466		

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M 466	Continued From page 9 Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 3 residents. Resident 1's prescribed Nitrofurantoin monohydrate/macrocrystals (Macrobid [antibiotic]) was documented as administered when the prescription had expired. Resident 1's prescribed Ciclopirox 8% solution (medication to treat fungus), Alendronate (medication for bone disease), Fluticasone (nasal spray) and Vitamin D2 were not documented as prescribed. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's record. Resident 1's August 2025 Medication Administration Records (MARs documented: -Nitrofurantn Mono/MC 100 MG (milligram) (Nitrofurantoin monohydrate/macrocrystals) - Take 1 capsule by mouth every twelve hours for 5 days. Start Date 08/13 bedtime. End Date: 08/18 morning. The MAR documented administration on 08/18 bedtime through 08/22 bedtime; 08/23 bedtime, 08/24 bedtime, 08/25 morning, 08/28 bedtime through 08/29 bedtime, 08/30 bedtime. The MAR did not document administration on 08/15 bedtime. -Ciclopirox 8% Sol (solution) - Apply to toenails daily. Clean nails with alcohol every 7 days. The MAR did not document when the nails were cleaned with alcohol. -Alendronate 70 MG Tab (tablet) - Take 1 tablet by mouth every week on Friday. The MAR did not document administration on	M 466		

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M 466	Continued From page 10 08/08, 08/22, and 08/29. -Fluticasone 50 MCG (microgram) Spr (spray) - Inhale one spray in each nostril daily. The MAR did not document administration on 08/04, 08/222 to 08/24, 08/26. -Vitamin D2 (ERGO) 50,000Units/1.25 MG Cap (capsule) - Take 1 capsule by mouth every week on Friday. The MAR did not document administration on 08/08, 08/22, and 08/29. On 09/03/2025, Surveyor interviewed Licensee A. Licensee A stated s/he would review medication administration documentation with staff. Licensee A stated it was apparent that staff did not verify the medications against the MAR.	M 466		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents had physical and	M 550		

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M 550	Continued From page 11 emotional privacy in living arrangements. There were video recording cameras observed in the kitchen and at the back door area where residents gather. Cameras were installed in resident common areas. Findings include: On 09/03/2025, at approximately 11:10 AM, Surveyor toured the home and observed a camera in sitting on a decorative box on the kitchen counter. On 09/04/2025 at 6:01 PM, Surveyor emailed Licensee A and asked for clarification as to why the camera was being utilized in the kitchen. On 09/04/2025 at 6:04 PM, Licensee A emailed Surveyor and stated, "Security for the back door. I have two residents that will elope and there [sic: they] are not one on one." On 09/15/2025 at 3:10 PM, Surveyor emailed Licensee A and explained cameras cannot be in areas where residents can gather and have conversations. On 09/15/2025 at 3:15 PM, Licensee A acknowledged the comment and stated s/he would remove the camera.	M 550		
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	M 570		

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M 570	Continued From page 12	M 570		

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 for 3 of 3 residents.

The water temperatures for resident bathroom exceeded 120° Fahrenheit (F).

Findings include:

The provider is licensed to serve up to 4 residents within the client groups physically disabled, traumatic brain injury, alcohol/drug dependent, developmentally disabled and advanced aged.

On 09/03/2025, at approximately 11:05 AM, Surveyor temped the water temperature of the resident bathroom. The water temped at 135.5 degrees Fahrenheit.

"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

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M 570	Continued From page 13 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." (Source: Publication DHS P-01942 - 08/2017). On 09/03/2025, at approximately 11:15 AM, Surveyor interviewed Licensee A. Surveyor informed Licensee A the water in the primary resident bathroom sink temped at 135.5 degrees Fahrenheit, while showing a picture of the thermometer that displayed the temperature. Licensee A stated s/he had plumbing work down since flooding in the area and suspected the regulator on the hot water heater had been adjusted. Licensee A stated s/he would contact his/her plumber.	M 570		