STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019338	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE TOUCH ADULT FAMILY HOME	**4434 N 39TH ST MILWAUKEE, WI 53209**

(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 05/20/2026 with information collection through 06/02/2026, Surveyor completed a standard survey and 2 complaint investigations at Gentle Touch Adult Family Home. As a result, 10 deficiencies were identified. Two complaints were substantiated. Census: 4	M 000		
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 3 of 3 fire extinguishers were	M 332		

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

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M 332	Continued From page 1 inspected annually by an authorized dealer. The fire extinguishers, located in the kitchen, basement, and the upstairs hallway were last inspected in 2023. Findings include: On 05/20/2025, at approximately 9:45 AM, Surveyor toured the facility and observed the following: -The fire extinguisher, located in the kitchen, had an inspection tag which identified the fire extinguisher was last inspected in June 2023. -The fire extinguisher, located in the basement, had an inspection tag which identified the fire extinguisher was last inspected in August 2023. -The fire extinguisher, located upstairs in the hallway, had an inspection tag which identified the fire extinguisher was last inspected in June 2023. On 05/20/2026, at approximately 11:45 AM, Surveyor interviewed House Manager B. House Manager B reported s/he was unaware of the Departments code requirement regarding fire extinguishers. House Manager B indicated s/he was new to his/her role as the house manager. House Manager B offered no reason as to why the fire extinguishers were not inspected annually.	M 332		
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	M 336		

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M 336	Continued From page 2 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 each required smoke detector was tested monthly to make sure that the smoke detector was operating for 2 of 2 calendar years reviewed (2024, 2025, and to date in 2026). The provider did not complete any smoke detector checks for 2024, 2025, and to date in 2026. Findings include: On 05/20/2026, at approximately 11:13AM, Surveyor requested documentation of the facilities smoke detector tests from House Manager B. The safety and emergency documentation dated 2024 reported 1 smoke detector test was done on January 01, 2024. Surveyor did not see any other smoke detector tests documentation for calendar years 2024, 2025, and to date in 2026. On 05/20/2026, at approximately 11:45 AM, Surveyor interviewed House Manager B. House Manager B reported s/he was not aware of the Department's code to conduct monthly smoke detector checks. House Manager B reported s/he would conduct the monthly required testing moving forward.	M 336		

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M 344	Continued From page 3	M 344		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete the resident evacuation assessment within 3 days of admission for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's records did not contain evacuation assessments. Findings include: On 05/20/2026, at approximately 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 12/04/2025. Resident 1's record did not contain an evacuation assessment. Resident 1 was not evaluated for fire evacuation to determine if s/he could evacuate the home without any assistance within 2 minutes. Resident 2 was admitted on 05/05/2025. Resident 2's record did not contain an evacuation assessment. Resident 2 was not evaluated for fire evacuation to determine if s/he could evacuate the home without any assistance within	M 344		

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M 344	Continued From page 4 2 minutes. On 05/20/2026, at approximately 11:45 AM. Surveyors interviewed House Manager B and asked House Manager B if s/he could locate the fire evacuation assessments for Resident 1 and Resident 2. House Manager B presented the fire evacuation plan to the Surveyor. House Manager B was not aware of the Department code which required an induvial assessment of Resident 1's and Resident 2's ability to evacuate the home. House Manager B confirmed Resident 1's and Resident 2's evacuation assessments were not done. House Manager B reported s/he was new to the position and indicated Licensee A was doing all resident assessments prior to him/her accepting the position.	M 344		
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 semi-annual fire drills were conducted with all household members with written documentation of the date and evacuation time for each drill for 2 of 2 years. Fire drills were not documented in 2024 and 2025. Findings include: The facility was licensed on 10/24/2023 to serve 4 residents in the client groups of physically disabled, correctional clients, advanced aged,	M 348		

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M 348	Continued From page 5 terminally ill, irreversible dementia/ Alzheimer's, developmentally disabled, alcohol/drug dependent, emotional disturbed/mental illness, pregnant women/counseling, and traumatic brain injury. On 05/20/2026, at approximately 11:13 AM, Surveyor requested to review the facility's fire drills. The safety record binder did not contain evidence of semiannual fire drills for the years of 2024 and 2025. House Manager B was unable to provide the documentation requested. On 05/20/2026, at approximately 11:45 AM, Surveyor interviewed House Manager B, regarding the fire drills. House Manager B reported s/he was not familiar with the Department's requirement to conduct fire drills semi-annually. House Manager B reported the fire drills were not conducted.	M 348		
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 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:	M 384		

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M 384	Continued From page 6 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 1 of 2 residents reviewed. Resident 2 did not have a service admission agreement with the provider. Findings include: On 05/20/2026, at approximately 10:30AM, Surveyor reviewed Resident 2's records. Resident 2 was admitted to the facility on 05/05/2025. Resident 2 had a guardian. Resident 2's record did not contain a service admission agreement. On 05/20/2026, at approximately 1:02 PM, Surveyor requested the service agreement for Resident 2 from Licensee A via email. On 05/22/2026, at approximately 1:42 PM, Licensee A responded via email and indicated Resident 2's guardian never signed the service agreement; therefore s/he did not send the documentation to Surveyor.	M 384		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.	M 408		

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M 408	Continued From page 7	M 408		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure an assessment was completed which identified their needs and abilities for 2 of 2 residents. Resident 1's and Resident 2's record did not identify needs and ability in the areas of daily living, medications, health, level of supervision required in the home and community, and transportation.

Findings include:

On 05/20/2026, at approximately 10:30 AM, Surveyor reviewed resident records available at the facility and identified the following:

Resident 1 was admitted on 12/04/2025, with diagnoses including attention deficit hyperactive disorder, borderline multiple personality disorder, suicidal ideation, and chronic anxiety disorder. Resident 1's record did not contain a written assessment or an ISP.

Resident 2 was admitted on 05/05/2025, with diagnoses including fibromyalgia, history of anxiety depression, history of alcohol abuse, and dyslipidemia. Resident 2's record did not contain a written assessment or an ISP.

On 05/21/2026, at approximately 12:28 PM, Surveyor received ISPs for Resident 1 and Resident 2 via email from Licensee A. The ISP did not meet the Departments code requirement and did not contain signatures from all person's involved or a date.

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M 408	Continued From page 8 Resident 1's ISP did not identify Resident 1's needs and abilities in the following areas: activities of daily living, medication administration, health, level of supervision needed in the community and transportation. The ISP did not have a description of services provided by the licensee, identification of who will monitor the plan, a statement of agreement with the plan, signed and dated by all persons involved. Resident 2's ISP did not identify Resident 2's needs and abilities in the following areas: activities of daily living, medication administration, health, level of supervision needed in the community and transportation. The ISP did not have a description of services provided by the licensee, identification of who will monitor the plan, a statement of agreement with the plan, signed and dated by all persons involved. On 05/20/2026, at approximately 11:45 AM, Surveyors interviewed House Manager B. House Manager B reported s/he was unaware of what the ISP was and what the plan consisted of. House Manager B reported s/he was not aware of the Department's code regarding ISPs and assessments. House Manager B called Licensee A to ask what an ISP and assessment was. House Manager B was directed to provide a behavior support plan (BSP) for Resident 1 and Resident 2 to Surveyor. Surveyor informed House Manager B that a BSP was a part of what a resident may need to assist with behaviors, but did not contain all information required in the ISP code requirement. Surveyor informed House Manager B that the managed care organization member centered plan could not be used in place of the ISP.	M 408		

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M 436	Continued From page 9	M 436		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services specified in 1 of 1 resident's individual service plan (ISP) and member centered plan were provided. Resident 1's ISP and member centered plan indicated Resident 1 required staffing support of 2 staff to 1 resident (2:1) services with 24-hour supervision. Resident 1 had a history of elopement and was observed to leave the facility without authorized 2:1 staff in place. Resident 1 was allowed to sit in the back yard of the facility, unattended and harmed him/herself which resulted in him/her being admitted to the hospital to obtain stitches in his/her left arm and later being transported to the Mental Health Emergency Center for further evaluation Findings include: On 02/30/2026 and 05/13/2026 the Department received 2 complaints regarding lack of staffing support for a resident at the facility. On 05/20/2026, at approximately 10:30 AM, Surveyor reviewed resident records and identified the following:	M 436		

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M 436	Continued From page 10	M 436		

-Resident 1 was admitted on 12/04/2025, with diagnoses including attention deficit hyperactive disorder, intermittent explosive disorder, borderline multiple personality disorder, suicidal ideation, and chronic anxiety disorder.

Resident 1's member centered plan developed by the managed care organization (MCO), dated 08/12/2025- 02/25/2026, indicated Resident 1 required 2:1 support services.

Resident 1's undated service plan indicated Resident 1 required 2:1 support services.

Resident 1's undated behavior support plan indicated Resident 1 required 2:1 support services and Resident 1 had behaviors which consisted of chronic elopement risk, combative seeking attention, and suicidal ideations.

On 05/20/2026, at approximately 10:30 AM, Surveyor reviewed Resident 1's hospital after visit summary dated 04/20/2026 with a time stamp of 3:55 PM. The summary indicated Resident 1 was seen for a laceration on his/her left forearm and a suicidal attempt. Resident 1 received approximately 8 stitches and was transported to the Mental Health Emergency Center for further evaluation due to suicidal ideation.

On 05/20/2026, at approximately 10:15 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he cut him/herself on his/her left arm. Resident 1 lifted his/her arm and showed Surveyor how s/he cut his/her left arm. Surveyor observed approximately 1 scar on Resident 1's arm. The cut was down the middle of Resident 1's forearm. Resident 1 indicated s/he received approximately 8 to 10 stitches. Resident 1 reported s/he was outside alone, and s/he found

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M 436	Continued From page 11 a piece of glass in the garbage and cut his/her arm. Resident 1 indicated House Manager B was in the house and Resident 1 informed House Manager B of his/her incident. Resident 1 indicated House Manager B cleaned his/her arm and wrapped him/her with a bandage. Resident 1 reported s/he asked to go to the hospital as s/he could not feel his/her fingers and his/her arm had a burning sensation. Resident 1 reported the incident happened around 7:00 AM in the morning and s/he was not sent to the hospital until 1:30 PM. Resident 1 could not recall the date of the incident but indicated the incident happened sometime in April of 2026. On 05/20/2026, at approximately 11:02 AM, Surveyor interviewed House Manager B. House Manager B reported Resident 1 had suicidal ideations for approximately 3 days and cut his/her arm during shift change. House Manager B reported s/he was the only person that had arrived on 1st shift and there was a third shift person present. House Manager B reported Resident 1 was outside and found a sharp piece of glass and cut his/her arm. House Manager B reported the incident was unwitnessed and Resident 1 informed House Manager B of his/her arm being cut and s/he could not feel his/her fingers. House Manager B reported s/he cleaned Resident 1's left forearm and wrapped it with a bandage. House Manager B reported s/he notified Licensee A of the incident and called the police. House Manager B reported Resident 1 did not want to go to the hospital and House Manager B called the emergency services for assistance after s/he received approval from Licensee A.	M 436		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER	M 464		

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M 464	Continued From page 12 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. 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 for 1 of 1 resident. Resident 2's records did not contain a written order identifying who could administer medications. Findings include: On 05/20/2026, at approximately 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 05/05/2025, with diagnoses including fibromyalgia, history of anxiety depression, history of alcohol abuse, and dyslipidemia. Resident 2's record did not include a physician's order stating who could administer Resident 2's medication. On 05/20/2026, at approximately 10:45 AM. Surveyor requested the practitioner order to administer from House Manager B. House	M 464		

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M 464	Continued From page 13 Manager B confirmed the facility administered Resident 2's medication and could not locate the practitioner order to administer medications for Resident 2. On 05/20/2026, at approximately 11:30 AM, Surveyor requested documentation of Resident 2's practitioner's order to administer via email from Licensee A. On 05/22/2026 at approximately 1:42 PM, Licensee A responded via email and confirmed s/he did not have the practitioners order and that it would take a couple of days to obtain the practitioners order to administer medications for Resident 2.	M 464		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) records contained all required information and were maintained in a secure location within the home. Findings include: On 05/21/2026, at approximately 12:28 PM, Surveyor reviewed resident records and identified the following:	M 482		

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GENTLE TOUCH ADULT FAMILY HOME	4434 N 39TH ST MILWAUKEE, WI 53209

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M 482	Continued From page 14 -Resident 1 was admitted on 12/04/2025. Resident 1 had a guardian and Managed Care Organization (MCO) case management team. Resident 1's record did not contain an ISP. -Resident 2 was admitted on 05/05/2025. Resident 2 had a guardian and MCO case management team. Resident 2's record did not contain an ISP. On 05/20/2026, at approximately 11:45 AM, Surveyor interviewed House Manager B. House Manager B reported s/he was unaware of the Departments code requirement regarding ISPs and assessments. Surveyor informed House Manager B of the DHS code to reference regarding persons involved with ISPs and assessments. On 05/21/2026, at approximately 12:28 PM, Surveyor received an ISP for Resident 1 and Resident 2 via email from Licensee A. The ISP did not meet the Departments code requirement and did not contain signatures from all person's involved or a date.	M 482		
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	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019338	A. BUILDING: _____ B. WING _____	C 06/02/2026

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M 570	Continued From page 15 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. The hot water temperature in 2 of 2 bathrooms was 129.7° Fahrenheit (F). Findings include: On 05/20/2026, at approximately 9:45 AM, Surveyor tested the water temperature in the bathroom sink faucet upstairs and downstairs. The water temperature was 129.7° 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 05/20/2026, at approximately 11:45 AM, Surveyor interviewed House Manager B. House Manager B reported s/he was unaware of the Department's code requirement regarding water temperatures. House Manager B reported s/he was not aware of the water temperature being too	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019338	A. BUILDING: _____ B. WING _____	C 06/02/2026

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M 570	Continued From page 16 high. House Manager B reported s/he would turn the water heater down.	M 570		