STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017900	A. BUILDING: _____ B. WING _____	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORACES HOUSE AFH LLC	8801 W MONROVIA AVE 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, Surveyor conducted a standard licensure survey at Horaces House AFH. Four deficiencies were identified. Census: 1	M 000		
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 in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Licensee A did not complete annual training regarding universal precautions in 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	M 235		

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

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M 235	Continued From page 1 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 care for 4 residents in client groups: irreversible dementia/Alzheimer's, emotionally disturbed mental illness, advanced aged, traumatic brain injury, and developmentally disabled. On 09/03/2025, at approximately 2:55 PM, Surveyor arrived at the home and was greeted by Licensee A, who was working independently. On 09/03/2025, Surveyor reviewed Licensee A's training records. Licensee A received his/her license on 06/15/2020. Licensee A's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024. On 09/03/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A. Licensee A stated that s/he would ensure that him/herself along with staff received required training each year.	M 235		
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	M 344		

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M 344	Continued From page 2 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 ensure 1 of 1 resident (Resident 1) was evaluated, using the department's form, to determine s/he was able to evacuate the home without any help within 2 minutes. Census 1. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's record. Resident 1 admitted to the home, 03/30/2022, with diagnosis including short term memory loss, dementia and depression. Resident 1's record did not contain an evacuation assessment within 3 days of admission. On 09/03/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware an evacuation assessment form was to be completed but would obtain the department form and utilize it accordingly. Cross Reference: M0346 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 3 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 ensure 1 of 1 resident (Resident 1) reviewed was evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 03/30/2022 and his/her record did not contain an evacuation assessment since admittance. On 09/03/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware an evacuation assessment form was to be completed but would obtain the department form and utilize it accordingly.	M 346		
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	M 406		

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M 406	Continued From page 4 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 1 of 1 resident (Resident 1) were developed together with the resident, the placing agency and the provider. Resident 1's ISP was not signed by anyone indicating the care team and Resident 1 developed the ISP together. Findings include: On 09/03/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 03/30/2022, was his/her own person, and was represented by managed care organization (MCO) Care Manager (CM) B. Resident 1's ISP, dated 01/2025, was not signed by Resident 1, CM B or the provider. On 09/03/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware the provider's ISP was to be reviewed during care conferences and signatures obtained but would coordinate with CM B during Resident 1's next MCO review.	M 406		