STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019517	A. BUILDING: _____ B. WING _____	R-C 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRACLES HOUSE	**443 S 5TH AVE WEST BEND, WI 53095**

(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 04/29/2026 with information gathered through 04/30/2026, Surveyors conducted a verification visit at Miracles House, an Adult Family Home (AFH) in West Bend, WI. One deficiency was corrected from previous survey and fifteen new deficiencies were identified. Fourteen of fifteen are repeat deficiencies. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these	M 114		

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

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M 114	Continued From page 1 persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees (Caregiver B and Caregiver F) reviewed had a completed background check at the time of hire. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ).	M 114		

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M 114	Continued From page 2 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Government Finding Report. On 04/29/2026 at approximately 10:45 AM, Surveyors requested complete background check information for Caregiver B and Caregiver F, from Licensee A. Licensee A provided Surveyors with employee file for Caregiver B. Caregiver F. Surveyors reviewed Caregiver B's and Caregiver F's file and identified the following: -Caregiver B: Date of Hire - 07/18/2023 -No BID -DOJ report on 08/10/2023 and 07/11/2025 -Government Findings report on 08/10/2023 and 07/11/2025 -Caregiver F: Date of Hire - 04/25/2025 -BID completed on 07/08/2025 -No DOJ repot -No Government Findings report On 04/29/2026 at approximately 11:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was trying to pull up the background checks on his/her account on his/her phone but got locked out. Licensee A stated s/he would send the information to Surveyors when s/he can get back into his/her account later that day. As of 5:00 PM on 04/30/2026, Surveyors did not receive any additional information regarding Caregiver B's and Caregiver F's background check.	M 114		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with	M 216		

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M 216	Continued From page 3 this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 resident. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had seven repeat violations. This is a repeat deficiency from Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023. Findings include: On 02/09/2026, SOD UZEX11 and a Special Orders Letter were issued to Licensee A via email with the following: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Miracles House: 1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b., and 2.e., the licensee will protect and promote each resident's right to self-direction and treatment choice as prescribed in accordance with Wis. Admin. Code § DHS 88.10(3)(b). The licensee will ensure each resident's right to be treated as an adult with dignity, respect, and individuality in a homelike environment. In the absence of a documented	M 216		

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M 216	Continued From page 4	M 216		

treatment plan, based on clinical or therapeutic indications, no restriction on a resident's freedom of choice (e.g., physical privacy, restricted access to areas of the home or food or beverages) will be arbitrarily imposed.

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency UZEX11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include, at a minimum, the development (or review) or written procedures to address:

Fair Treatment
- Measures the licensee will take to ensure all caregivers protect and promote each resident's right to make decisions related to care, activities, daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision-making.

- Resident rights training for all employees. Training will be provided by a qualified professional (e.g., certified social worker, ombudsman, resident rights specialist). Before providing the training, the instructor will be provided with copies of Statement of Deficiency UZEX11, and this notice and order letter.

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M 216	Continued From page 5 Documentation of training will be maintained in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. On 04/29/2026 with information gathered through 04/30/2026, Surveyors conducted a verification visit at Miracles House. As a result of the survey, the provider was issued fifteen deficiencies. Fifteen of fifteen were repeat deficiencies. The following deficiencies were identified: M0114 DHS 88.03(3)(b) Criminal Records Check (repeat) M0216 DHS 88.04(2)(1)Responsibilities (repeat) M0232 DHS 88.04(2)(g)1. Health Screening For Staff (repeat) M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review (repeat) M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation (repeat) M0380 DHS 88.06(2)(a) Admission - Health Exam (repeat) M0384 DHS 88.06(2)(b) Service Agreement Except Respite (repeat) M0402 DHS 88.06(2)(c)8 Resident Rights and Grievance (repeat) M0404 DHS 88.06(3)(a) Individual Service Plan And Assessment (repeat) M0414 DHS 88.06(3)(d)2 Level of Supervision (repeat) M0420 DHS 88.06(3)(d)5. Signed Statement Of Agreement (repeat) M0424 DHS 88.06(3)(f) Review of ISP (repeat) M0446 DHS 88.07(2)(b)4. Record Of Medical Visits And Reports (repeat) M0464 DHS 88.07(3)(d) Medication - Written Order (repeat) M0582 DHS 88.10(3)(q) Medications (repeat)	M 216		

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M 216	Continued From page 6 On 04/29/2026 at approximately 01:15 PM, Surveyors reviewed above concerns and SOD UZEX11/Special Orders Letter with Licensee A. Licensee A stated s/he acknowledged the concerns and that s/he would start working on the concerns immediately. Licensee A stated s/he had some of the Special Orders tasks completed but s/he needed to go to his/her home office to send Surveyors the information. Surveyors gave Licensee A until 5:00 PM on 04/30/2026. Surveyors did not receive any additional information regarding SOD UZEX11 and Special Orders from Licensee A.	M 216		
{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, Licensee A did not ensure 2 of 2 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis within 90 days before the start of providing care. Caregiver B did not have a communicable disease screening and	{M 232}		

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{M 232}	Continued From page 7 Caregiver C did not have tuberculosis tests or communicable disease screening completed within 90 days prior to providing care. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11 dated 11/11/2025. Findings include: On 04/29/2026 at approximately 11:00 AM, Surveyor conducted a review of 2 employee records, which were provided by Licensee A. Surveyor noted the following concerns: - Caregiver B was hired 07/18/2023. Caregiver B's record did not include a communicable disease screening. - Caregiver C was hired 7/11/2025. Caregiver C's record did not include a tuberculosis test and a communicable disease screening. On 04/29/2026 at approximately 1:15 PM., Surveyor reviewed concern with Licensee A that 2 of 2 caregivers reviewed were not screened for illness detrimental to residents, including tuberculosis, within 90 days prior to the start of proving care and at no point thereafter. Concern of health screenings not being completed was addressed in October 2023 and November 2025 during previous surveys. Licensee A stated s/he thought both had a TB skin test but s/he stated it was hard to get the screening from the doctor's clinic but s/he will make sure staff get them completed.	{M 232}		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW	{M 344}		

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{M 344}	Continued From page 8 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 review the fire safety evacuation plan with 2 of 2 resident (Resident 5 and Resident 6) reviewed immediately following his/her placement. Resident 5 and Resident 6 did not have a fire evacuation plan within 3 days of admission. This is a repeat deficiency. See Statement of Deficiency (SOD) UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 12:00 PM, Surveyors reviewed Resident 5's and Resident 6's records and identified the following: -Resident 5 was admitted to the facility on 03/14/2026. Resident 5 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. -Resident 6 was admitted to the facility on 03/15/2026. Resident 6 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 04/29/2026 at 12:30 PM, Surveyors interviewed Licensee A. Licensee A stated s/he	{M 344}		

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{M 344}	Continued From page 9 did not have any of the paperwork for Resident 5 and Resident 6 because s/he had the paperwork at his/her house and there was a flood so s/he lost all the paperwork and was the process of redoing it all.	{M 344}		
{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 facility did not evaluate 1 of 1 resident (Resident 3) reviewed annually for his/her evacuation time, using the department's form. This is a repeat deficiency. See Statement of Deficiency (SOD) UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 12:30 PM, Surveyors reviewed Resident 3's medical record. Resident 3 was admitted to the facility on 09/09/2024. Review of Resident 3's medical records showed Resident 3's initial evacuation evaluation was conducted on 09/10/2024. Resident 3's annual evaluation for evacuation was due to be reviewed by 09/10/2025.	{M 346}		

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{M 346}	Continued From page 10 There was no record of evidence of a 2025 evacuation evaluation in Resident 3's medical record. On 04/29/2026 at approximately 1:00 PM, Surveyor requested documentation from Licensee A of Resident 3's annual evacuation evaluation. Licensee A stated that s/he did not complete it and was behind on paperwork.	{M 346}		
{M 380}	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents (Resident 5 and Resident 6) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and	{M 380}		

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{M 380}	Continued From page 11 SOD UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 11:45 AM, Surveyors reviewed Resident 5's and 6's records, including their communicable disease screens and health exams. -Resident 5 was admitted to the facility on 03/14/2026. Resident 5's record did not include evidence of a communicable disease screening, including a TB skin test or a health exam. -Resident 6 was admitted to the facility on 03/15/2026. Resident 6's record did not include evidence of a communicable disease screening, including a TB skin test or a health exam. On 04/29/2026 at 12:30 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have any of the paperwork for Resident 5 and Resident 6 because s/he had the paperwork at his/her house and there was a flood so s/he lost all the paperwork and was the process of redoing it all.	{M 380}		
{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	{M 384}		

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{M 384}	Continued From page 12 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: Based on record review and interview, the provider did not ensure 2 of 2 resident (Resident 5 and Resident 6) reviewed had a service agreement completed prior to admission that was signed. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 11:30 AM, Surveyors reviewed Resident 5's and Resident 6's records and identified the following: -Resident 5 was admitted to the provider on 03/14/2026. Resident 5's record did not contain evidence of a service agreement. -Resident 6 was admitted to the provider on 03/15/2026. Resident 6's record did not contain evidence of a service agreement. On 04/29/2026 at 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have any of the paperwork for Resident 5 and Resident 6 because s/he had the paperwork at his/her house and there was a flood so s/he lost all the paperwork and was the process of redoing it all.	{M 384}		
{M 402}	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the	{M 402}		

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{M 402}	Continued From page 13	{M 402}		

resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 5 and Resident 6) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any.

This is a repeat deficiency. See Statement of Deficiency (SOD) UZEX11, dated 11/11/2025.

Findings include:

On 04/29/2026 at 11:30 AM, Surveyors reviewed Resident 5's and Resident 6's record and identified the following:

-Resident 5 was admitted to the provider on 03/14/2026. Resident 5's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian.
-Resident 6 was admitted to the provider on 03/15/2026. Resident 6's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian.

On 04/29/2026 at 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have any of the paperwork for Resident 5 and Resident 6 because s/he had the paperwork at his/her house and there was a flood so s/he lost all the

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{M 402}	Continued From page 14 paperwork and was the process of redoing it all.	{M 402}		
{M 404}	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed for 2 of 2 residents (Resident 5 and Resident 6) within 30 days of placement. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at 12:00 PM, Surveyors reviewed Resident 5's and Resident 6's record and identified the following: Resident 5 -Resident 5 was admitted to the facility on 03/14/2026. -Resident 5's record did not contain a written assessment -Resident 5's record did not contain an ISP. Resident 6	{M 404}		

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{M 404}	Continued From page 15 -Resident 6 was admitted to the facility on 03/15/2026. -Resident 6's record did not contain a written assessment -Resident 6's record did not contain an ISP. On 04/29/2026 at 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have any of the paperwork for Resident 5 and Resident 6 because s/he had the paperwork at his/her house and there was a flood so s/he lost all the paperwork and was the process of redoing it all.	{M 404}		
{M 420}	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 1 individual service plans (ISP) reviewed included a statement of agreement with the plan, signed and dated by all persons involved. Resident 3's ISP was not signed Resident 3 who is responsible for him/herself and was also not signed by Resident 3's case manager from the placing agency. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Findings include:	{M 420}		

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{M 420}	Continued From page 16 On 04/29/2026 at approximately 11:45 AM, Surveyors reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 09/09/2024. Resident 3 had a case-manager and is responsible for him/herself. Resident 3's record included an ISP, dated 03/28/2025. It was noted that Resident 3 had signed the service/admission agreement on 09/09/2024. The ISP was not signed or dated by the case manager from the placing agency or Resident 3. The ISP stated verbal consent was given by Resident 3 on 09/09/2024 and 09/30/2024 verbal consent by the case manager. On 04/29/2026 at approximately 1:00 PM., Surveyors interviewed Licensee A. Licensee A stated s/he was not aware that each time the ISP was updated, that the resident and case manager if applicable should sign off on the ISP. Licensee A stated moving forward s/he will ensure the resident and/or guardian and if applicable, the case manager signs off on the ISP.	{M 420}		
{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	{M 424}		

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{M 424}	Continued From page 17 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 reviewed (Resident 3) service plan was reviewed at least once every 6 months by the licensee, the resident and the placing agency, to determine the appropriateness of the care plan and to update the care plan as necessary. This is a repeat deficiency. See Statement of Deficiency (SOD) UZEX11, dated 11/11/2025 Findings include: On 04/29/2026, Surveyors requested to review Resident 3's record. Resident 3 was admitted to the facility on 09/09/2024. Surveyor requested to review Resident 3's most recently signed and dated Individual Service Plan (ISP). Licensee A located the most recent ISP, which was dated 03/28/2025 and located in Resident 3's chart. Surveyor noted that Resident 3's most recent ISP should have been completed in September, 2025. On 04/29/2026 at approximately 1:00 PM, Surveyors interviewed Licensee A regarding Resident 3 not having an ISP that was reviewed and updated in September, 2025. Licensee A stated s/he was behind on paperwork and will	{M 424}		

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{M 424}	Continued From page 18 make sure his/her ISP gets updated every 6 months moving forward.	{M 424}		
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 arrange or provide services identified for 1 of 1 regarding the level of supervision required in the facility. Resident 3's ISP indicated Resident 3 needed to be supervised daily and overnight. The facility does not have awake staff overnight to provide supervision to Resident 3. Findings include: This provider is licensed to serve up to 4 residents within the client groups of physically disabled; traumatic brain injury; developmentally disabled; emotionally disturbed/mental Illness; advanced age; terminally ill; and irreversible dementia/Alzheimer's. On 04/29/2026, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 09/09/2024 with diagnoses of acute respiratory failure, asthma, anxiety, hyperglycemia and hypertension. Resident 3 is his/her own person.	M 436		

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M 436	Continued From page 19 Resident 3's current individual service plan (ISP), dated 03/28/2025, indicated the following: -"Supervision: [Resident 3] will be supervised daily and overnight by providers or substitute providers who are at least 18 years of age and have an update to date criminal background check on record." -"[Resident 3] is [his/her] own guardian and will be in the home and in the community with supervision of AFH staff." -"While on premises, [Resident 3]'s medication will be stored and administered by the staff of AFH." On 04/29/2026 at approximately 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated staff typically sleep on the night shift and staff would sleep on the couch in the living room or in an empty room if there are any available at that time. Licensee A acknowledged Resident 3 did not have supervision daily and overnight and agreed staff should be awake 24/7 in the facility to be able to assist Resident 3 when needed.	M 436		
{M 446}	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the facility did not keep a current record of medical visits, reports and recommendations for 1 of 1 resident reviewed (Resident 3). This is a repeat deficiency. See Statement of	{M 446}		

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{M 446}	Continued From page 20 Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 11:45 AM, Surveyors reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the provider's home on 09/09/2024 with diagnoses of acute respiratory failure, asthma, anxiety, hyperglycemia and hypertension. -Resident 3's record did not include any records of medical visits. On 04/29/2026 at approximately 1:30 PM, Surveyors interviewed Licensee A if Resident 3 had completed medical visits while residing at the home. Licensee A stated Resident 3 pretty much manages his/her doctor's appointments but Resident 3 does have follow up doctor appointments regarding his/her cancer every 3-6 months in Milwaukee. Licensee A stated s/he did not have any of his/her medical visits and was not sure how often s/he is going. Licensee A stated moving forward s/he will request the visits and reports and place them in his/her chart.	{M 446}		
{M 464}	88.07(3)(d) MEDICATION- WRITTEN ORDER 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	{M 464}		

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{M 464}	Continued From page 21 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 for 2 of 2 residents reviewed who required staff to administer their medications. Resident 5 and Resident 6 did not have a written order permitting the provider staff to administer medications. This is a repeat deficiency. See Statement of Deficiency (SOD) ZYJY11, dated 10/13/2023 and SOD UZEX11, dated 11/11/2025. Findings include: On 04/29/2026 at approximately 11:45 AM, Surveyors reviewed Resident 5's and Resident 6's records and identified the following: Resident 5 -Resident 5 was admitted to the provider's home on 03/14/2026. -Resident 5's medications were administered by the home's caregivers. Resident 5's record did not include a physician order to administer medications. Resident 6 -Resident 6 was admitted to the provider's home on 03/15/2026. -Resident 6's medications were administered by the home's caregivers. Resident 6's record did not include a physician order to administer medications.	{M 464}		

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{M 464}	Continued From page 22 On 04/29/2026 at approximately 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he had the information in his/her emails and would send the information to Surveyors. As of 04/30/2026 at 5:00 PM, Surveyors did not receive any additional information regarding Resident 5's and Resident 6's physician order to administer medications.	{M 464}		
{M 582}	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 resident reviewed (Resident 6) did not receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 6 missed a total of 27 blood sugar checks because s/he was out of test strips and received the wrong dose of insulin because Resident 6 had sliding scale insulin and staff did not check his/her levels prior to administering insulin. This is a repeat deficiency. See Statement of Deficiency (SOD) UZEX11, dated 11/11/2025.	{M 582}		

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{M 582}	Continued From page 23 Findings include: On 04/29/2026 at approximately 12:30 PM, Surveyors reviewed Resident 6's record and identified the following: Resident 6 was admitted to the provider's home on 03/15/2026. Resident 6's MAR (medication administration record) for the month of April 2026 had the following signed entries but no documentation of blood sugar level: -Novolog Flexpen 100U/ML Inj: Check blood sugar before meals and dose per as per sliding scale 151-200-10 units from April 20th-April 28th at 7:00 AM,12:00 PM and 4:00 PM. On 04/29/2026 at approximately 1:30 PM, Surveyors interviewed Licensee A. Licensee A stated that s/he had ordered the strips from the pharmacy when Resident 6 moved in but they denied it so they were never sent. Licensee A stated s/he is not sure what Resident 6's blood sugar levels were each day because staff were not able to check since they have been out of strips. Licensee A stated staff would just give the 10 units since they were not sure what his/her blood sugar levels were since they could not check. Licensee A confirmed Resident 6 had sliding scale insulin and there were parameters to follow depending on Resident 6's blood sugar readings. Licensee A stated s/he would follow up with pharmacy or go out and buy test strips from the local pharmacy to at least get his/her blood sugar checks for the time being until s/he can figure out what is going on with pharmacy.	{M 582}		