

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2026
NAME OF PROVIDER OR SUPPLIER GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 1128 GREEN VALLEY DR WAUKESHA, WI 53189		
(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 08/05/2026, Surveyor conducted 1 complaint investigation at Green Valley. Two deficiencies were identified. The complaint was substantiated. Census: 3	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure when a resident was unable to walk without the	M 262		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 262	Continued From page 1 assistance of walker, cane, or crutches the exits from the adult family home (AFH) were ramped to grade with a hard surface pathway with handrails. Resident 1 used a walker for ambulation. Three of 3 of the homes exits were not ramped to grade. Findings include: On 08/05/2026, Surveyor reviewed the AFH's record on file with the Department. The home was licensed as a Class AFH (ambulatory) adult family home able to serve up to 4 residents within the client groups of traumatic brain injury, developmentally disabled, advanced age, physically disabled, terminally ill, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. The license type on the biannual report signed and submitted by the licensee to the Department on 10/01/2024 was "ambulatory". On 08/05/2026, Surveyor reviewed Resident 1's record. S/he was admitted 05/18/2026. Preadmission Assessment dated 05/15/2026 by Program Director A identified Resident 1 used a walker. Individual Service Plan dated 05/22/2026: In the area of Mobility: "...[Resident 1] utilizes a walker regularly and throughout the home ...Continue to utilize walker to prevent falls in the home and promote safety ..." On 08/05/2026, at 10:08 AM, while checking the exits with Program Manager A, surveyor observed:	M 262		

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M 262	Continued From page 2 Front door- 2 steps from sidewalk into house (Photo 1) Door from garage into kitchen/dining room- 2 steps from garage floor into house (photo 2). Door from sunroom into kitchen area - 2 steps from sunroom floor into house (Photo 3). On 08/05/2026 at 10:14 AM, Surveyor interviewed Program Director A who stated s/he became aware Resident 1 used a walker when s/he completed the preadmission assessment. Program Director A stated s/he completed preadmission assessment, then the marketing director and regional director discussed appropriateness of admission with the managed care organization and made the final determination whether or not to admit. Program Director A stated s/he knew the exits were not ramped to grade prior to Resident 1's admission. On 08/05/2026 at 10:19 AM while checking Resident 1's room with Program Director A, Surveyor observed Resident 1 lying in bed. One side of the bed was pushed up against a wall. A wheelchair was parked next to the bed on the room side of the bed, and a walker was parked in the room near the closet door. On 08/05/2026 at 10:54 AM, Surveyor discussed concern Resident 1's use of walker when exits were not ramped to grade with Program Director A who stated s/he would share the concern with his/her management team.	M 262		
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	M 424		

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M 424	Continued From page 3 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 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 the individual service plan (ISP) was updated in writing when the resident's needs or preferences substantially changed. Resident 1's ISP was not updated with specific staff interventions to prevent/manage elopements from the property. Findings include: On 06/12/2026, the Department received a complaint alleging residents displayed behaviors outside resulting in police being called. On 07/08/2026 at 12:03 PM, Surveyor received police records via email from the police department (summarized): 05/26/2026 1:58 PM- Resident 1 left the AFH,	M 424		

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M 424	Continued From page 4 caretaker unable to follow due to other residents being in the house. Resident 1 was upset because s/he recently moved to the AFH and could not have all his/her belongings in his/her room due to lack of space. 05/26/2026 3:18 PM- Residential Supervisor B called police due to Resident 1 throwing tables and his/her walker, the other residents were in their rooms and Residential Supervisor B and another caregiver were hiding behind the kitchen counter. Resident 1 tried to convince police to make his/her family member come visit him/her, was very excited and animated. Residential Supervisor B told police Resident 1 had scratched him/her, threw his/her walker twice and threatened to throw the coffee table at Residential Supervisor B (police noted they observed the coffee table upside down). Resident 1 was arrested and booked for disorderly conduct, then released and police gave him/her a ride back to the AFH. 05/27/2026 9:41 PM- Resident 1 left the AFH and was walking with his/her walker down the middle of the road. Police spoke with Resident 1 who stated s/he refused to go back inside the AFH until staff gave him/her his/her medication but was told by staff the medication was not an option. Resident 1 eventually agreed to go back inside. 06/11/2026 8:12 PM- Resident 1 was outside screaming and rolling on the ground, refusing to go back inside the AFH. Resident 1 was agitated due to not getting his/her medication the way s/he liked. A plan was developed for Resident 1 to take his/her medication and stay in his/her room for the night.	M 424		

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M 424	Continued From page 5 06/22/2026 10:41 AM- Resident 1 left the AFH in anger and after an hour had still not returned. Police located Resident 1 sitting under a tree at a nearby intersection. Resident 1 was upset because the caregiver on duty at the AFH did not buy a cake for Resident 1's birthday. Resident 1 was on his/her way to the store to buy a cake. On 08/05/2026, Surveyor reviewed Resident 1's record. S/he was admitted 05/18/2026. Diagnoses included adjustment disorder, attention deficit hyperactivity disorder, autistic disorder, and generalized anxiety disorder. S/he had a legal guardian of person. Preadmission Assessment dated 05/15/2026: In the area of Housekeeping: " ...Supervision, cueing ...[Resident 1] requires reminders and verbal redirection to maintain cleanliness Desired Outcomes Goals Gain independents in initiation of housekeeping in personal space, clothing/laundry, and bed making ...Interventions Staff to provide verbal prompts as needed and reminder cues while fading prompts as [Resident 1] becomes more independent." In the area of Behavioral/ Mental Health checkboxes for verbal aggression and physical aggression were checked and stated "in [sic] previous placement, was physically aggressive. Just getting angry will cause [him/her] to get aggressive. More-so property destruction. Does not try to get aggressive with others." Boxes for Elopement Risk, Self-harm Risk, Substance Use, Sexually Inappropriate Behavior and Other were not checked. ISP dated 05/22/2026- In the area of Emotional/Behavior " ...[Resident 1] has a history of aggressive behaviors towards others and property ...Desired Outcomes and	M 424		

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M 424	Continued From page 6 Goals Identify trigger and antecedents to be able to identify situation that will cause [him/herself] to become aggressive towards others or property ...When [Resident 1] engages in aggressive behaviors, [s/he] will be verbally redirected in a firm tone to display appropriate behavior. [Resident 1] will escalate and raise [his/her] voice when in disagreement with others. Desired Outcomes and Goals Limit raising tone and identifying when it's best to remove self from conversation ...Interventions Staff will remain firm in tone, not escalated ever, and remind [Resident 1] that it is inappropriate to communicate with others with aggressive tone." In the area of Safety: "Low risk, supervision ...Requires 24 hour supervision but isn't a safety risk, has eloped during daytime hours before. Desired Outcomes Goals Remain at baseline ...Interventions N/A." Managed Care Organization (MCO) Behavioral Support Plan dated 05/15/2025, updated 05/18/2026: In the area of Challenging or Dangerous Target Behaviors: "Verbal Aggression ...will become belligerent and can yell to get what [s/he wants. [S/he will become persistent with [his/her] insistence, nagging and justification. Physical Aggression- [Resident 1] has stood in front of the office door at work, at [s/he has targeted [his/her family member] whom [s/he] perceived was not able to hurt [him/her]. Aggressive behaviors include, but are not limited to the following; [sic] pushing, slapping/hitting with an open hand ...throwing items such as furniture. Elopement- [Resident 1] has a history of eloping from previous placement and current placement. Even though [Resident 1] utilizes a walker, [s/her] still exhibits poor judgement and no concept of safety issues when [s/he] elopes. [S/he] will leave in the	M 424		

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M 424	Continued From page 7 winter with inappropriate clothing." In the area of Situations/Circumstances When Behaviors are Likely to Occur: "When [Resident 1] feels/thinks things should be going [his/her] way ...unable to do what [s/he] wants ...there is time constraints and what was scheduled cannot occur ...does not get the answer [s/he] wants or what s/he] was expecting ...when there is an unexpected change ...disappointed in a situation because it did not turn out the way [s/he] thought it would/should ...perceives as something being unfair." In the area of Behavioral Signs and Signals Prior to Exhibiting Target Behaviors " ...voice tone will escalate and become louder ...increase in [his/her] stuttering ...become more demanding and more persistent ...increase in hand motions when [s/he] speaks ...become difficult to re direct [sic] and [s/he] will refuse to follow directions ...feels like [s/he] has lost control of the situation ...face will become red ...difficulty letting go of an idea or issue ...begin to play with [his/her] stress ball ...begin to chew on straws and/or pen caps ...has to wait for something, as [s/he] wants things right there and then ..." In the area of How Staff/Others Can Support and Encourage Appropriate Behavior (summarized): develop incentive program with him/her where s/he is able to earn outing to do some things with only him/her and staff, ensure consistency in daily routine, provide structure daily, give him/her some typical situations that may occur and have him/her come up with some possible solutions to the problem/situation, encourage to shower every other day, on days s/he does not shower encourage to assist with one chore, when going to store make a list and do not stray from list and	M 424		

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M 424	Continued From page 8 have him/her mark off items from list, provide step by step directions when leaving house and going out in community, have him/her identify possible natural outcomes/consequences of what can happen when rules or not followed or when s/he becomes verbally/physically aggressive, encourage him/her to develop coping skills for when s/he needs a break and encourage him/her to put them into practice on a daily basis, follow through with therapy sessions, and psychiatric appointments, encourage him/her to take medications routinely. In the area of How Staff Should Respond When Target Behaviors Occur (summarized): Avoid arguing and getting into power struggle, do not attempt to reason, suggest s/he go to his/her room to calm down or use a coping skill s/he identified; provide consistency and structure daily, do not give in no matter how much s/he is persisting, when feeling threatened leave the situation if able and return when s/he has calmed down. Neither the facility ISP or MCO BSP identified specific staff interventions to prevent/manage elopements from the home. On 08/05/2026 at 8:29 AM, Surveyor interviewed Residential Supervisor B who stated when upset Resident 1 went outside, walked up and down the street, laid down at the end of the street, hit his/her head on the ground and yelled for staff. Resident Supervisor B stated staff allowed Resident 1 to have his/her "fit", listened to him/her and provided supervision so s/he would not hurt him/herself. Residential Supervisor B stated because only 1 staff was scheduled, they could not follow Resident 1 when s/he left the property and after an hour staff called the police.	M 424		

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M 424	Continued From page 9 Residential Supervisor B stated police brought Resident 1 back and calmed him/her down. Residential Supervisor B stated Resident 1's behaviors decreased after medications were adjusted in July 2026. On 08/06/2026 at 10:36 AM, Surveyor discussed concern of ISP not updated with staff interventions when Resident 1 eloped off the property with Program Manager A who stated Resident 1's behaviors escalated instantly and unexpectedly, and it was very difficult for staff to get him/her to calm because explanations and negotiation did not work. Program Manager A stated staff had not received training specific to Resident 1's behaviors, or training to deal with physical aggression, the county's crisis intervention would not assist with elopements, and Resident 1's psychiatric progress notes were not shared with them. Program Manager A stated Resident 1 had a behavioral specialist through the MCO and Resident 1's behaviors were discussed with the MCO but staff did not ask the MCO to update the BSP with specific elopement interventions. Program Manager A stated the ISP was not updated because they had no successful interventions for Resident 1 elopements. Program Manager A stated the police told staff they will no longer go looking for Resident 1 to return him/her home.	M 424			