STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018043	A. BUILDING: _____ B. WING _____	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA HOUSE	4317 NORTH 62ND STREET MILWAUKEE, WI 53216

(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 01/28/2026 with information gathered through 01/30/2026, Surveyor conducted a standard survey, at Olivia House, an Adult Family Home (AFH) in Milwaukee, WI. Two deficiencies were identified. Census: 0	M 000		
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, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 01/28/2026, Surveyor reviewed Resident 1's record and identified the following: - Resident 1 was admitted to the provider's home on 11/09/2025. - Resident 1 discharged from the provider's home on 12/31/2025. - Resident 1 had a legal guardian. - Resident 1's ISPs dated 11/09/2025 did not	M 420		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018043	A. BUILDING: _____ B. WING _____	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA HOUSE	4317 NORTH 62ND STREET MILWAUKEE, WI 53216

(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 420	Continued From page 1 contain his/her guardian signature. On 01/28/2026, at approximately 3:07 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's ISP needed to be signed by all parties in agreement with the plan. Licensee A reported s/he did not realize Resident 1's guardian did not sign Resident 1's ISP. Licensee A stated moving forward s/he would ensure all ISPs were signed by all parties.	M 420		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care	Z 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018043	A. BUILDING: _____ B. WING _____	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA HOUSE	4317 NORTH 62ND STREET MILWAUKEE, WI 53216

(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
Z 023	Continued From page 2 to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider hired 1 of 1 caregiver (Caregiver B) when they knew or should have known s/he was convicted of a serious crime. Licensee A had knowledge of Caregiver B's background check and the charge of s. 940.01(1)(a) 1st Degree Intentional Homicide and s. 940.02(1) 1st Degree Reckless Homicide. Caregiver B was convicted of s. 940.01(1)(a) 1st Degree Intentional Homicide and s. 940.02(1) 1st Degree Reckless Homicide. Finding include: Chapter DHS (Department of Health Services) 50.065(1)(e)1. defines "Serious Crime" as violation s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3., or a violation of the law of any other state or United States jurisdiction that would be a violation of s. 940.19 (3), 1999 stats., or a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3. if committed in this state. On 01/28/2026, at approximately 2:21 PM, Surveyor reviewed Caregiver B's record and identified the following:	Z 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018043	A. BUILDING: _____ B. WING _____	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA HOUSE	4317 NORTH 62ND STREET MILWAUKEE, WI 53216

(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
Z 023	Continued From page 3 -Caregiver B was hired on 11/13/2025. -Caregiver B had an employment end date of 12/31/2025 (due to this home having a census of 0). -Caregiver B's Background Information Disclosure (BID) was completed and signed by him/her on 10/23/2025. -Caregiver B's Department of Justice (DOJ) record was requested and reported on 11/10/2025 and the following was identified: -Caregiver B's DOJ had Alias Names. - "Date of offense: 08/10/2018...Charge: 940.01(1)(a) - 1st Degree Intentional Homicide... Sequence number: 01...Charge Severity: Felony ...Disposition: Disposition not reported." - "Date of offense: 09/07/2018 ...Charge: 940.02(1) - 1st Degree Reckless Homicide ...Sequence number: 01 ...Charge Severity: Felony ...Felony ...Disposition: Disposition not reported." - "Date of offense: 10/10/2018 ...Charge: 940.02(1) - 1st Degree Reckless Homicide ...Sequence number: 01 ...Charge Severity: Felony ...Disposition Date: 07/22/2021 ...Disposition: Convicted ...Sentence: Prison ...Length: 8 years." -Caregiver B's Governmental Findings Report was requested and reported on 11/10/2025 and the following was identified: -No findings. -No denials.	Z 023		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018043	A. BUILDING: _____ B. WING _____	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVIA HOUSE	4317 NORTH 62ND STREET MILWAUKEE, WI 53216

(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
Z 023	Continued From page 4 -No rehabilitation review findings. -No exclusions. -No professional credential, license or certificate found. -Caregiver B's record did not include a copy of the criminal complaint, judgement of conviction from the clerk of courts, and any form of documentation of a rehabilitation review for the charge indicated on Caregiver B's background check. On 01/30/2026, at approximately 1:35 PM, Surveyor interviewed Licensee A. Licensee A reported s/he completed Caregiver B's background check and was aware of his/her record. Licensee A reported Caregiver B stated the charges were associated with his/her sibling. Licensee A reported s/he did not complete any further investigation.	Z 023		