STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018744	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVED BY GRACE FAITH ADULT FAMILY HOM	3845 NORTH 10TH STREET MILWAUKEE, WI 53206

(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 06/30/2026, Surveyor completed a standard survey and 1 complaint investigation at Saved By Grace Faith Adult Family Home. As a result, 7 deficiencies were identified, and 1 complaint was substantiated. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the licensing agency, within 24 hours, a significant change in 1 of 1 resident's (Resident 2) status. Resident 2 eloped from the facility three times in 2026. Findings include: Record Review The facility was licensed as an ambulatory adult family home (AFH), serving up to 4 residents in client groups irreversible dementia/Alzheimer's,	M 134		

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

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M 134	Continued From page 1	M 134		

alcohol/drug dependent, traumatic brain injury, correctional clients, advanced age, emotionally disturbed/mental illness, and developmentally disabled.

On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/27/2026. Resident 2's individual service plan (ISP), dated 04/27/2026, was incomplete. The supervision category was not filled out in Resident 2's ISP. The supervision section indicated the following:

"..... Member requires twenty-four hour supervision (cannot be left alone). YES NO
Member can spend _____ hours at a time unsupervised.
Member can come and go from the [Adult Family Home] AFH as they desire.

Comments....."

Resident 2's file contained a Behavior Support Plan (BSP), dated May 2026, which indicated the following:

"... STAFFING RECOMMENDATION
1:1 Dedicated Behavioral Supervision / Enhanced Support 24 Hours Per Day, 7 Days Per Week... [Resident 2] has a significant history of elopement and remains a high flight risk...."

Resident 2's file contained a form titled "Client Rights Limitation Or Denial Documentation", dated 05/27/2026, which indicated the following:

"...Describe Specific, Individualized Limitation/Denial: Saved By Grace staff will provide 1:1 dedicated staffing for the member 24/7. Staff will remain directly outside the

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M 134	Continued From page 2	M 134		

bathroom with the door open enough so visibility can be maintained during bathing and toileting tasks. Staff will assist the member directly with tasks as needed including verbal cues and hands on assistance. Staff will monitor the need for redirection.... Reason for Limitation/Denial - Safety - Member may elope. Mbr [sic] also has behaviors including property destruction, physical aggression and threats of self harm. Staff need to maintin [sic] line of sight supervision to ensure member does not injure her/himself or destroy the bathroom.

At approximately 10:30 AM, Surveyor reviewed incident reports and identified the following:

05/16/2026 at 4:30 PM, entered by Caregiver C.
- Staff and residents were outside the facility. Resident 2 went into the facility alone. When Resident 2 did not return to the group outside, staff entered the facility to locate her/him. Staff looked for Resident 2 for "hours" but did could not locate her/him. A missing person report was filed with the local police department. The report did not indicate when Resident 2 was found and/or returned to the facility.

05/29/2026 at 9:00 PM, titled "Runaway Resident", entered by Caregiver D
- Resident 2 walked outside with another resident. When staff attempted to bring residents into the facility, Resident 2 walked into the facility and then ran out of the facility through the back door. The report did not indicate when Resident 2 was found and/or returned to the facility.

06/14/2026 at 4:00 PM entered by Caregiver C
- While staff member on duty utilized the bathroom, Resident 2 eloped from the facility. Staff member attempted to locate Resident 2 but

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M 134	Continued From page 3 was unsuccessful. Police were notified at approximately 4:19 PM. The incident report contained a police contact card dated 06/14/2026 at 5:11 PM. On 06/30/2026, at approximately 11:30 AM, Surveyor reviewed the Department's electronic file for the facility and did not locate any self-reports for Resident 2's elopements in 2026. Interview On 06/29/2026, at 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A confirmed Resident 2 had eloped from the facility in May and June of 2026. Caregiver A reported s/he was unaware of the reporting requirements. On 06/30/2026, at approximately 10:30 AM, Surveyor interviewed Licensee E. Licensee E reported the facility notified police of Resident 2's elopements but was unaware of the code requirement.	M 134		
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:	M 344		

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M 344	Continued From page 4 Based on record review and interview, the provider did not complete the resident evacuation assessment within 3 days of admission for 1 of 2 (Resident 2) residents reviewed. Resident 2 did not have a resident evacuation assessment completed. Findings include: On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/27/2026. Resident 2's record did not contain any evidence of a completed evacuation assessment. On 06/29/2026, at 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A confirmed the code requirement to have the evacuation assessments completed immediately after admission. Caregiver A reported House Manager B was responsible for completing resident evacuation assessments. Caregiver A did not offer explanation why Resident 2 did not have an evacuation assessment completed.	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:	M 346		

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M 346	Continued From page 5 Based on record review and interview, the provider did not complete an annual evacuation assessment review for 1 of 2 residents (Resident 1) who lived in the facility beyond one year. Resident 1 did not have an annual evacuation assessment completed in 2025 or to date in 2026. Findings include: On 06/29/2026, at approximately 10:15 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/23/2024. Resident 1's record contained a Resident Evacuation Assessment, completed May of 2024. Surveyors did not review any evidence in Resident 2's record of a completed annual evacuation assessment in 2025, or to date in 2026. On 06/29/2026, at 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A reported s/he was unaware of the code requirement.	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 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.	M 406		

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M 406	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 (Resident 1 and Resident 2) resident individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 1 and Resident 2's ISP were not signed by a case manager, or guardian. Findings include: On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 05/23/2024. Resident 1's file contained an ISP dated 11/05/2025. Resident 1's file indicated s/he had a managed care organization (MCO) and a guardian. Resident 1's ISP was not signed by her/his MCO or guardian. Resident 2 was admitted on 04/27/2026. Resident 2's file contained an ISP dated 04/27/2026. Resident 2's file indicated s/he had a MCO and guardian. Resident 2's ISP was not signed by her/his MCO or guardian. On 06/29/2026, at approximately 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A reported House Manager B was responsible for updating resident ISPs. Caregiver A reported s/he was unaware of the code requirement. Caregiver A reported s/he would ensure all parties involved would sign future ISP updates.	M 406		

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M 408	Continued From page 7	M 408		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not identify 1 of 1 resident's (Resident 2's) behaviors or level of supervision required in the home and community. Findings include: On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/27/2026. Resident 2's individual service plan (ISP), dated 04/27/2026, was incomplete and did not identify her/his behaviors, supervision, or inform staff Resident 2 had a behavior support plan (BSP). The supervision and behavioral intervention areas were not filled out in Resident 2's ISP. The ISP indicated the following: "... Behavioral Intervention Is any teaching or redirection required by the [Adult Family Home] provider? Please Specify... "...Supervision	M 408		

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M 408	Continued From page 8 Member requires twenty-four hour supervision (cannot be left alone). YES NO Member can spend _____ hours at a time unsupervised. Member can come and go from the [Adult Family Home] AFH as they desire. Comments..." Resident 2's file contained a BSP, dated May 2026, which indicated the following: "... STAFFING RECOMMENDATION 1:1 Dedicated Behavioral Supervision / Enhanced Support 24 Hours Per Day, 7 Days Per Week... [Resident 2] has a significant history of elopement and remains a high flight risk...." Resident 2's file contained a member-centered plan from her/his managed care organization (MCO), dated 11/01/2025, which indicated the following: "... Behaviors Requiring Intervention Wandering/Elopement: Yes Describe Behaviors: Member will elope and run from AFH without warning Self-Injurious Behaviors: Yes Describe Behaviors: Member will bang her/his head on hard surfaces when upset or frustrated. Offensive/ Violent Behaviors: The member has property destruction behaviors, will hit, punch, kick, bite, and throw objects at others. Other Behaviors: No Member has a BSP: Yes..." Resident 2's file contained a form titled "Client Rights Limitation Or Denial Documentation", dated 05/27/2026, which indicated the following:	M 408		

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M 408	Continued From page 9 "...Describe Specific, Individualized Limitation/Denial: Saved By Grace staff will provide 1:1 dedicated staffing for the member 24/7. Staff will remain directly outside the bathroom with the door open enough so visibility can be maintained during bathing and toileting tasks. Staff will assist the member directly with tasks as needed including verbal cues and hands on assistance. Staff will monitor the need for redirection.... Reason for Limitation/Denial - Safety - Member may elope. Mbr [sic] also has behaviors including property destruction, physical aggression and threats of self harm. Staff need to maintin [sic] line of sight supervision to ensure member does not injure her/himself or destroy the bathroom." On 06/29/2026, at approximately 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A reported House Manager B was responsible for updating resident ISPs. Caregiver A reported s/he was unsure why Resident 2's BSP was not referenced in her/his ISP. Caregiver A reported s/he was unsure why behaviors and supervision level were not updated in Resident 2's ISP. On 06/30/2026, at approximately 10:30 AM, Surveyor interviewed Licensee E. Licensee E confirmed House Manager B was responsible for completing and updating resident ISPs. Licensee E was unaware Resident 2's ISP did not reference her/his BSP or contain information regarding her/his level of supervision and behaviors. Licensee E reported s/he was unaware of Resident 2's behaviors prior to her/him moving into the facility.	M 408		
M 424	88.06(3)(f) REVIEW OF ISP	M 424		

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M 424	Continued From page 10 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 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 2 residents' (Resident 1) individual service plan (ISPs) were reviewed at least once every 6 months. Resident 1's ISP was due to be reviewed in April 2026. Findings include: On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/23/2024. Resident 1's file contained an ISP dated 11/05/2025. Resident 1's ISP was due to be reviewed in April 2026. Surveyor did not review any evidence of an ISP review to date in 2026 in Resident 1's file.	M 424		

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M 424	Continued From page 11 On 06/29/2026, at approximately 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A reported House Manager B was responsible for updating and reviewing resident ISPs. Caregiver A reported s/he was unsure why Resident 1's ISP was not updated.	M 424		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for a dedicated service provider when a resident requires 1:1 supervision for 1 of 1 resident (Resident 2). Resident 2 was unsupervised and eloped from the home. Findings include: On 06/01/2026, the Department received a complaint alleging concerns of resident elopements. The facility was licensed as an ambulatory adult family home (AFH), serving up to 4 residents in client groups irreversible dementia/Alzheimer's, alcohol/drug dependent, traumatic brain injury, correctional clients, advanced age, emotionally	M 434		

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M 434	Continued From page 12 disturbed/mental illness, and developmentally disabled. Record Review On 06/29/2026, at approximately 10:15 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/27/2026. Resident 2's individual service plan (ISP), dated 04/27/2026, was incomplete. The supervision category was not filled out in Resident 2's ISP. The supervision section indicated the following: "..... Member requires twenty-four hour supervision (cannot be left alone). YES NO Member can spend _____ hours at a time unsupervised. Member can come and go from the [Adult Family Home] AFH as they desire. Comments....." Resident 2's file contained a behavior support plan (BSP), dated May 2026, which indicated the following: "... STAFFING RECOMMENDATION 1:1 Dedicated Behavioral Supervision / Enhanced Support 24 Hours Per Day, 7 Days Per Week... [Resident 2] has a significant history of elopement and remains a high flight risk...." Resident 2's file contained a form titled "Client Rights Limitation Or Denial Documentation", dated 05/27/2026, which indicated the following: "...Describe Specific, Individualized Limitation/Denial: Saved By Grace staff will provide 1:1 dedicated staffing for the member 24/7. Staff will remain directly outside the	M 434		

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M 434	Continued From page 13	M 434		

bathroom with the door open enough so visibility can be maintained during bathing and toileting tasks. Staff will assist the member directly with tasks as needed including verbal cues and hands on assistance. Staff will monitor the need for redirection.... Reason for Limitation/Denial - Safety - Member may elope. Mbr [sic] also has behaviors including property destruction, physical aggression and threats of self harm. Staff need to maintin [sic] line of sight supervision to ensure member does not injure her/himself or destroy the bathroom."

On 06/29/2026, at approximately 10:30 AM, Surveyor reviewed incident reports and identified the following:

05/16/2026, at 4:30 PM entered by Caregiver C.
- Staff and residents were outside the facility. Resident 2 went into the facility alone. When Resident 2 did not return to the group outside, staff entered the facility to locate her/him. Staff looked for Resident 2 for "hours" but did could not locate her/him. A missing person report was filed with the local police department. The report did not indicate when Resident 2 was found and returned to the facility.

05/29/2026, at 9:00 PM, titled "Runaway Resident" entered by Caregiver D
- Resident 2 walked outside with another resident. When staff attempted to bring residents into the facility, Resident 2 walked into the facility and then ran out of the facility through the back door. The report did not indicate when Resident 2 was found and returned to the facility.

06/14/2026, at 4:00 PM entered by Caregiver C
-While staff member on duty utilized the bathroom, Resident 2 eloped from the facility.

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	0018744	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVED BY GRACE FAITH ADULT FAMILY HOM	3845 NORTH 10TH STREET MILWAUKEE, WI 53206

(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 434	Continued From page 14 Staff attempted to locate Resident 2 but were unsuccessful. Police were notified at approximately 4:19 PM. The incident report contained a police contact card dated 06/14/2026 at 5:11 PM. On 06/29/2026, at approximately 11:00 AM, Surveyor reviewed staff schedules on a form titled "Sign in and Sign Out Sheet" and identified the following: "... 05/16/2026 (Saturday) - Caregiver D - Name crossed out 05/29/2026 (Friday) - Caregiver D 06/14/2026 (Sunday) - Caregiver D" On 06/30/2026, at approximately 11:45 AM, Surveyor received an email from Licensee E with an incident report dated 06/14/2026 at 4:17 PM. The incident report titled "Elopement/ Missing Person" indicated the following: "...Description of Incident: On June 14, 2026, at approximately 4:17 PM, [Resident 2] was in the kitchen eating dinner when a staff member opened the kitchen door to take out the trash. At that time, [Resident 2] ran out of the door and left the property without authorization. Staff immediately followed [Resident 2]; however, s/he was running at a high rate of speed and could not be safely intercepted. Staff maintained visual contact as long as possible but eventually lost sight of her/him due to the speed at which s/he was running. Per [Resident 2's] supervision plan and behavior support plan law enforcement was contacted immediately to report the elopement and assist in locating her/him. [Resident 2] did not return to the Adult Family Home after leaving the property. At no time prior to the elopement was there any physical altercation involving [Resident	M 434		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018744	A. BUILDING: _____ B. WING _____	C 06/30/2026

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SAVED BY GRACE FAITH ADULT FAMILY HOM	3845 NORTH 10TH STREET MILWAUKEE, WI 53206

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M 434	Continued From page 15 2], and no staff member punched or physically harmed her/him. There were no observed injuries before s/he left the property. Immediate Actions Taken: -Staff immediately attempted to follow and redirect [Resident 2]. -Law enforcement was contacted without delay. -The case manager and guardian were notified of the incident. -Staff continued to cooperate with law enforcement and provided updates as information became available. Outcome: [Resident 2] was later located and transported for medical evaluation. The facility continued communication with the guardian, case manager, and medical providers regarding her/his status and safety." Interviews On 06/29/2026, at approximately 12:30 PM, Surveyor interviewed Caregiver A. Caregiver A confirmed Resident 1 had eloped from the facility in May and June of 2026. Caregiver A reported Resident 2 was currently inpatient at the local hospital because s/he had a seizure while at the hospital after her/his elopement on 06/14/2026. Caregiver A reported Resident 2 typically eloped on the weekend because only one staff member works on the weekends. Surveyor inquired if two staff members are always present at the facility. Caregiver A reported the facility "recently" implemented two staff members because of Resident 2's elopements but did not provide a specific day when the implementation occurred. On 06/30/2026, at approximately 10:30 AM, Surveyor interviewed Licensee E. Licensee E	M 434		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 434	Continued From page 16 reported s/he was unaware of Resident 2's behaviors and elopement history prior to her/him moving into the facility. Licensee E reported s/he requested Resident 2's BSP to indicate s/he required 2:1 supervision but was denied. Licensee E reported Resident 2's BSP was updated in May of 2026 to reflect her/his need for 1:1 supervision that was approved. Surveyor inquired why Resident 2 was left alone, as indicated in incident reports, if her/his supervision requires at least 1:1 supervision. Licensee E reported the incident reports by staff were incorrect and staff did not articulate clearly when documenting incidents. Licensee E reported s/he was working with the case manager and guardian on updates and interventions for Resident 2's elopements prior to her/him returning to the facility.	M 434		