STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017068	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR FAMILY HOME LLC (THE)	1113 LISBON ST WATERTOWN, WI 53098

(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 01/06/2026, with information obtained through 01/07/2026, the Bureau of Assisted Living, Southern Regional Office, conducted an abbreviated licensing survey at Manor Family Home LLC, an adult family home (AFH) located in Watertown, WI. As a result of the survey, 4 deficiencies were identified. Census: 4	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 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	M 114		

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

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M 114	Continued From page 1	M 114		

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 that a background information disclosure (BID) as part of the criminal records check for 1 of 2 service providers reviewed, Caregiver C, was completed.

Findings include:

On 01/06/2026, Surveyor conducted a review of 3 service providers to verify compliance with background check requirements. Surveyor requested the complete background check, including the BID, Department of Justice (DOJ) check, and Governmental Findings Report (GFR), for Caregiver C from Licensee A.

The background check for Caregiver C, hired 06/27/2025, included an incomplete BID. Of the 14 total questions from Caregiver C's BID, the first 2 were answered. The remaining 12 were blank.

At approximately 2:30 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he didn't

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M 114	Continued From page 2 realize Caregiver C's BID wasn't fully filled out. Licensee A reported s/he would have Caregiver C fill out a new BID.	M 114		
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, the provider did not ensure that for 1 of 2 service providers reviewed, Caregiver D, documentation was obtained from a physician, registered nurse, or physician's assistant indicating that s/he was screened for illness detrimental to residents, including tuberculosis, 90 days before the start of providing service. Findings include: On 01/06/2026, Surveyor conducted a review of 2 service providers to verify compliance with illness screening requirements. Surveyor requested the illness screen for Caregiver D from Licensee A.	M 232		

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M 232	Continued From page 3 The record for Caregiver D, hired 06/23/2024, did not contain evidence that s/he was screened for illness, including tuberculosis. At approximately 3:15 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he was unable to find an illness screen for Caregiver D but requested an opportunity to look further in his/her records. Surveyor gave Licensee A until the end of the day to provide an illness screen for Caregiver D. On 01/07/2026, Surveyor reviewed an e-mail sent by Licensee A on 01/06/2026 at 5:19 p.m. In the e-mail, Licensee A reported, "I also searched for [Caregiver D]'s [tuberculosis] skin test/ communicable disease documents and I can't seem to locate it ..." On 01/07/2026, at approximately 8:51 a.m., Licensee A e-mailed Surveyor again and reported that s/he would have Caregiver D make an appointment to complete his/her illness screen.	M 232		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that there was documentation to show successful completion of training requirements for 1 of 3 service providers reviewed. The record for Caregiver B documented 4 hours of training completed in 2024 and 6 hours of	M 530		

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M 530	Continued From page 4	M 530		

training completed in 2025. For each year, 8 hours of training were required.

Findings include:

On 01/06/2026, Surveyor conducted a review of 3 service providers to verify compliance with training requirements. Surveyor requested the 2024 and 2025 training records for Caregiver B from Licensee A.

The training records for Caregiver B, hired 02/13/2021, documented 4 hours of training completed in 2024 and 6 hours of training completed in 2025. There was no other evidence of training completed by Caregiver B in 2024 and 2025.

At approximately 3:15 p.m., Surveyor interviewed Licensee A and Caregiver B. Licensee A reported s/he believed that Caregiver B completed more than 8 hours of training both in 2024 and in 2025. Licensee A stated that Caregiver B was "so good about training." Caregiver B reported s/he believed s/he completed more than 8 hours of training both in 2024 and 2025. Surveyor gave Licensee A until the end of the day to provide any additional training records for Caregiver B.

On 01/07/2026, Surveyor reviewed an e-mail sent by Licensee A on 01/06/2026 at 5:19 p.m. In the e-mail, Licensee A reported, "[Caregiver B] went through all of the files tonight and couldn't place the training that's missing. [Caregiver B] is going to look through [his/her] binder at home to check if [s/he] has any training that [s/he] kept to use as a tool for [his/her] licensure."

No other training records were received.

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M 530	Continued From page 5 On 01/07/2026, at approximately 8:51 a.m., Licensee A e-mailed Surveyor again. Licensee A confirmed that Caregiver B was unable to locate any other training records.	M 530		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a complete background check was completed every 4 years for 1 of 1 service providers reviewed, Caregiver B. Findings include: On 01/06/2026, Surveyor conducted a review of 3 service providers to verify compliance with background check requirements. Surveyor requested the most recent complete background check, including the BID, Department of Justice (DOJ) check, and Governmental Findings Report (GFR), for Caregiver B from Licensee A.	Z 022		

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Z 022	Continued From page 6 The BID for Caregiver B, hired 02/13/2021, was completed on 02/13/2021 (approximately 5 years ago). The DOJ check and GFR for Caregiver B were completed on 01/20/2021 (approximately 5 years ago). There was no evidence of a more recent complete background check having been completed for Caregiver B. At approximately 2:30 p.m., Surveyor interviewed Licensee A. Licensee A reported being unaware that s/he had to run background checks for the provider's service providers every 4 years after hire. Licensee A reported s/he would run an updated background check for Caregiver B.	Z 022		