

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/15/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 523 N 10TH AVENUE WEST BEND, WI 53090		
(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 07/13/2026, Surveyors conducted one (1) complaint investigation and a verification visit for YO6K11, dated 03/12/2026. Additional information was gathered through 07/15/2026. As a result of the survey, previous deficiencies were corrected. The complaint was substantiated resulting in 6 deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. 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 licensee did not report to the Department a significant change in resident status for 1 of 1 resident. One of 1 resident eloped and was returned to the facility by law enforcement. These incidents were not reported to the Department.	M 134		

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

TITLE

(X6) DATE

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M 134	Continued From page 1 Resident 2 eloped 2 times from the facility that were not self-reported to the Bureau. Resident 2 eloped 2 times from the sister facility that were not self-reported to the Bureau. Findings include: On 07/13/2026, Surveyors reviewed police reports from the West Bend Police Department, Cedarburg Police Department and Mequon Police Department. - West Bend Police Reports show Resident 2 eloped on 05/13/2026 and 06/10/2026. - Cedarburg Police Reports show Resident 2 eloped on 06/14/2026. - Mequon Police Reports show Resident 2 eloped on 05/23/2026. On 07/13/2026, Surveyors reviewed the facility folder. There were no self-reports filed for Resident 2's elopements on 05/13/2026 and 06/10/2026 reported to the West Bend Police Department, 6/14/2026 reported to the Cedarburg Police Department and 05/23/2026 reported to the Mequon Police Department. On 07/13/2026 at 10:00 AM, Surveyors interviewed Caregiver D. Caregiver D was unaware of Resident 2 elopements and stated Surveyors need to talk to Licensee A. On 07/13/2026 at 11:00 AM, Surveyors requested Resident 2's record from Licensee A. Resident 2 was admitted to the facility 04/01/2026 with diagnoses to include traumatic brain injury, bipolar, depression, schizophrenia and anxiety. Resident 2's individual service plan (ISP) reflected Resident 2 receives 1:4 staffing. Resident 2's assessment reflects level of	M 134		

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M 134	Continued From page 2 supervision needed: "Total - Applicant requires 24-hour direct supervision." On 07/13/2026 at 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not submit a self-report for Resident 2's elopement as staff had Resident 2 in line of sight. Surveyors shared the West Bend Police Reports on 05/13/2026 and 06/10/2026 for Resident 2, and that the police reports reflect no staff present and police returned the residents to the house. 05/13/2026 - "at 1950 hours, [officers] were dispatched to 523 North 10th Avenue, for a Missing Person complaint. The complainant, employee, [Caregiver E], advised a resident, [Resident 2], had left the group home." Note - Resident 1 was found approximately .6 miles from the facility. 06/10/2026 - "at 2013 hours, [officers] were dispatched to 523 North 10th Avenue, for a Missing Person complaint. The complainant, [Licensee A], advised [Resident 2], had left the group home. " Surveyors interviewed Licensee A regarding the elopements from the Mequon location. Licensee A denied Resident 2 being at the Mequon location. Licensee A stated Resident 2 lived at the West Bend location. Licensee A acknowledged s/he had planned on relocating Resident 2 to Mequon but had not scheduled the move yet. Surveyors shared the report the Bureau received on 05/31/2026, but there were no other self-reports filed. Surveyors shared the police reports on 06/14/2026 and 05/23/2026 for Resident 2, and that the police reports reflect no staff present and police returned the resident to the Mequon house. Surveyors stated the	M 134		

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M 134	Continued From page 3 elopements were not self-reported with 24 hours. Licensee A continued to deny Resident 2 being at the Mequon location, even after the police reports and staff interviews were shared. Licensee A confirmed s/he had not submitted the self-reports, as s/he did not understand the code. The licensee did not report to the Department the elopements for 1 of 1 resident. Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm Cross Reference N0424 DHS 88.06(3)(f) Review of ISP	M 134		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH). Findings include: The facility was licensed on 05/27/2025 to provide care for up to 4 residents who may be emotionally disturbed/mental illness, physically disabled, pregnant women/counseling, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional	M 216		

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M 216	Continued From page 4 clients, terminally ill and/or irreversible dementia/Alzheimer's. On 07/13/2026, at 10:00 AM, Surveyors arrived at the facility to investigate 1 complaint. Caregiver D was working in the facility and left Surveyors in. Licensee A met Surveyors on-site at 11:00 AM. Caregiver D was working alone in the home with 3 residents and had a barred offense. During the complaint investigation and verification visit, six deficiencies were identified, including: N0134 DHS 88.06(5)(e)1 Significant Change To Resident Based on record review and interview, the licensee did not report to the Department a significant change in resident status for 1 of 1 resident. One of 1 resident eloped and was returned to the facility by law enforcement. These incidents were not reported to the Department. -Resident 2 eloped 2 times that were not self-reported to the Bureau. N0216 DHS 88.04(2)(a) Responsibilities Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH). N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm Based on observation, record review and interview, the licensee permitted the existence or continuation of conditions in the home which placed the health, safety and welfare of residents at substantial risk of harm for Resident 1, Resident 2 and Resident 3. -Resident 1 required supervision. Resident 1 was not supervised in the kitchen resulting in police	M 216		

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M 216	Continued From page 5 contact due to smoke alarms sounding. N0262 DHS 88.05(2)(a) Difficulty Walking Based on record review and interview, the provider did not ensure the home was ramped to grade when a resident required the use of a walker to ambulate. N0424 DHS 88.06(3)(f) Review of ISP Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated whenever the residents' needs changed for Resident 2. Z0023 DHS 50.65(4m)(b) Caregiver Hiring and Contracting Process Based on record review and interview, the facility permitted Caregiver D to work in the home when Caregiver D had a barred offense. - Caregiver D was charged with aggravated battery 940.19(6) Cross Reference Z0023 DHS 50.065(4m)(b) Caregiver Hiring and Contracting Process Cross Reference N0134 DHS 88.03(5)(e)(1) Significant Change To The Resident Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm Cross Reference N0262 DHS 88.05(2)(a) Difficulty Walking Cross Reference N0424 DHS 88.06(3)(f) Review of ISP	M 216		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the	M 230		

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M 230	Continued From page 6 existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, record review and interview, the licensee permitted the existence or continuation of conditions in the home which placed the health, safety and welfare of residents at substantial risk of harm for Resident 1. Resident 1 required supervision. Resident 1 was not supervised in the kitchen resulting in police contact due to smoke alarms sounding. Findings include: The facility is licensed to provide care for up to 4 ambulatory residents who may be emotionally disturbed/mental illness, physically disabled, pregnant women/counseling, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional clients, terminally ill and/or irreversible dementia/Alzheimer's. On 07/13/2026 at 11:00 AM, Surveyors requested Resident 1's record from Licensee A. Police Reports On 07/13/2026, Surveyors reviewed the police report dated 04/22/2026 from the West Bend Police Department. The report noted the following: 04/22/2026 at 7:58 AM: Resident 1 burned breakfast food on the top of the oven causing the homes fire alarm to sound.	M 230		

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M 230	Continued From page 7 Record Review On 07/13/2026, Surveyors reviewed Resident 1's record. The record reflected Resident 1 was admitted on 12/15/2025. On 07/13/2026, Surveyors reviewed Resident 1's Individual Service Plan (ISP), dated 04/23/2026. The ISP identified supervision: "[Resident 1] will need constant supervision to keep [his/her] space organized and clean Consistent encouragement to complete school work. Consistent encouragement to complete household tasks and laundry Consistent supervision and encouragement to keep [him/herself] clean and to eat healthy." Resident 1's ISP stated s/he needed supervision and did not identify s/he could cook independently. There was no evidence Resident 1 had consistent encouragement or was supervised when s/he was cooking breakfast. On 07/13/2026 at 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated Resident 1 could cook with staff supervision. Surveyors requested the staff schedule and Licensee A stated is was on his/her computer at his/her house. Licensee A was unable to tell Surveyors who was working on 04/23/2026, but stated that Resident 1 called him/her when the alarms sounded and s/he was on the phone with Resident 1 during the event. Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0424 DHS 88.06(3)(f) Review of ISP	M 230		

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M 262	Continued From page 8	M 262		
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 record review and interview, the provider did not ensure the home was ramped to grade when a resident required the use of a walker to ambulate. Findings Include: The facility was licensed on 05/27/2025 to provide care for up to 4 ambulatory residents who may be emotionally disturbed/mental illness, physically disabled, pregnant women/counseling, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional	M 262		

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M 262	Continued From page 9 clients, terminally ill and/or irreversible dementia/Alzheimer's. Record Review On 07/13/2026, Surveyors reviewed Resident 3's record. The record reflected Resident 3 was admitted to the facility 06/27/2026. Due to being within 30 days of admission, Resident 3 did not have a completed assessment or ISP. Observation On 07/13/2026, at approximately 9:53AM, Surveyors observed the front entrance/exit of the home was not ramped to grade. Surveyors observed a step led to the porch and another step to get inside. Interview with Resident 3 On 07/13/2026, at 10:06AM, Surveyor interviewed Resident 3. Surveyor observed Resident 3 was sitting on his/her bed and had a walker sitting next to his/her bed. Resident 3 identified s/he uses the walker due to pain in his/her foot. On 07/13/2026, Surveyors interviewed Licensee A. Licensee A confirmed Resident 3 uses a walker. Licensee A reported s/he requested a waiver from the department. Surveyors explained the waiver could only be temporary. Licensee A acknowledged s/he was not familiar with this requirement and stated s/he would issue a 30-day discharge notice. Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm	M 262			

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M 424	Continued From page 10	M 424			
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 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 whenever the residents' needs changed for Resident 2. Findings include: On 06/17/2026, the department received a complaint alleging concerns with supervision of residents. Police Reports from On 07/13/2026, Surveyor reviewed police reports	M 424			

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M 424	Continued From page 11 that documented Resident 2's elopements. The reports showed Resident 2 eloped from the facility on the following days: 05/13/2026 at 7:50PM: Staff reported to the police department Resident 2 left the home. Police found Resident 2 and returned him/her to the home. 06/10/2026 at 8:13PM: Licensee A called to report resident left the home. The police found Resident 2 and returned him/her to the home. Interview with Licensee A On 07/13/2026, at 10:42AM, Surveyors interviewed Licensee A about Resident 2. Licensee A reported Resident 2 has a history of calling the police or trying to leave the house when s/he is out of cigarettes or wants to go home with his/her family. Licensee A stated Resident 2 should always be supervised and staff should follow him/her when s/he leaves the home. Licensee A explained Resident 2's cigarettes are locked in the file cabinet because s/he will not pace his/herself. Licensee A acknowledged the level of supervision and the necessity for locking his/her cigarettes should be identified in the ISP. Observation On 07/13/2026, at 10:45AM, Surveyor observed a 2-drawer locked file cabinet in the living room. Caregiver D unlocked the cabinet and Surveyor observed Resident 2's cigarettes. Assessment On 07/13/2026, Surveyor reviewed Resident 3's assessment dated 03/25/2026. The assessment noted Resident 2 required 24-hour direct supervision.	M 424			

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M 424	Continued From page 12 Individual Support Plan On 07/13/2026, Surveyors reviewed Resident 2's ISP dated 04/01/2026. The ISP noted Resident 2 is diagnosed with traumatic brain injury, bipolar disorder, depression, schizophrenia and Anxiety. The ISP noted Resident 2 requires 1:4 dedicated staffing. The ISP further noted Resident 2 was admitted due to behavioral concerns. Resident 2 eloped 05/13/202 and 06/10/2026. The ISP was last updated on 04/01/2026. The ISP was not updated to include interventions regarding what to do if Resident 2 leaves home, including following him/her to provide supervision. The ISP did not identify Resident 2 required cigarettes to be locked for safety and pacing. Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm	M 424		
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	Z 023		

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Z 023	Continued From page 13 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 to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider permitted Caregiver B to work in the home when Caregiver B had a barred offense. - Caregiver B was charged with aggravated battery 940.19(6) Findings include: On 07/13/2026 at 10:00 AM, Surveyors entered the home with Caregiver D working. Caregiver D was the only staff present with 3 residents. At 11:00 AM Licensee A arrived at the facility and provided Caregiver D's employee record. Caregiver D's record identified the following: -Caregiver D had a hire date of 04/27/2026 -Caregiver D's Department of Justice, dated 04/27/2026, noted that Caregiver D was charged with aggravated battery 940.19(6), on 12/06/2018 (the county case document showed Caregiver B was guilty of Felony H 940.19(6))	Z 023		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021227	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/15/2026
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 523 N 10TH AVENUE WEST BEND, WI 53090		
(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 14 On 07/13/2026 at 11:45 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he started at the Mequon location, but when the census was low, Licensee A moved him/her to the West Bend location. Caregiver B confirmed s/he works full-time between the 2 houses. Caregiver B acknowledged the aggravated battery happened years ago. On 07/13/2026 at 12:00 PM, Surveyors interviewed Licensee A. Licensee A acknowledged s/he does not always look at caregivers' background. Licensee A stated s/he was unaware Caregiver B couldn't work with this charge. Surveyors shared the list of barred offenses and that Caregiver B could not be in the home with residents. Licensee A stated s/he would work on a replacement for Caregiver B. On 07/13/2026 at 1:27 PM, Surveyors returned to the facility and found Caregiver B working. Caregiver B was the only staff person present, Licensee A had left the facility. The facility permitted Caregiver B to work in the home when Caregiver B had a barred offense. Cross Reference N0216 DHS 88.04(2)(a) Responsibilities Cross Reference N0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm	Z 023		