STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016061	A. BUILDING: _____ B. WING _____	C 07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERGE HOME CARE AND SUPPORTIVE LIVI	3618 NORTH 42ND 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 07/07/2026 with information gathered through 07/16/2026, Surveyor conducted a standard survey and complaint investigation, at Emerge Home Care and Supportive Living LLC, an Adult Family Home (AFH) in Milwaukee, WI. Nine deficiencies were identified. One of 1 complaint unsubstantiated. Census: 3	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider (Caregiver C) received training within 6 months after starting to provide care related to resident rights. Findings include: On 07/07/2026, Surveyor reviewed Caregiver C's record and identified the following:	M 244		

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

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M 244	Continued From page 1 -Caregiver C was hired on 04/03/2025. -Caregiver C's employee record did not contain evidence of resident rights training. On 07/07/2026, at approximately 11:56 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C did not have training related to resident rights within 6 months of hire. Licensee A reported moving forward s/he would ensure all training received was documented and in service provider record.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each employee completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 service provider (Manager B) who required annual training. Manager B did not receive training related to resident rights in 2024. Manager B did not receive training related to	M 246		

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M 246	Continued From page 2 health, welfare, rights and treatment of residents in 2025. Findings include: On 07/07/2026, Surveyor reviewed Manager B's record and identified the following: -Manager B was hired on 07/02/2018. -Manager B's record did not contain evidence of him/her receiving annual training related to resident rights in 2024. -Manager B did not receive training related to health, welfare, rights and treatment of residents in 2025. On 07/07/2026, at approximately 11:56 AM, Surveyor interviewed Licensee A. Licensee A confirmed Manager B's record did not contain evidence of receiving the above-mentioned annual training. Licensee A reported s/he did not realize Manager B did not receive the above-mentioned annual training until Surveyor requested training documentation.	M 246		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following	M 334		

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M 334	Continued From page 3 locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 11 required locations. There was no smoke detector at the door leading to enclosed stairwell to second floor. Findings include: The provider is licensed to care for up to 4 residents within the following client groups: emotionally disturbed/mental illness, advanced aged, physically disabled and developmentally disturbed. On 07/07/2026, at 1:52 PM, Surveyor toured the home with Licensee A and observed the following: -The door leading to enclosed stairwell to second floor did not contain a smoke detector. On 07/07/2026, at approximately 2:09 PM, Surveyor interviewed Licensee A. Licensee A confirmed there was no smoke detector at the door leading to enclosed stairwell to second floor. Licensee A reported s/he was not aware of this requirement.	M 334		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES	M 412		

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M 412	Continued From page 4 A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of services the licensee would provide to meet the assessed needs for 1 of 2 residents (Resident 2) reviewed. Resident 2's Individual Service Plan (ISP) did not include his/her vocational needs and interventions for Resident 2's self-harm and harm to others' behaviors. Findings include: On 07/07/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 02/08/2019 with diagnoses including psychotic features and schizophrenia. -Resident 2's ISP, dated 05/21/2026, documented the following: "Client needs ongoing supervision as [s/he] is high risk for self-harm or harm to others. Behavioral Intervention: Is any teaching or redirection required by the [Adult Family Home] provider? Please specify. [Resident 2] has schizophrenia with psychotic features and requires ongoing redirection. Behaviors fluctuates. Client listens to Hmong music and watches movies in Hmong. If client is allowed to watch or listen for long periods of time [his/her] altered thoughts increase, [Resident 2]	M 412		

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M 412	Continued From page 5 becomes delusional and has sad thoughts. Those thoughts could be thoughts of self-harm or harm to others. Staff provide distractions with client by allowing [him/her] to lead in game playing. [Example]: Client is the banker when monopoly is played. This leadership role allows client to feel in charge. Client helps set up the table for dinner and also assist the other residents who are mentally challenged." Resident 2's Individual Service Plan (ISP) did not include his/her vocational needs and interventions for Resident 2's self-harm and harm to others' behaviors. On 07/07/2026, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was responsible for the creation of ISPs. Licensee A confirmed Resident 2's ISP did not reflect the above-mentioned information. Licensee A reported that Resident 2 attends adult day care center program on Tuesday, Thursday and Friday from 7:30 AM to 3:30 PM. Licensee A stated moving forward s/he would ensure residents ISPs provided detailed information.	M 412		
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 2 of 2 residents (Resident	M 420		

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M 420	Continued From page 6 1 and Resident 2) reviewed individual service plans (ISP) included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's and Resident 2's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 07/07/2026, Surveyor reviewed Resident 1's and Resident 2's record and identified the following: Resident 1 -Resident 1 was admitted to the provider's home on 07/27/2018. -Resident 1 had a guardian. -Resident 1's ISP, dated 05/21/2026, did not contain his/her guardian signature. Resident 2 -Resident 2 was admitted to the provider's home on 02/08/2019. -Resident 2 had a guardian. -Resident 2's ISP, dated 05/21/2026, did not contain his/her guardian signature. On 07/07/2026, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's ISPs were not signed by their guardians. Licensee A reported s/he did not realize ISPs were not signed by the above-mentioned parties until Surveyor requested documentation.	M 420		

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M 466	Continued From page 7	M 466		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications controlled, dispensed or administered for 1 of 1 resident record (Resident 2) reviewed. The Medication Administration Records (MARs) dated 06/24/2026-07/23/2026 for Resident 2 contained omissions. Findings include: On 07/07/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 02/08/2019 with diagnoses including psychotic features and schizophrenia. -Resident 2 required medication administration from staff at the adult family home (AFH). Surveyor reviewed Resident 2's MAR, dated 06/24/2026-07/23/2026 and identified the following:	M 466		

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M 466	Continued From page 8 The following entries were left blank: 06/24/2026 - 8:00 AM: -Ibuprofen 600 milligram (mg) tablet, take 1 tablet by mouth 3 times a day. 07/06/2026- 8:00 AM: Ibuprofen 600 mg tablet, take 1 tablet by mouth 3 times a day. 4:00 PM: -Ibuprofen 600 mg tablet, take 1 tablet by mouth 3 times a day. -Divalproex sodium delayed release 500 mg tablet, take 1 tablet by mouth 2 times a day. 9:00 PM: -Ibuprofen 600 mg tablet, take 1 tablet by mouth 3 times a day. -Olanzapine 15 mg tablet, take 2 tablets by mouth at bedtime. -Sertraline hydrochloride 100 mg tablet, take 1.5 tablets by mouth every day at bedtime. -Trazodone 100 mg tablet, take 2 tablets by mouth at bedtime. On 07/07/2026, at 11:02 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 2 required staff assistance with medication administration. Licensee A confirmed the MAR should have been documented accurately. Licensee A stated the medication was given and staff did not document that medication was given. Licensee A reported s/he would provide training to reeducate staff on medication documentation.	M 466		

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M 510	Continued From page 9	M 510		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) records had evidence of written authorization from the legal guardian to control the resident's funds. Findings include: On 07/07/2026, Surveyor reviewed Resident 1's and Resident 2's records and identified the following: Resident 1 -Resident 1 was admitted to the provider's home on 07/27/2018. -Resident 1 had a guardian. -Resident 1's record did not contain written authorization from the guardian for the provider to control Resident 1's funds. Resident 2 -Resident 2 was admitted to the provider's home on 02/08/2019. -Resident 2 had a guardian. -Resident 2's record did not contain written authorization from the guardian for the provider to	M 510		

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M 510	Continued From page 10 control Resident 2's funds. On 07/07/2026, at approximately 12:41 PM, Surveyor interviewed Licensee A asking if s/he controlled any resident funds. Licensee A reported s/he managed funds for Resident 1 and Resident 2. Licensee A confirmed s/he did not have written authorization documentation from residents' guardians to control their funds. Licensee A reported s/he was not aware s/he needed written authorization from residents' guardians to control their funds.	M 510		
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 a complete caregiver background check (CBC) was completed every 4 years for 1 of 1 caregiver (Manager B) reviewed. Manager B's 4-year background check was due in January of 2026 and was not completed.	Z 022		

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Z 022	Continued From page 11 At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions. Findings include: The provider is licensed to care for up to 4 residents within the following client groups: emotionally disturbed/mental illness, advanced aged, physically disabled and developmentally disturbed. On 07/07/2026, Surveyor reviewed Manager B's record and identified the following: -Manager B was hired on 07/02/2018. -Manager B's record contained the BID, dated January 2022, DOJ, dated 01/13/2022 and the IBIS, dated 01/13/2022. -Manager B's record did not contain the BID, DOJ or Governmental Findings Report, of the four-year background check due January of 2026. On 07/07/2026, at approximately 11:23 AM, Surveyor interviewed Manager B. Manager B confirmed his/her record did not contain the BID, DOJ or Governmental Findings Report, of the four-year background check. Manager B reported	Z 022		

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Z 022	Continued From page 12 s/he is responsible for completing background checks. Manager B s/he was not aware how often background checks needed to be completed. On 07/07/2026, at approximately 11:49 AM, Surveyor interviewed Licensee A. Licensee A reported that Manager B did not complete a four-year background check on him/herself. Licensee A reported s/he did not realize that a four-year background check was not completed for Manager B until Surveyor requested background information.	Z 022		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph.	Z 024		

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Z 024	Continued From page 13	Z 024		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 employee (Caregiver C) reviewed had a background information disclosure (BID). At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents:

- A completed DHS form F-82064, Background Information Disclosure (BID).
- A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript.
- A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions.

Findings include:

On 07/07/2026, Surveyor reviewed Caregiver C's record and identified the following:

-Caregiver C was hired on 04/03/2025.

-Caregiver C's record did not include a BID.

-Caregiver C's record included a DOJ, dated 04/03/2025.

-Caregiver C's record included a Governmental Findings Report, dated 04/03/2025.

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Z 024	Continued From page 14 On 07/07/2026, at approximately 11:56 AM, Surveyor interviewed Licensee A. Licensee A reported that Manager B was responsible for completing background checks. Licensee A reported s/he did not know why Caregiver C's record did not contain evidence of a BID.	Z 024		