STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013479	A. BUILDING: _____ B. WING _____	07/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE ADULT FAMILY HOME	3214 N 48TH ST 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 07/23/2026 with with information gathered through 07/24/2026, Surveyor conducted a standard survey, at Elite Adult Family Home, an Adult Family Home (AFH) in Milwaukee, WI. Thirteen deficiencies were identified. Three of the 13 violations are repeat violations, See Statement of Deficiency SQAF11, dated 08/05/2021. Census: 4	M 000		
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 1 of 2 service providers (Caregiver C) reviewed were screened for illness detrimental to residents. Caregiver C's employee record did not contain documentation of being screened for illness detrimental to residents. Findings include:	M 232		

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

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M 232	Continued From page 1 On 07/23/2026, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 06/30/2026. -Caregiver C's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 07/23/2026, at approximately 4:11 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C's employee record did not contain documentation of being screened for illness detrimental to residents. Licensee A reported s/he did not realize Caregiver C was not screened for illness detrimental to residents until Surveyor requested this documentation.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed received training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne	M 235		

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M 235	Continued From page 2	M 235		

pathogens, prior to providing care to residents and annually. Caregiver B did not receive training in standard precautions annually for 2024 and 2025.

The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B).

This is a repeat deficiency. See Statement of Deficiency SQAF11, dated 08/05/2021.

Findings include:

The facility is licensed to provide services for up to 4 residents with client groups of developmentally disabled, emotionally disturbed/mental illness and advanced aged.

On 07/23/2026, Surveyor reviewed Caregiver B's records and identified the following:

-Caregiver B was hired on 03/20/2017.

-Caregiver B's record did not have evidence of receiving standard precautions training in 2024 and 2025.

On 07/23/2026, at approximately 3:57 PM, Surveyor interviewed Licensee A. Licensee A reported Caregiver B worked directly with residents to meet all their needs including incontinent cares. Licensee A confirmed Caregiver B did not receive standard precaution training in 2024 and 2025. Licensee A confirmed Caregiver B may encounter bloodborne pathogens while conducting his/her duties.

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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 (Caregiver B) who required annual training. Caregiver B did not receive annual training in 2024. Caregiver B had only 5 hours of annual training in 2025. This is a repeat deficiency. See Statement of Deficiency SQAF11, dated 08/05/2021. Findings include: On 07/23/2026, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 03/20/2017. -Caregiver B's record did not contain evidence of him/her receiving annual training in 2024. -Caregiver B's record contained documentation	M 246		

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M 246	Continued From page 4 s/he completed 2 hours of training for medications administration review and 3 hours of training for resident rights and challenging behaviors review in 2025. On 07/23/2026, at approximately 3:57 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's record did not contain evidence of receiving annual training in 2024 and had only 5 hours of annual training in 2025. Licensee A stated moving forward s/he will ensure each employee completed 8 hours of annual training related to the health, safety, welfare, rights, and treatment of residents.	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 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 7 of	M 334		

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M 334	Continued From page 5 13 required locations. The smoke detector in Resident 1's, Resident 2's, and Resident 3's bedrooms were missing. The smoke detector in Resident 4's bedroom was not in working condition. The smoke detector at the head of open stairwell (front entrance of home) leading to upper level of home was not in working condition. There was no smoke detector at the head of open stairwell (back entrance of home) leading to upper level of home. There was no smoke detector at the open stairwell leading to basement. Findings include: On 07/23/2026, at approximately 4:40 PM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -Resident 1's, Resident 2's, and Resident 3's bedrooms did not contain a smoke detector, only the base was attached to the ceiling. -Licensee A tested Resident 4's smoke detector located on the ceiling of his/her bedroom, and it was not in working condition due to not having a battery in it. -Licensee A tested the smoke detector located at the head of open stairwell (front entrance of home) leading to upper level of home was not in working condition. -There was no smoke detector at the head of open stairwell (back entrance of home) leading to upper level of home, only the base was attached to the wall. -There was no smoke detector at the open stairwell leading to basement.	M 334		

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M 334	Continued From page 6 On 07/23/2026, at approximately 5:09 PM, Surveyor interviewed Licensee A. Licensee A confirmed the above-mentioned issues. Licensee A reported that smoke detectors are tested monthly. Licensee A reported smoke detectors had not been tested yet for the month of July 2026.	M 334		
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: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed were evaluated annually for evacuation time, using the Department's form. Resident 1 and Resident 2 had not been evaluated for evacuation for calendar years 2024 and 2025 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of developmentally disabled, emotionally disturbed/mental illness and advanced aged.	M 346		

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M 346	Continued From page 7 On 07/23/2026, Surveyor reviewed Resident 1's and Resident 2's records and indicated the following: Resident 1 -Resident 1 was admitted to the provider's home on 09/01/2014. -Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2024 and 2025 using the Department's form. Resident 2 -Resident 2 was admitted to the provider's home on 12/11/2017. -Resident 2's record did not contain evidence of an evacuation assessment for calendar years 2024 and 2025 using the Department's form. On 07/23/2026, at approximately 3:24 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's records did not contain evidence of an evacuation assessment for calendar years 2024 and 2025 using the Department's form. Licensee A reported s/he did not realize this until the Surveyor requested this documentation.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the	M 348		

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M 348	Continued From page 8 provider did not maintain a record of semi-annual fire drills conducted with all household members for 2 of 2 years. The provider had no fire drills conducted in 2024, 2025 and to date in 2026. This is a repeat deficiency. See Statement of Deficiency SQAF11, dated 08/05/2021. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of developmentally disabled, emotionally disturbed/mental illness and advanced aged. On 07/23/2026, Surveyor requested to review the semi-annual fire drills for 2024 to present from Licensee A. Documentation of these drills was not available. On 07/23/2026, at approximately 4:34 PM, Surveyor interviewed Licensee A. Licensee A reported s/he did not conduct semi-annual fire drills for 2024 to present. Licensee A reported s/he did not realize the above-mentioned fire drills were not conducted until Surveyor requested this documentation. Licensee A reported this was an oversight on his/her end. CROSS REFERENCE M 334 88.05(4)(b)1 - Fire Safety - Smoke Detectors M 346 88.05(4)(d)2.b - Fire Evacuation Annual Evaluation	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new	M 380		

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M 380	Continued From page 9 resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. 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) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Resident 1 and Resident 2 were not screened for communicable disease, including TB skin test. Findings include: On 07/23/2026, 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 09/01/2014. -Resident 1's record did not include evidence of a communicable disease screening, including TB skin test.	M 380		

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M 380	Continued From page 10 Resident 2 -Resident 2 was admitted to the provider's home on 12/11/2017. -Resident 2's record did not include evidence of a communicable disease screening, including TB skin test. On 07/23/2026, at approximately 3:24 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's records did not have documentation they were screened for communicable disease, including TB skin test. Licensee A reported that documentation would have been in residents' records if it was completed.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. 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) had a service agreement completed prior to admission, signed and dated by the provider and	M 384		

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M 384	Continued From page 11 guardian. Resident 1 did not sign his/her service agreement. Findings include: On 07/23/2026, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/01/2014. -Resident 1 was his/her own person at time of admission. -Resident 1's Service Agreement, dated 09/01/2014, did not contain Resident 1's signature. On 07/23/2026, at approximately 2:35 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 did not sign his/her service agreement. Licensee A reported that Resident 1 did not have a guardian at time of his/her admission. Licensee A reported s/he did not realize Resident 1 did not sign his/her service agreement until Surveyor requested this documentation.	M 384		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement,	M 392		

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M 392	Continued From page 12 indicating the charges for room and board and services, was provided for 1 of 1 resident (Resident 1) reviewed. Findings include: On 07/23/2026, Surveyor reviewed Resident 1 record and identified the following: -Resident 1 was admitted to the provider's home on 09/01/2014. -Resident 1's service agreement, dated 09/01/2014. Resident 1's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 07/23/2026, at approximately 2:42 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's service agreement did not include information relating to specific charges for room and board and services. Licensee A reported s/he was not aware that the costs for residents' room and board and other services needed to be included in the service agreement.	M 392		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the	M 402		

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M 402	Continued From page 13 provider did not ensure 1 of 1 resident (Resident 1) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to him/her. Findings include: On 07/23/2026, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/01/2014. -Resident 1's record did not contain evidence of resident rights and grievance procedures being explained and copies provided to him/her. On 07/23/2026, at approximately 2:42 PM, Surveyor interviewed Licensee A about reviewing resident rights and grievance procedures. Licensee A confirmed Resident 1's record did not have documentation of resident rights and grievance procedures being explained to Resident 1. Licensee A stated moving forward s/he would ensure that documentation regarding resident rights and grievance procedures being explained, and copies provided to the resident and the resident's guardian or designated representative, if any.	M 402		
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	M 424		

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M 424	Continued From page 14 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 1 resident (Resident 1) reviewed had his/her Individual Service Plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 07/23/2026, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/01/2014. -Resident 1 had a guardian. -There was no evidence Resident 1's ISP was reviewed and updated after 11/20/2025. At minimum, Resident 1's ISP should have been reviewed and updated in May 2026.	M 424		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE ADULT FAMILY HOME	3214 N 48TH ST 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 424	Continued From page 15 On 07/23/2026, at approximately 2:42 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was the one who completed the ISP updates. Licensee A confirmed s/he was aware Resident 1's ISP should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Licensee A reported s/he did not realize Resident 1's ISP was not updated in May 2026 until Surveyor requested this documentation. Licensee A stated moving forward s/he will ensure residents ISPs are reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure resident records were maintained in a secure location within the home. The provider did not have record of Resident 2's Individual Service Plans (ISP) and Service Agreement. Findings include: On 07/23/2026, Surveyor reviewed Resident 2's record and identified the following:	M 482		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013479	A. BUILDING: _____ B. WING _____	07/24/2026

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M 482	Continued From page 16 -Resident 2 was admitted to the provider's home on 12/11/2017. -Resident 2 had a guardian. -Resident 2's record in the home did not contain his/her ISPs. -Resident 2's record in the home did not contain his/her Service Agreement. On 07/23/2026, at approximately 2:13 PM, Surveyor requested Resident 2's ISPs and Service Agreement from Licensee A. Licensee A reported that these documents were completed and should have been in Resident 2's record. Licensee A reported s/he was unable to locate Resident 2's ISPs and Service Agreement. Licensee A reported s/he did not know why the above-mentioned documentation was not in Resident 2's record.	M 482		
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 their guardians to control the resident's funds and a ledger of funds. Findings include:	M 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013479	A. BUILDING: _____ B. WING _____	07/24/2026

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M 510	Continued From page 17 On 07/23/2026, 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 09/01/2014. -Resident 1 had a guardian. -Resident 1's record did not contain written authorization from his/her guardian for the provider to control Resident 1's funds. -Resident 1's record did not contain a ledger of funds. Resident 2 -Resident 2 was admitted to the provider's home on 12/11/2017. -Resident 2 had a guardian. -Resident 2's record did not contain written authorization from his/her guardian for the provider to control Resident 2's funds. -Resident 2's record did not contain a ledger of funds. On 07/23/2026, at approximately 2:42 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 did not keep a ledger of funds for residents. Licensee A reported s/he was	M 510		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013479	A. BUILDING: _____ B. WING _____	07/24/2026

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M 510	Continued From page 18 not aware s/he needed written authorization from residents' guardians to control their funds. Licensee A reported s/he was not aware s/he needed a ledger of funds for residents.	M 510		