STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019477	A. BUILDING: _____ B. WING _____	C 08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SAFE HAVEN HEALTH AND SUPPORTIVE CA	9150 N SURF CT MILWAUKEE, WI 53223

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M 000	INITIAL COMMENTS On 08/20/2026, Surveyor completed a standard survey and complaint investigation at A Safe Haven Health and Supportive Care Services 2. As a result, 3 deficiencies were identified. The complaint was unsubstantiated. Census: 2	M 000		
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 2 caregivers received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver B did not receive training in standard precautions prior to starting to provide care. 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).	M 235		

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

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M 235	Continued From page 1 Findings include: On 08/19/2026, at 12:05 PM, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 09/01/2023. Caregiver B received standard precaution training on 11/27/2023. On 08/19/2026, at 12:25 PM Surveyor interviewed Licensee A. Licensee A confirmed caregivers may be exposed to bloodborne pathogens. Licensee A reported during the first week, caregivers observe the routine of the home and start providing cares during the second week.	M 235		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: 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 4) individual service plan (ISP) contained all required information. Resident 1's and Resident 4's ISPs did not identify all of their needs and abilities. Findings include: On 08/19/2026, at 11:20 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 05/01/2025 with	M 410		

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M 410	Continued From page 2 diagnoses including schizoaffective disorder. Resident 1's record contained a behavior support plan (BSP), dated 05/01/2025, which indicated Resident 1 had the following behaviors: Self-injurious - seeing and hearing spirits and people who are not currently able to be seen, refusal of daily cares including food, water, bathing, body checks, ointment medications, scratching herself/himself as a way to clean herself/himself, refusing to change soiled clothing, refusing assistance with incontinence, refusal of attending appointments, false accusations, hoarding food and fecal matter in room. Offensive behaviors - vulgar language, screaming, yelling, banging Elopement behaviors - history of leaving How staff/others can support and encourage appropriate behavior: frequent intervention in room including knocking on door often, conversing through door at times of episodes, reaffirming confidence and advising s/he is wanted and accepted. Redirect with magazines, colorful books of home décor, pleasant tones and smiles to realign confidence in safety, play 60/70 music and small conversations. How staff should respond when target behaviors occur: speak calmly and identify where Resident 1 is and who staff are. Reaffirm safety and staff role as a care provider, offer Resident 1 to speak with Licensee A, offer 60/70 music, do not enter room during an episode to give Resident 1 time to reset prior to reengaging, encourage food choices, water intake, offer shower daily. Case management will come in to assist every 2 to 3	M 410		

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M 410	Continued From page 3 weeks with showers. Resident 1's record contained a risk agreement, dated 03/23/2026, which indicated Resident 1 was prone to self-neglect related to poor hygiene and refusal to seek medical attention including medical appointments. Resident 1's ISP, dated 04/2026, indicated the following: Personal preferences: likes - oranges, 70s music videos, fruit, vegetables, soda dislikes - no meat, social intermittent, no uncovered goods; apples favorite foods - oranges, soda, closed food preferred socialization activities - in room, intermittent socialization/community time preferred communication style - verbal Behavior and Emotional Support: behaviors - delusional at times, hears and sees noises and people triggers - no direct orders, moving her/his magazines, entering her/his room without acknowledgement coping mechanisms - redirect, reaffirm, milk, [Licensee A] preferred comforting methods - music, tv, [Licensee A] behavioral interventions - coping, gentle redirection, refocusing, conversation Daily Living and Personal Cares Activities of daily needs - mobility, bathing and hygiene, dressing, eating, toileting, "1 help" Resident 1's ISP does not identify Resident 1's BSP for other behaviors and behavioral interventions related to refusal of cares, food, water and elopement risk. Resident 1's ISP does	M 410		

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M 410	Continued From page 4	M 410		

not identify Resident 1 had a BSP or risk agreement. Resident 1's ISP does not identify Resident 1's needs and abilities of supervision in the home and community.

Resident 2 was admitted on 08/18/2025 with diagnoses including vascular dementia. Resident 2's ISP, dated 03/01/2026, indicated the following:

Behavior and Emotional Support:
behaviors - blank
triggers - gossip, aggressive language, "taking the independence away"
coping mechanisms - an apology makes her/him feel better
preferred comforting methods - music: classical and jazz, saxophone
behavioral interventions - blank

Daily Living and Personal Care:
activities of daily living - mobility - fall risk due to balance
bathing and hygiene - to be determined
dressing - stand by with staff for balance
eating - none; prep only
toileting - incontinence reminders; watch for balance
transferring - 1 assist; balance

Resident 2's record had an incident report, dated 08/19/2025, which indicated at 3:00 PM, Resident 2 "walked off without letting staff know that [s/he] was leaving ...". The police were called and a report was filed. Resident 2 was found 10 minutes later.

Resident 2's ISP does not identify Resident 2's behaviors. Resident 2's ISP does not identify Resident 2's needs and abilities of supervision in

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M 410	Continued From page 5 the home and community. On 08/19/2026, at 12:25 PM Surveyor interviewed Licensee A. Licensee A reported s/he thought the ISPs contained the level of supervision residents required in the home and community. Licensee A reported s/he would add it. Licensee A reported s/he was unaware the ISPs needed to contain all information or refer to the BSPs for behaviors. Licensee A acknowledged Surveyor's concerns and reported s/he would ensure all ISPs reflected the needs and abilities for the residents.	M 410		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescription medications were securely stored for 4 of 4 (Resident 1 and Resident 2) residents. The door to the medication cupboard was unlocked. Findings include:	M 458		

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M 458	Continued From page 6 On 08/19/2026, at 11:01 AM, Surveyor toured the facility's kitchen and observed the medication cupboard. The keys to the cupboard were in the locking mechanism and the locking mechanism was not engaged. Surveyor was able to open the cupboard and observed resident's prescription medications. On 08/19/2026, at 11:33 AM, Surveyor reviewed resident medication administration records (MAR) and identified the following: -Resident 1 was prescribed Belsomra 10 milligram (mg), buspirone 5 mg, CertaVite senior tablet, vitamin D3 125 mg, hydroxyzine 50 mg, mirtazapine 7.5 mg, oyster shell calcium-vitamin D, quetiapine 150 mg, risperidone 2 mg and venlafaxine 75 mg. -Resident 2 was prescribed albuterol inhaler, amlodipine besylate 5 mg, aspirin 81 mg, atorvastatin 40 mg, cetirizine 10 mg, clopidogrel 75 mg, gabapentin 300 mg, levetiracetam 500 mg, metformin 500 mg, omeprazole 20 mg, quetiapine fumarate 100 mg, tizanidine 4 mg, acetaminophen 500 mg, and acetaminophen-codeine. Resident 3 was prescribed amlodipine besylate 10 mg, atorvastatin 40 mg, clobazam 10 mg, duloxetine 30 mg, Eliquis 5 mg, lacosamide 200 mg, levetiracetam 1000 mg, olanzapine 2.5 mg, olanzapine 5 mg, pantoprazole sodium 40 mg, acetaminophen 500 mg, naloxone 4 mg, oxycodone 5 mg and diclofenac sodium 1% gel. Resident 4 was prescribed amlodipine besylate 10 mg, CertaVite senior tablet, cetirizine 10 mg, ferrous sulfate 325 mg, folic acid 1 mg,	M 458		

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M 458	Continued From page 7 hydroxyzine 50 mg, losartan potassium 50 mg, olanzapine 5 mg, pantoprazole sodium 40 mg, vitamin B complex-vitamin C capsule, vitamin D2 1.25 mg, vitamin E 180 mg and Tylenol 500 mg. On 08/20/2026, at 1:32 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware the cabinet was unlocked with the keys in the lock and would ensure staff were locking the cabinet.	M 458		