STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016140	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIND HEARTS LIVING CENTER LLC	7504 W RUBY AVE MILWAUKEE, WI 53218

(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 03/12/2025, Surveyor conducted an abbreviated survey at Kind Hearts Living Center. As a result, 2 deficiencies were identified. Census: 4	M 000		
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 1 of 2 residents (Resident 1) individual service plan (ISP) was reviewed every 6 months by the licensee, the resident or resident's guardian and service coordinator. Resident 1's ISP was not reviewed in October 2024. Finding include:	M 424		

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

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M 424	Continued From page 1 On 03/12/2025 at 12:20 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/08/2022. Resident 1's ISP was last reviewed on 04/24/2024. Resident 1's ISP was due to be reviewed in October 2024. On 03/12/2025, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed resident ISPs were to be reviewed every 6 months. Licensee A reported s/he did not know why Resident 1's review was missed in October.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's record did not contain a written order to administer medications.	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 464	Continued From page 2 Findings include: On 03/12/2025, at 12:20 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 07/08/2022. Resident 1's record did not contain a physician's order for staff to administer medications. Resident 2 was admitted on 01/08/2024. Resident 2's record did not contain a physician's order for staff to administer medications. On 03/12/2025, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 2 required assistance with medication administration. Licensee A reported s/he thought s/he had the form completed with another resident but during the last survey, the surveyor did not request to see the form, so s/he thought it was not needed. Licensee A reported s/he would fax the doctors to ensure the form was completed for all residents.	M 464		