Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018023	A. BUILDING: _____ B. WING _____	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART ASSISTED LIVING HOMES I	6153 WEST APPLETON AVENUE MILWAUKEE, WI 53210

(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 03/13/2026, Surveyor completed a standard survey at Heart To Heart Assisted Living Homes LLC. Two deficiencies were identified. Census: 1	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 (Caregiver B) of 2 employees reviewed, completed all the required initial training, including 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. Caregiver B's record did not include documentation of completed training in resident rights prior to or within 6 months after starting to provide care. Findings include: On 03/13/2026 at approximately 9:30 AM,	M 244		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018023	A. BUILDING: _____ B. WING _____	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART ASSISTED LIVING HOMES I	6153 WEST APPLETON AVENUE MILWAUKEE, WI 53210

(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 244	Continued From page 1 Surveyor reviewed Caregiver B's record. Caregiver B was hired and started to provide care on 09/16/2024. Caregiver B's record did not include documentation completed training in resident rights prior to or within 6 months after starting to provide care. On 03/13/2006 at approximately 9:45 AM, Surveyor interviewed Licensee A. Licensee A acknowledged Caregiver B did not receive initial training in resident rights. Licensee A was not sure why Caregiver B did not complete training in resident rights but would ensure Caregiver B complete training in resident rights.	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 1 (Caregiver C) of 2 caregivers reviewed received 8 hours of training approved by the licensing agency related to resident rights on an annual basis. Caregiver C did not receive annual resident rights training in 2025.	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018023	A. BUILDING: _____ B. WING _____	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART ASSISTED LIVING HOMES I	6153 WEST APPLETON AVENUE MILWAUKEE, WI 53210

(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 246	Continued From page 2 Findings include: On 03/13/2026 at approximately 9:30 AM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 11/11/2023. Caregiver C's record did not include documentation of completed training in resident rights for 2025. On 03/13/2026 at approximately 9:45 AM, Surveyor interviewed Licensee A. Licensee A acknowledged Caregiver C did not complete training in resident rights in 2025. Licensee A was not aware training in resident rights was needed on an annual basis. Licensee A reported he/she would ensure Caregiver C receives training in resident rights.	M 246		