STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012995	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY HANDS-PARK JABEZ LIVING CENT	2846 N 48TH ST 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 03/31/2026, Surveyor completed an abbreviated survey at Heavenly Hands Park Jabez Living Center I. As a result, 2 deficiencies were identified. Census: 03	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 3 staff (Caregiver B) received 15 hours of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months of starting to provide cares. Findings include: On 03/31/2026, at approximately 12:00 PM, Surveyor reviewed staff records and identified the following: -Caregiver B was hired on 02/13/2023. Caregiver	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
	0012995	A. BUILDING: _____ B. WING _____	03/31/2026

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(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 B's record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months of starting to provide cares. On 03/31/2026, at approximately 12:35 PM, Surveyor interviewed Administrator A. Administrator A s/he was responsible for ensuring the initial training was completed. Administrator A reported s/he did not know why the training was not completed.	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 service provider received annual training for 3 of 3 caregivers. Administrator A, Caregiver B, and Caregiver C, did not receive 8 hours of continuing education training in 2024 and 2025. Findings include: On 03/31/2026, at approximately 12:00 PM,	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012995	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY HANDS-PARK JABEZ LIVING CENT	2846 N 48TH ST MILWAUKEE, WI 53210

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M 246	Continued From page 2 Surveyor reviewed employee records and identified the following: Administrator A was hired on 10/06/2022. Administrator A's record did not contain any evidence of continuing education training in 2024 and 2025. Caregiver B was hired on 02/13/2023. Caregiver B's record did not contain any evidence of continuing education training in 2024 and 2025. Caregiver C was hired on 01/30/2022. Caregiver C's record did not contain any evidence of continuing education training in 2024 and 2025. On 03/31/2026, at approximately 12:35 PM, Surveyor interviewed Administrator A. Administrator A confirmed staff were required to have 8 hours of annual training. Administrator A confirmed Caregiver B, Caregiver C, and him/herself did not have annual training in 2024 and 2025. Administrator A reported s/he was looking for another resource to conduct the annual trainings.	M 246		