STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015033	A. BUILDING: _____ B. WING _____	R-C 10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BETTER LIVING FAMILY SERVICES SITE 6	8534 W POTOMAC AVE MILWAUKEE, WI 53225

(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 10/27/2025, Surveyors conducted a complaint investigation and verification visit at A Better Living Family Services Site 6. Complaint was unsubstantiated. Five deficiencies were identified. Four of 5 deficiencies were repeat deficiencies, See Statement of Deficiency (SOD) 7XYX11, Dated 06/09/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 262}	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.	{M 262}		

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

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{M 262}	Continued From page 1	{M 262}		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure there were two ramped exits from the facility for a resident who utilized an electric wheelchair for mobility for 2 of 2 exits.

This is a repeat deficiency. See Statement of Deficiency (SOD) 7XYX11, dated 06/09/2023.

Findings include:

On 10/27/2025, Surveyors toured the facility and observed the following:
The facility had 2 ramps to exit the building, The ramp at the front of the building, ended at a curb and had a drop off approximately 3 inches to the curb. The curb had a further 5-inch drop to the street (hard surfaced pathway). The ramp on the side of the building led to a paved path that terminated at a set of steps.
Resident 5 utilized a wheelchair for mobility and had an electric wheelchair in his/her room. Resident 5 had to leave the facility 5 times a week to receive dialysis.

On 10/27/2025 at 11:40 AM, Surveyors interviewed Licensee A regarding the ramps. Licensee A brought out a temporary ramp that was stored in the kitchen and demonstrated how it was used by the facility. The ramp was approximately 2 feet long by 2 feet wide and was placed at the end of the ramp to the street. The length of the temporary ramp was not sufficient for a drop of approximately 8 inches.
Licensee A stated s/he believed the ramp was sufficient.

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{M 276}	Continued From page 2	{M 276}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home was well-maintained, clean, and a homelike environment for 4 of 4 residents in the home. The kitchen, resident bedrooms, living room, hallway, and eat-in kitchen required cleaning and repairs. This is a repeat deficiency. See Statement of Deficiency (SOD) 7XYX11, dated 06/09/2023. Findings include: On 10/27/2025 between 9:30 AM and 10:30 AM, Surveyor observed the following. Kitchen: The stand-up freezer, next to the kitchen table, contained 4 shelves, and the top of the freezer was covered with ice buildup. The floor next to the refrigerator was missing several of the floor tiles, approximately 28 inches by 17 inches. Resident 1's Bedroom: The dresser was missing the bottom drawer.	{M 276}		

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{M 276}	Continued From page 3 Residents' Bathroom: The doors below the sink were damaged and loose on the hinges. Living room: There were scattered empty boxes along the walls. The curtain rod in the living room was bent and damaged. On 10/27/2025 at 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was unaware of the issues with the freezer and would have it fixed as soon as possible. Licensee A stated s/he would make sure changes would be made to improve the environment for the residents.	{M 276}		
{M 320}	88.05(3)(l) BEDROOMS-PRIVACY A resident's bedroom shall provide comfort and privacy, shall be enclosed by full height walls and shall have a rigid door that the resident can open and close. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident bedroom provided privacy. Resident 2's window did not contain adequate coverings, and the room interiors could be viewed from the outside. Resident 2 did not have privacy while in their bedroom. This is a repeat deficiency. See Statement of Deficiency (SOD) 7XYX11, dated 06/09/2023.	{M 320}		

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{M 320}	Continued From page 4 Findings include: On 10/27/2025 between 9:30 AM and 10:30 AM, Surveyor toured the facility. Surveyors observed a semi-opaque paper-like sheet that was placed over the window in Resident 2's bedroom. The sheet appeared to have been pulled off half the window. When Surveyors looked through the windows from outside, there was an unobstructed view into the room. On 10/27/2025 at 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated they are trying to find a solution to the privacy as Resident 2 had a habit of taking off window coverings.	{M 320}		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not ensure 1 of 2 residents' individual service plans (ISPs) were reviewed by the resident and signed by all parties involved at least once every six months. Findings include: On 10/27/2025 at 10:00 AM, Surveyors reviewed Resident 5's records. Resident 5 was admitted on 04/07/2025, Resident is their own person and makes their own decisions. Resident 5 had an	M 420		

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M 420	Continued From page 5 ISP in his/her records dated 06/04/2025. The ISP was not signed by facility staff or the resident. On 10/27/2025 at 10:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not know why the ISP was not signed by the resident or staff and would have it taken care of right away.	M 420		
{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 record review and interview, the provider did not ensure 1 of 4 resident records were maintained within the home. This is a repeat deficiency. See Statement of Deficiency (SOD) 7XYX11, dated 06/09/2023. Findings include: On 10/27/2025, at 10:00 AM, Surveyor reviewed resident records. Resident 6's record was not in the facility. Surveyor requested Resident 6's record from Licensee A. Resident 6 was admitted "a few days ago". On 10/27/2025, at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that the day after Resident 6 was moved into the	{M 482}		

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{M 482}	Continued From page 6 facility, Licensee A received notification that there was an issue with Resident 6's funding. As a result, all Resident 6's documents were in the office until the situation could be resolved. Licensee A stated they were aware of the code and would ensure the required records were maintained in the facility.	{M 482}		