STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015280	A. BUILDING: _____ B. WING _____	C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CARE PROVIDERS LLC	**4633 N 75TH STREET MILWAUKEE, WI 53218**

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M 000	INITIAL COMMENTS On 04/01/2026, Surveyor concluded a complaint investigation and an abbreviated survey at Absolute Care Providers. Four deficiencies were identified. One compliant unsubstantiated. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the Department within 24 hours after a resident was treated in the emergency room and for admitted into the hospital for 1 of 1 resident (Resident 1). Findings include: On 04/01/2026 at 10:30 a.m., Surveyor reviewed Resident 1's file and identified the following: Resident 1 was admitted on 09/02/2025 with	M 134		

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

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M 134	Continued From page 1	M 134		

diagnoses including dementia, atrial fibrillation (irregular heartbeat), anemia, end stage renal disease and dependence on renal dialysis. Resident 1 had an activated healthcare power of attorney (AHCPOA) D.

On 01/03/2026, Manager C documented in the caregiver notes that Resident 1 started vomiting in the restroom. Manager C wrote, "S/He was sent out to hospital at 3:55 p.m. S/He had diarrhea and complained of leg pain." Manager C called Director B and AHCPOA D.

On 03/31/2026 at 4:10 p.m., Surveyor interviewed Hospital Social Worker (HSW) G, who confirmed Resident 1 was admitted to the hospital on 01/03/2026 for a left, acute femur fracture along with other complications.

On 03/31/2026 at approximately 4:35 p.m., Surveyor completed a record review of the Department's facility folder. No self-report was observed in the facility folder.

On 04/01/2026 at 11:00 a.m., Surveyor interveiwed Manager C, who stated on 01/03/2026, Resident 1 was vomiting and had diarrhea. S/He called 911 to get Resident 1 to the hospital. The 911 dispatcher instructed the staff to lay Resident 1 onto the floor. When they did, Resident 1 began complaining of pain in his/her leg. When the paramedics arrived and transferred him/her, s/he continued to complain, "My leg hurts, my leg hurts." Manager C stated Resident 1 was not in any pain until that day.

On 04/01/2026 at 11:00 a.m., Surveyor interveiwed Director B and Licensee A. Licensee A confirmed being at the hospital with Resident 1 and AHCPOA D and finding out about the left

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M 134	Continued From page 2 femur fracture. Director B stated, "We did not know we had to report something like that." Surveyor explained the code and how the resident verbalized the pain to the caregiver, the caregiver documented the incident and the outcome was identified as a left femur fracture. Licensee A did not submit a self-report to the Department for Resident 1's treatment in the emergency room and for being admitted into the hospital.	M 134		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by:	M 332		

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M 332	Continued From page 3 Based on observation and interview, the licensee did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department. The fire extinguishers in the basement and the kitchen had not been serviced since December 2023. The facility did not have fire extinguishers that were inspected in 2024 and 2025. Findings include: On 04/01/2026, at 9:30 a.m., Surveyor toured the facility's physical environment. On 04/01/2026, at 9:40 a.m., Surveyor observed the kitchen fire extinguisher service tag dated 12/2023. At approximately 9:55 a.m., Surveyor observed the basement fire extinguisher service tag dated 12/2023. On 04/01/2026, at 9:45 a.m., Manager C reported Director C oversaw renewing the fire extinguishers. Manager C stated, "It looks like we are a little overdue." On 04/01/2026 at 2:45 p.m., Surveyor interviewed Director B who confirmed the fire extinguishers were two years overdue. Director B stated, "That is on my list. It's my fault. I will take care of that right away."	M 332		
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.	M 420		

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M 420	Continued From page 4 This Rule is not met as evidenced by: Based on record review interview, the provider did not ensure each resident's individual service plan (ISP) contained a statement of agreement with the plan that was signed and dated by all persons involved in developing the plan for 1 of 1 resident reviewed (Resident 1). Findings include: On 04/01/2026 at 10:30 a.m., Surveyor reviewed Resident 1's file and identified the following: Resident 1 was admitted on 09/02/2025 with diagnoses including, dementia, atrial fibrillation (irregular heartbeat), anemia, end stage renal disease and dependence on renal dialysis. Resident 1 had an activated healthcare power of attorney (AHCPOA) D. Resident 1's ISP was dated 09/15/2025 and 11/05/2025. Surveyor observed the resident's AHCPOA D did not sign Resident 1's ISP. On 04/01/2026 at 11:35 a.m., Surveyor interviewed Director B, who stated Registered Nurse (RN) E completed the ISPs for the facility. Surveyor asked about the two dates 09/15/2025 and 11/05/2025 and the RN E's signatures on the document. Director B stated, "It looks like s/he added to the ISP. I do not see a signature from the [AHCPOA D]." On 04/01/2026 at 11:50 a.m., Surveyor interviewed RN E, who stated s/he did not know if s/he reviewed Resident 1's ISP with his/her AHCPOA D. RN E stated, "Whatever is there is what is done."	M 420		

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M 464	Continued From page 5	M 464		
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 staff interview the licensee did not ensure written orders for 2 of 2 residents reviewed (Resident 2 and Resident 3) were obtained from the physician prescribing the medication, before the licensee and/or service provider dispensed or administered prescription medication to the resident. Findings include: On 04/01/2026, at 2:00 p.m., Surveyor reviewed resident records. The following was identified: Resident 2 Resident 2 was admitted to the facility on 03/09/2026 with diagnoses including diabetes, hypertension, and Parkinson's dementia. Manager C confirmed Resident 2's medications were administered daily by facility staff. The Medication Administration Record (MAR)	M 464		

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M 464	Continued From page 6 indicated facility staff administered medications daily to Resident 2. Surveyor did not observe a written order for medication in Resident 2's file. Resident 3 Resident 3 was admitted to the facility on 01/23/2026 with diagnoses including anxiety, anorexia/bulimia, schizophrenia and depression. Resident 3 was his/her own person. Manager C confirmed Resident 3's medications were administered daily by facility staff. The MAR indicated facility staff administered medications daily to Resident 3. Surveyor did not observe a written order for medication in Resident 3's file. On 04/01/2026 at 1:40 p.m., Surveyor interviewed Director B, who stated, "I left [Resident 2's] written orders at the physician office for him/her to sign, indicating who was permitted to administer medications to [Resident 2]. I never retrieved it." On 04/01/2026 at 1:40 p.m., Surveyor interviewed Manager C, who stated, "I do not believe [Resident 3] has written orders for medication administration either. The residents may not have them because they are both so new." Manager C confirmed all service providers are passing Resident 2's and Resident 3's medications.	M 464		