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
	0020256	A. BUILDING: _____ B. WING _____	R 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE FAMILY ASSISTED LIVING	**1828 S 31ST ST MILWAUKEE, WI 53215**

(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
{N 000}	Initial Comments On 05/07/2025, Surveyor conducted a verification visit and complaint investigation at One Family Assisted Living in Milwaukee, WI. One deficiency identified. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 9	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 1) had a pressure ulcer and wound care. Findings include:	N 389		

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

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N 389	Continued From page 1 On 05/07/2025 at approximately 9:45 AM, Surveyor interviewed Licensee A and Manager D. Manager D stated Resident 1 received dialysis and wound care services. Manager D stated Resident 1 had dialysis 3 times a week on Tuesday, Thursday and Saturday. Manager D stated s/he thought wound care had been coming in for about a month. On 05/07/2025, Surveyor reviewed Resident 1's record. Surveyors identified the following: -Resident 1 was admitted to the facility on 12/07/2024. -"Referral Order from Home Health Services dated 04/04/2025 stated open wound, other injury of unspecified body region, initial encounter. Wound Care Referral." -Resident 1's weekly skin checks stated the following: "04/05/2025: cut on the bottom of leg almost healed. Cleaned and covered." "04/12/2025: wound on leg, being monitored and cleaned daily. Small redness on left buttock. Monitor." "04/19/2025: wound on leg, being monitored and cleaned every other day by Aurora home therapy." "04/25/2025: wound on left leg, each other day cleaned and monitor." Resident 1's current ISP was dated 12/07/2024 did not identify any wound care or dialysis care for Resident 1. On 05/07/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A and Manager D. Manager D stated s/he did the care plans but did	N 389		

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N 389	Continued From page 2 not identify the dialysis or wound care when they started. Licensee A stated Resident 1 had been receiving dialysis since they were admitted and wound care started about a month ago. Manager D and Licensee A stated they would make sure ISPs are updated when there are changes.	N 389		