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
	0017716	A. BUILDING: _____ B. WING _____	R-C 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW LIFE NEW LOVE ADULT FAMILY HOME L	2220 W MCKINLEY AVE MILWAUKEE, WI 53205

(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 11/03/2025, Surveyors conducted a verification visit at New Life New Love Adult Family Home LLC. As a result, 9 deficiencies were corrected, and 1 deficiency was recited for a 2nd time. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{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 a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 1 of 1 resident (Resident 1). This is a repeat deficiency . See Statement of Deficiency (SOD) C1NU11, dated 10/25/2024. Findings include: On 11/03/2025, at 11:05 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 07/12/2021 with diagnoses including borderline personality disorder, history of self-harm, intellectual disability, and major depression. Resident 1 had a guardian. Resident 1's ISP had been reviewed on 04/01/2025 and 06/25/2025.	{M 420}		

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

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{M 420}	Continued From page 1 The ISP reviews were only signed by Licensee A and the managed care organization (MCO) case manager. On 11/03/2025, at 12:05 PM, Surveyors interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B reported they reviewed the ISPs every 6 months with the MCO's and Resident 1's guardian. Licensee A reported Resident 1's guardian attended the last two ISP updates via telephone and confirmed s/he did not sign the ISP updates.	{M 420}		