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
	0018429	A. BUILDING: _____ B. WING _____	R-C 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF HOPE RESIDENTIAL LIVING HOME	4944 N 38TH STREET MILWAUKEE, WI 53209

(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 11/24/2025, Surveyors completed a standard survey, complaint, and verification visit at House of Hope Residential Living Home LLC. Complaint was unsubstantiated. All deficiencies were corrected. One new deficiency was identified. Census: 3	{M 000}		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure documentation of medication administration for 2 of 2 resident records reviewed (Residents 1 and Resident 2). There were blank areas on 2 of 2 Medication Administration Records (MARs) where staff document medication administration. Findings include: Resident 1 On 11/24/2025 at approximately 11:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/28/2025. Resident 1's Individual Service Plan (ISP), dated 8/30/2025,	M 466		

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

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M 466	Continued From page 1	M 466		

identified Resident 1 required medication administration from staff. Resident 1's MAR for November 2025 identified the following:

There was no documentation of medication administration or refusals documented in the 11/24/2025 8:00 AM column for the following medications:
Acetaminophen 325 milligrams (mg); Amiodipine Besylate 5 (mg); Divalproex Dr 125 (mg); One-Daily Multi-Vitamin; Senna 8.6 (mg).

Resident 2
On 11/24/2025 at approximately 11:15 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 07/02/2021. Resident 2's Individual Service Plan (ISP), dated 8/20/2025, identified Resident 2 required medication administration from staff. Resident 1's MAR for November 2025 identified the following:

There was no documentation of medication administration or refusals documented in the 11/24/2025 8:00 AM column for the following medications:

Haloperidol 5 (mg); Levothyroxine 75 microgram (Mcg); Lorazepam 0.5 (mg); Melatonin 5 (mg); Quetiapine Fumarate 200 (mg); Amiodipine Besylate 5 (mg); Benztropine Mes 2 (mg); Cetirizine Hcl 10 (mg); Clonazepam 0.5 (mg); Clozapine 100 (mg); Clozapine 200 (mg); Divalproex Dod DR 500 (mg); Famotidine 20 9mg); Trihexyphenidyl 5 (mg).

On 11/24/2025, at approximately 1:30 PM, Surveyor interviewed House Manager B who confirmed the medications had been administered but not documented. House Manager B stated, "These medications were

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M 466	Continued From page 2 passed but not signed for. I think the med passer was just focused on getting [Resident 2] ready for their doctors' appointment. I will speak with them about the importance of documenting what they administer."	M 466		