STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014891	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME FOR ALL	**9242 W THURSTON AVENUE 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 03/19/2026, Surveyor concluded an abbreviated survey at Home For All. One deficiency was identified. Census: 2	M 000		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of services that indicated how the provider would meet the assessed needs for 1 of 1 resident (Resident 1) reviewed. Resident 1's Individual Service Plan (ISP) did not include information regarding how staff would support Resident 1's medical diagnosis of end stage renal (kidney) disease. Resident 1 needed kidney dialysis three times a week. Resident 1's ISP did not address his/her need for assistance before or after kidney dialysis, three times a week. Findings include: On 03/19/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted on 08/20/2025 with diagnoses including anemia, depression,	M 412		

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

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M 412	Continued From page 1	M 412		

diabetes, legal blindness, schizophrenia, and end stage renal disease. Resident 1 had a move date of 11/15/2025. Resident 1 was his/her own person. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers.

Resident 1's pre-admission assessment, dated 09/28/2024, stated under daily routines, "Arise: early due to dialysis." Additional comments read that Resident 1 attended dialysis on Tuesdays, Thursdays, and Saturdays.

Resident 1's individual service plan (ISP) dated 11/14/2025 did not include information on how to support Resident 1 before or after kidney dialysis, three times a week.

On 03/19/2026 at 10:30 a.m., Surveyor interviewed Caregiver C, who reported Resident 1 had just come home from dialysis. Caregiver C reported Resident 1 went to dialysis on Tuesdays, Thursdays, and Saturdays. Caregiver C stated s/he took Resident 1's blood sugar when s/he got home from dialysis and made him/her breakfast. Caregiver C stated Resident 1 tended to sleep most of the day when s/he had dialysis because s/he would leave at 4:30 a.m. and the dialysis treatment was draining on him/her.

On 03/19/2026 at 12:00 p.m., Surveyor interviewed Caregiver C. Surveyor asked Caregiver C to provide information in Resident 1's chart or ISP about his/her dialysis. Caregiver C identified the 09/28/2024 pre-admission assessment in Resident 1's chart.

On 03/19/2026 at 12:05 p.m., Surveyor interviewed Administrator B, who confirmed Resident 1 attended dialysis three times a week.

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M 412	Continued From page 2 Surveyor and Administrator B evaluated Resident 1's ISP. Administrator B stated, "I do not see dialysis in [Resident 1's] ISP. I cannot say if it was on the previous ISPs. I don't know what to say. If it's not there, it's not there. We will correct that immediately. I am sure it was an unintentional oversight."	M 412		