STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014243	A. BUILDING: _____ B. WING _____	C 03/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE LIVING AFH LLC	7752 W BRENTWOOD AVE MILWAUKEE, WI 53223

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M 000	INITIAL COMMENTS On 03/04/2025, with information gathered through 03/24/2025, Surveyor conducted 2 complaint investigations at Divine Living AFH LLC. Six deficiencies were identified. One of 6 deficiencies were a repeat violation (see Statement of Deficiency (SOD) RKMY11). Two of 2 complaints were substantiated. Census: 3	M 000		
M 310	88.05(3)(h)5 SPACE IN BEDROOMS A resident bedroom may accommodate no more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 shared bedroom had enough square footage for 2 non-ambulatory residents who resided in the room. Resident 1 and Resident 2 were non-ambulatory and shared a bedroom. The space requirement for a resident using a wheelchair is 100 square feet of bedroom space per resident. The shared bedroom did not provide a combined space of 200 square feet as required. The shared room measured approximately 108 square feet.	M 310		

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

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M 310	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) RKMY11, dated 08/07/2019. Findings include: On 03/04/2025 at approximately 11:15 AM, Surveyor conducted a tour of the home with Caregiver B. Surveyor asked Caregiver B to show him/her which room Resident 1 resided in. Caregiver B showed Surveyor the room, but stated Resident 1 had moved out yesterday, 03/03/2025. Caregiver B explained that Resident 1 and Resident 2 had shared the room, they were both non-ambulatory. Surveyor noted the room did not appear to be 200 square feet, the requirement for 2 non-ambulatory residents sharing a room. The shared room measured approximately 108 square feet. On 03/04/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home 11/27/2024. Resident 1's individual service plan, dated 12/02/2024, documented: "Use of Hoyer lift for all transfers or assist of two." "Use of wheelchair for all mobility." Resident 2 moved into the home 12/01/2023. Resident 2's individual service plan, dated 06/20/2024, documented: "Home modifications non-ambulatory." "Does not require assist of staff to ambulate or maneuver wheelchair within the home." On 03/04/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor asked if Licensee A understood the room requirements for a non-ambulatory resident; that each resident	M 310		

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M 310	Continued From page 2 requires 100 square feet. Licensee A stated, "It doesn't matter, [Resident 1] has moved out." On 03/24/2025, at approximately 11:20 AM, Surveyor interviewed Resident 1's Guardian D. Guardian D stated when s/he toured the home prior to Resident 1's admittance, there was only one bed in the room. Licensee A informed Guardian D that it was a single room. Guardian D stated Resident 1 was a Hoyer transfer and I wanted to ensure the room was large enough. Guardian D stated s/he was informed by a family member that Resident 1 was now sharing the room. Guardian D contacted Licensee A who stated s/he never said the room was a single room. Resident 1 moved out 03/04/2025.	M 310		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 3 resident (Resident 4) records reviewed were developed together with the placing agency, the person being admitted or	M 406		

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M 406	Continued From page 3 person's guardian / designated representative and the provider. Findings include: On 03/04/2025, Surveyor reviewed Resident 3's and Resident 4's record. Resident 4 moved into the home around 10/2019, was his/her own person, and was represented by a managed care organization (MCO). Resident 4's ISP contained signature pages dated 10/24/2019, 09/04/2020, 09/06/2021, 09/04/2022 and 09/15/2023. A representative from the MCO only signed the form in 2023. Resident discharged from the home 06/27/2024. Surveyor noted the ISP should have been updated in 03/2024. On 03/04/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he knew the ISPs were to be updated every 6 months, but signatures were only required annually. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	M 406		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by:	M 410		

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M 410	Continued From page 4 Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) accurately identified current needs and abilities. Resident 3's ISP did not identify monitoring guidelines for his/her smoking behaviors. Findings include: On 03/04/2025, at approximately 11:15 AM, Surveyor arrived at the home and observed a sign that stated: "Smoke Times - 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM. Smoking is prohibited outside of these times. Management." On 03/04/2025, at approximately 11:45 AM, Surveyor observed Resident 3 asking Licensee A for a cigarette. Licensee A stated, "In a minute." Surveyor asked Caregiver B if s/he could assist Resident 3. Caregiver B stated Resident 3 was out of cigarettes and was waiting for his/her delivery, but Licensee A often would give Resident 3 one of his/her own. Caregiver B explained that Resident 3 smoked continuously, and staff tried to keep him/her to a schedule, so his/her cigarettes would last until the next delivery. On 03/04/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor asked Licensee A if residents were on a smoke schedule. Licensee A stated Resident 3 required a smoke schedule due to him/her not being able to control his/her smoking habit. Surveyor requested Resident 3's record. On 03/04/2025, Surveyor reviewed Resident 3's record.	M 410		

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M 410	Continued From page 5 Resident 3 moved into the home 07/09/2024. Resident 3's ISP, undated, did not document that s/he smoked and that s/he required a smoking schedule. Resident 3's "Plan of Care," dated 07/09/2024, did not document that s/he smoked and that s/he was on a smoking schedule. On 03/04/2025, at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A removed the smoke schedule sign from the wall and stated residents were not on a smoke schedule. Surveyor asked if Resident 3 needed to be monitored and guided with his/her smoking habits. Licensee A continued to make comments regarding why individuals were filing complaints against him/her, and did not address the current concern of Resident 3's smoking behaviors.	M 410		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 6 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents' (Resident 2) Individual Service Plan (ISP) were reviewed at least every 6 months. Findings include: On 03/04/2025, Surveyor reviewed Resident 2's, Resident 3's and Resident 4's record. Resident 2 was admitted to the home 12/01/2023. Resident 2's current ISP was dated 06/20/2024. The ISP was due to be reviewed in 12/2024. The signatures on the ISP were dated 12/20/2023. On 03/04/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he knew the ISPs were to be updated every 6 months. Licensee A confirmed s/he provided Surveyor with Resident 2's current ISP. Cross Reference: M0406 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.	M 436		

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This Rule is not met as evidenced by:
Based on record review and interview, Licensee A did not ensure services specified in 1 of 1 resident individual service plans (ISP) was provided.

Resident 1 was defined as a two-person assist and only one staff member was scheduled per shift.

Findings include:

On 10/18/2024, the department received a concern stating there was a lack of caregivers in the home.

On 03/04/2025, at approximately 11:15 AM, Surveyor entered the home. Surveyor was greeted by Caregiver B. Surveyor interviewed Caregiver B who stated s/he started to work for the provider in 11/2024 and worked independently. Caregiver B explained that there were residents who were a two-person assist, because they were a Hoyer transfer. Caregiver B stated, "I would call [Licensee A] and ask [him/her] to come to the home because [Resident 1] needed to be transferred."

On 03/04/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 11/27/2024.

Resident 1's Individual Service Plan, dated 12/02/2024, documented:
"Transfer/Evacuation: May require 2 assist or

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assist of mechanical lift. Use of Hoyer lift for all transfers or assist of two."
"Mobility: Requires staff to provide physical assist to maneuver wheelchair in the home. Dependent, assist of 2."
"Dressing: Dependent of staff to perform dressing cares. 1 staff member to provide all dressing cares. Dependent, assist of two."
"Bath: Dependent on staff to perform bath. Dependent, assist of two."
"Hygiene/Grooming: Dependent on staff to perform all hygiene cares.
"Urination: Experiences almost daily episodes of urinary incontinence."

On 03/04/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Surveyor requested the staff schedules for 2025. Licensee A stated s/he did not have staff schedules, the agency that s/he hired to provide staff maintained the schedules. Surveyor stated concerns with staffing levels had been submitted to the department. Licensee A stated, "All staff have to do is call me and I will come and assist them. Staff do not need to transfer [him/her] during evening hours." Surveyor stated that Licensee A had informed him/her that s/he was currently on medical leave, who assisted with the two-person transfers. Licensee A stated there was always staff available.

On 03/04/2025, at approximately 1:15 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B how s/he transferred Resident 1 when Licensee A was not available. Caregiver B stated, "I do not transfer [him/her] alone, I always wait for assistance. Sometimes, [Licensee A] will ask [his/her] [daughter/son] to come in and assist. You just wait until someone comes to help."

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M 436	Continued From page 9 On 03/05/2025, Surveyor reviewed Resident 1's managed care organization (MCO) documentation provided by the MCO provider which documented: 12/19/2024 - [Guardian ad Litem (court appointed advocate) C] is asking for the AFH (adult family home) to present documentation for the certification for the use of the Hoyer, who used the Hoyer, and how long the member is/was in [his/her] wheelchair. 12/20/2024 - IDT RN (interdisciplinary team registered nurse) spoke with [Licensee A] to discuss the member's daily routine and transfers. [Licensee A] reiterated the member is up out of bed every morning around 8:00 using the Hoyer with 2 staff persons. The member will stay up until after lunch and then is put back to bed. Incontinence cares are provided at that time. The AFH is not staffed with two caregivers as it is not needed for all 12 hours only for transfers. [Licensee A] will go back to the house to assist with the transfers if needed. On 03/24/2025, at approximately 11:20 AM, Surveyor interviewed Resident 1's Guardian D. Guardian D stated Licensee A was dividing his/her time between his/her two homes. Guardian D stated there were concerns when staff were trying to transfer Resident 1 without the use of his/her Hoyer.	M 436		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary.	M 448		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 1 of 1 resident was monitored and that observed changes in his/her health were documented.

Resident 1's blood sugar (BS) levels were not monitored or recorded.
Resident 1's units of Insulin Lispro were not recorded.
Resident 1's hospital wristband was not removed when s/he returned to the home, which caused skin breakdown that was not monitored.

Findings include:

Example 1: Insulin

On 10/18/2024, the department received a concern stating that medications were not administered correctly.

On 03/06/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 11/27/2024, with diagnosis including diabetes.

Resident 1's December 2024 Medication Administration Record (MAR) documented: "Insulin Lisp (Lispro) Inj (injection) 100 / ML (milliliter) - Inject 1 unit 3 times daily with meals per sliding scale; Blood Sugar (BS) 91-150 = 0 Unit, 151-200 = 1 Unit, 201-250 = 2 Unit." Start Date: 11/30/2024. End Date: 12/11/2024. Scheduled at 8:00 AM, 12:00 PM, and 4:00 PM. The MAR did not document any BS levels or Units administered of the Lispro.

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M 448	Continued From page 11 Resident 1's progress notes documented: 12/01/2024 6:40 AM - BS was 184, 4 units of insulin was given (Should have been administered 1 unit of Lispro) 12/03/2024 9:20 AM - BS was 125, no insulin 12/05/2024 8:44 PM - BS was 240 (Should have been administered 2 units of Lispro) 12/06/2024 12:24 PM - BS was 257, 3 units of insulin (MAR did not document guidelines for above 250) 12/07/2024 8:53 AM - BS was 115, 1 unit of insulin (Should not have been administered Lispro) 12/07/2024 12:48 PM - BS was 140, 1 unit of insulin (Should not have been administered Lispro) 12/07/2024 4:09 PM - BS was 153, 2 units of insulin (Should have been administered 1 unit of Lispro) The progress notes documented 7 out of 33 opportunities of Lispro. Five of the 7 administrations documented incorrect units of Lispro that should have been administered. On 03/17/2025 at 7:04 AM, Surveyor emailed Licensee A and explained that Resident 1's MAR did not document BS levels for 12/01 through 12/11 for the sliding scale Lispro. Surveyor compared Resident 1's MAR with his/her progress notes and stated only 7 out of 33 opportunities were documented, and of those 7, 5 documented the wrong number of units that should have been administered. Surveyor asked for clarification on who was auditing the MARs and/or documentation to ensure residents were receiving the correct dosage of insulin. On 03/17/2025 at 10:57 AM, Licensee A emailed	M 448		

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M 448	Continued From page 12 Surveyor and stated, "The administrator should be auditing the MARs and or documentation to ensure residents are receiving the correct dosage of insulin. Because the administrator is employing employees who are CBRF (community based residential facility) Certified to work under Divine Living License. The administrator should always do audits on everything to prevent medication errors, weekly. If there are changes in insulin the MD (medical doctor) would send that change to the pharmacy and new MARS. I will double check [his/her] MARS and figure all this out. However, [temporary agency name] in-serviced the staff. All staff have certificates showing the in-service was completed." Surveyor noted that Licensee A is also the administrator. Example 2: Skin Breakdown On 03/06/2025, the department received a concern that resident's were not monitored for skin breakdown. On 03/06/2025, Surveyor reviewed supporting documentation that was provided by Adult Protective Services (APS), which documented: "[Resident 1] presented to [emergency department] on 02/03/2025 with complaints of skin tear to inner thigh of unknown origin from facility. [Resident 1] is unable to relay how the skin tear occurred. Upon medical workup, medical staff found wound to right wrist caused by a previously applied hospital wristband. This hospital wristband was from 12/22/24 located on right wrist. The wristband was neglected to be removed from staff at nursing home for 6 weeks and caused injuries to [Resident 1's] wrist, resulting in wounds and the wristband embedding	M 448		

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into [Resident 1's] skin. The wristband was immediately removed by medical staff and photographs were taken after the removal."

On 03/09/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 11/27/2024.

Resident 1's progress notes documented:
12/04/2025 - Resident got his/her hand cleaned out today
01/07/2025 - Came back from the hospital today. Came back with two sores on his/her butt that s/he did not leave with.
01/20/2025 - Wound care nurse came to see Resident 1 they do not recommend care at this time. The nurse said to apply butt cream and s/he will be fine.
01/23/2025 - Has rashes growing under his/her armpits and his/her breast and groin.
02/03/2025 - The cut s/he has on his/her inner right thigh has opened more. It has a blood flow that wouldn't stop so I cleaned it up and put a bandage over it.
02/08/2025 - Cut on leg has been healing.
The progress notes did not document any skin breakdown on Resident 1's wrist.

On 03/10/2025 at 8:12 AM, Surveyor emailed Licensee A and asked for clarification if Resident 1's wristband from a prior hospitalization had been removed when s/he returned to the home.

On 03/10/2025 at 9:00 AM, Licensee A emailed Surveyor and stated, "Honestly, the guardian didn't give permission to remove the bracelet. Until the [hospital name] made the guardian aware. The bracelet was from [hospital name]. The member was an admission with [hospital

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014243	A. BUILDING: _____ B. WING _____	C 03/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE LIVING AFH LLC	7752 W BRENTWOOD AVE MILWAUKEE, WI 53223

(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
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name] which caused irritation due to complex medical diagnosis, different hospital systems; transitioning of the patient. The guardian gave [hospital name] permission to remove this bracelet, at that point. It was removed."

On 03/10/2025 at 10:16 AM, Surveyor emailed Licensee A and stated, "I did not see any documentation stating that the guardian was refusing to have the medical bracelet removed. The bracelet apparently caused skin breakdown, which concerned the hospital. I do not see any documentation regarding the monitoring of the skin breakdown."

On 03/10/2025 at 12:25 PM, Licensee A emailed Surveyor and stated, "That situation. It was technical assistance verbally. The bracelet was removed. My thoughts were. To always remove each resident bracelet. To prevent skin Irritation or breakdown... Those Bracelets have tone [sic] information on there. Like name, date of birth, doctor name, etc. This the first time ever having to address this situation. As usually done in past. Cut or remove Bracelet asap (as soon as possible) from all residents... If I'm not in the AFH (adult family home). I will have the staff complete it, always."

On 03/17/2025 at 6:45 PM, Licensee A emailed Surveyor and stated, "The member was in the hospital more than at home. Why is the blame on Divine Living AFH LLC? Each hospital visit. A new bracelet was taken off and applied. Due to the admission process of each hospital policy and procedures. Each bracelet has a different barcode for records per visit. The skin break down is not from the same hospital bracelet worn for months without changing by AFH. Changing of the wristband bracelet is part of standard

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precaution; quality practice of the hospital and AFH."

On 03/18/2025 at 10:16 AM, Licensee A emailed Surveyor and stated, "Sepsis can affect many different areas of a human body, there are many possible symptoms. Infections such as blood poisoning (septicemia) triggered [Resident 1's] condition. [S/he] may develop a sepsis rash on [his/her] skin for example: "Skin Breakdown" around the wrist area. Sepsis can also lead to tissue damage. The member also suffered from C-diff the complications can cause severe for example: dehydration which made [him/her] very sleepy, confused, faint, or have a rapid heartbeat. These were two hospitalizations in [his/her] history while an admission with Divine Living AFH."

On 03/24/2025, at approximately 11:20 AM, Surveyor interviewed Resident 1's Guardian D. Guardian D stated s/he was contacted by Resident 1's medical doctor on 02/03/2025 and informed him/her that a previous hospital wristband was being removed from Resident 1's wrist. Guardian D stated Resident 1 was seen in the emergency department on 12/22/2024 for weakness and fever, 01/18/2025 for constipation and a bladder infection and on 02/03/2025 due to a skin tear that would not stop bleeding. Guardian D stated Licensee A had called him/her last week to discuss the skin breakdown that Resident 1 suffered due to the wristband not being cut off. Guardian D stated Licensee A or staff had never contacted him/her regarding the removal of Resident 1's hospital wristband. Guardian D stated, "I would not expect them to call me, just remove it."