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
	0018458	A. BUILDING: _____ B. WING _____	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNBREAKABLE COMMITMENTS HOME AND H	5284 NORTH 82ND COURT MILWAUKEE, WI 53218

(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 04/24/2026, Surveyor concluded an abbreviated survey at Unbreakable Commitments Home and Health II LLC. One deficiency was identified. Census: 2	M 000		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide a safe physical environment for 2 of 2 residents residing in the home. Surveyor observed two cement front steps located at front door, with a metal handrail on the right-hand side. Surveyor observed handrail was loose. Surveyor was able to move the handrail approximately 1 ½ inches from side to side. Surveyor observed two of four screws missing at base of metal handrail. Findings include:	M 570		

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

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M 570	Continued From page 1 On 04/24/2026 at 8:40 a.m., Surveyor observed Resident 1 holding onto walls as s/he walked to his/her bedroom. On 04/24/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted on 10/20/2025 with diagnoses including cognitive communication deficit, developmental disorder of speech, and intermittent explosive disorder. Resident 1 had an appointed guardian. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers. On 04/24/2026 at 9:05 a.m., Surveyor interviewed Caregiver C, who stated Resident 1 would often hold onto the walls or the grab bars on the walls. Caregiver C stated, "I think s/he feels safer walking with something to hold onto." Caregiver C explained when s/he took Resident 1 for walks, s/he would hold onto Caregiver C's arm. Caregiver C stated, "I just think s/he feels safer holding onto me." On 04/24/2026 at 9:05 a.m., Surveyor interviewed Licensee A, who confirmed the metal handrail at the front door needed to be fixed. Licensee A stated, "We are aware it is loose, and someone is fixing it right now."	M 570		