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
	0018907	A. BUILDING: _____ B. WING _____	C 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING WELL RESIDENTIAL FACILITY	**6641 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
M 000	INITIAL COMMENTS On 05/29/2024, Surveyor conducted a standard survey and 1 complaint investigation. One deficiency was identified. One complaint was substantiated. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all incidents requiring Department notification were reported to the Department for 1 of 1 incident. On 05/12/2024, Resident 1 had a significant change in condition requiring police intervention due to elopement from the facility. Findings include: On 05/20/2024, the Department received a complaint alleging Resident 1 had eloped from the facility on 05/12/2024 and had not yet been found.	M 134		

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

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M 134	Continued From page 1 On 05/29/2024 at approximately 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/21/2022, with a diagnoses of chronic normocytic anemia, history of epilepsy, cognitive disorder, drug abuse, alcohol abuse, and hypertension. On 05/28/2024, Surveyor reviewed department records and identified there was not a self-report submitted by the provider related to Resident 1's elopement. On 05/29/2024, at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed they did not report Resident 1's elopement to the Department. They stated they had overlooked this requirement. Surveyor provided information to Licensee A regarding the department Publication-02007 Reporting Requirements for Assisted Living Facilities.	M 134		