| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016339 | A. BUILDING: _____ B. WING _____ | 10/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET 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 |
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| M 000 | INITIAL COMMENTS<br><br>On 10/07/2025, Surveyor conducted a standard survey at Our Home Sweet Home LLC, an AFH in Milwaukee.<br><br>Fifteen deficiencies were identified. Ten deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Census: 2 | M 000 | | |
| M 216 | 88.04(2)(a) RESPONSIBILITIES<br><br>The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review, the provider did not ensure the home and its operations complied with all laws governing the home and its operation.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include:<br><br>On 10/07/2025, Surveyor conducted a standard survey, resulting in 15 deficiencies. Ten of the 15 deficiencies were repeat concerns. The following concerns were identified:<br><br>Environmental:<br><br>- The provider's home was not accessible for Resident 1, who used a wheelchair for mobility. | M 216 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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|---|---|---|---|---|
| M 216 | Continued From page 1 | M 216 | | |

*Repeat concern
- The provider's home had doors that did not easily open and close, clutter making Resident 2's room difficult to access, staining in the bathtub and a seal detached from a door.*Repeat concern
- The provider's furnace had not been inspected in the past 3 years.
- One of 2 exits were obstructed.*Repeat concern
- Food was not stored in a sanitary manner.

Employee/Personnel:

- Two of 2 employees reviewed had not completed continuing education as required.

Resident Care:

- Resident 1 did not have a communicable disease screen, including tuberculosis test, completed 90 days prior to or within 7 days after admission.*Repeat concern
- Resident 1 did not have a signed service agreement.
- Resident 1 did not have an individual service plan (ISP).*Repeat concern
- Resident 2's ISP had not been updated since 2022.
- Resident medications were not securely stored.*Repeat concern
- The provider administered Resident 1's medications without a physician order permitting the provider's staff to do so.*Repeat concern
- The provider did not accurately document the administration of Resident 2's medications.*Repeat concern

On 10/07/2025 at approximately 12:05 p.m., Surveyor reviewed concerns identified with Licensee A. Licensee A acknowledged the home

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 216 | Continued From page 2<br>had concerns that needed to be addressed. Licensee A stated, "Whatever concerns were identified could be fixed."<br><br>On 10/07/2025 at 2:08 p.m., Licensee A sent Surveyor an email that thanked Surveyor for his/her visit. The email stated Licensee A was aware citations would be issued, was aware of areas that needed to be addressed and would adjust accordingly.<br>.<br>Cross Reference: M0246 DHS 88.04(5)(b) Training-8 Hours Annually<br>M0262 DHS 88.05(2)(a) Difficulty Walking<br>M0276 DHS 88.05(3)(a) Homelike Environment<br>M0290 DHS 88.05(3)(e)2.b. Inspections - Gas Furnace<br>M0338 DHS 88.05(4)(c)1. Exiting From The First Floor<br>M0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review<br>M0380 DHS 88.06(2)(a) Admission-Health Exam<br>M0384 DHS 88.06(2)(b) Service Agreement Except Respite<br>M0404 DHS 88.06(3)(a) Individual Service Plan & Assessment<br>M0424 DHS 88.06(3)(f) Review of ISP<br>M0458 DHS 88.07(3)(a) Prescription Medications<br>M0464 DHS 88.07(3)(d) Medication - Written Order<br>M0466 DHS 88.07(3)(e)1. Medication - Record Keeping<br>M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way | M 216 | | |
| M 246 | 88.04(5)(b) TRAINING-8 HOURS ANNUALLY<br><br>Except as provided in pars. (c) and (d), the licensee and each service | M 246 | | |

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 246 | Continued From page 3<br>provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which their initial training occurred. Caregiver C and Caregiver B did not complete continuing education as required.<br><br>Findings include:<br><br>On 10/07/2025 at 12:00 p.m., Surveyor reviewed employee records provided by Licensee A. Records documented the following:<br><br>- Caregiver C was hired on 01/02/2021. Caregiver C's record did not include continuing education for 2023 or 2024.<br>- Caregiver B was hired on 04/18/2023. Caregiver B's record did not include continuing education for 2024.<br><br>On 10/07/2025 at approximately 12:10 p.m., Surveyor interviewed Licensee A regarding continuing education. Licensee A stated s/he did not have continuing education to provide. Licensee A explained, "Life happens." | M 246 | | |

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 262 | 88.05(2)(a) DIFFICULTY WALKING<br><br>If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:<br>1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.<br>2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.<br>3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure exit doors had a clear opening of at least 32 inches and did not ensure the bathroom had enough space to provide a turning radius for Resident 1, who was unable to walk.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include:<br><br>On 10/07/2025 at approximately 12:00 p.m., Surveyor interviewed Resident 1, who was | M 262 | | |

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 262 | Continued From page 5<br>observed in a wheelchair. Surveyor asked Resident 1 about his/her mobility within the home. Resident 1 stated s/he always used a wheelchair for mobility and only used the front door to enter/exit the home. Resident 1 stated s/he had never tried to use the side door because there was medical equipment blocking the door. Resident 1 stated s/he was unable to use the bathroom because there was not adequate space for his/her wheelchair. Resident 1 stated s/he used a urinal and commode to meet his/her toileting needs and staff provided a warm bucket of water for Resident 1 to wash up with in his/her room.<br><br>On 10/07/2025 at 12:05 p.m., Surveyor toured the provider's home. Surveyor observed the exit door, just outside the kitchen and identified as an emergency exit, was 31.5 inches in width. Surveyor observed the bathroom did not have adequate space for a wheelchair to turn.<br><br>On 10/07/2025 at approximately 12:30 p.m., Surveyor discussed concern with Licensee A that the provider's home was not accessible for Resident 1. Licensee A confirmed Resident 1 was unable to use the bathroom and had not tried to exit out the 2nd exit. Licensee A replied, "I'm licensed for non-ambulatory," and stated Resident 1 was aware of the home set up prior to admission. | M 262 | | |
| M 276 | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. | M 276 | | |

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| M 276 | Continued From page 6 | M 276 | | |

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure the home was safe, clean and well-maintained. The provider's home had doors that did not easily open and close, clutter in Resident 2's room making the room difficult to access, staining in the tub and a torn seal on the bathroom door.

This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.

Findings include:

On 10/07/2025 at 12:05 p.m., Surveyor toured the provider's home with Licensee A. Surveyor observed the following concerns:

- The door to Resident 1's room would swing inward and outward but then become stuck requiring Resident 1 to use significant force to open. Resident 1 stated s/he had difficulty opening the door at times.
- The door to an unoccupied room did not easily open and close due to rubbing on the carpet.
- Resident 2's room was full of belongings, which did not allow Surveyor to fully open the door. Items were observed piled up on the floor and bed (Photos 1 and Photos 2).
- There was red, black and brown staining on the interior of the tub (Photo 3).
- The seal on the side of the bathroom door had become detached at the bottom (Photo 4).

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| M 276 | Continued From page 7<br>On 10/07/2025 at approximately 12:15 p.m., Surveyor reviewed environmental concerns with Licensee A. Licensee A stated although the home was rented, s/he was responsible for repairs within the home and would fix the concerns identified. | M 276 | | |
| M 290 | 88.05(3)(e)2.b INSPECTIONS-GAS FURNACE<br><br>A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. The home's furnace had not been inspected in the past 3 years.<br><br>Findings include:<br><br>On 10/07/2025 at approximately 12:05 p.m., Surveyor reviewed the provider's environmental records provided by Licensee A. Records included documentation of a gas furnace inspection, dated 04/30/2019. Surveyor asked Licensee A if s/he had documentation of a furnace inspection completed within the past 3 years. Licensee A replied, "No," and explained that whatever concerns were identified could be fixed. | M 290 | | |
| M 338 | 88.05(4)(c)1 EXITING FROM THE FIRST FLOOR<br><br>Exiting from the first floor. The | M 338 | | |

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| M 338 | Continued From page 8<br>first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the kitchen exit, identified as an emergency exit and 2nd exit, allowed unobstructed access to the outside. Access to the door was blocked by a hoyer lift, wheeled walker and kitchen table.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include:<br><br>The facility is licensed as a non-ambulatory home, which may serve up to 3 individuals with diagnoses including advanced age, traumatic brain injury, irreversible dementia/Alzheimer's, developmentally disabled, terminally ill, emotionally disturbed/mental illness or physically disabled.<br><br>On 10/07/2025 at approximately 12:00 p.m., Surveyor interviewed Resident 1, who was observed in a wheelchair. Surveyor asked Resident 1 about his/her mobility within the home. Resident 1 stated s/he always used a wheelchair for mobility and only used the front door to enter/exit the home. Resident 1 stated s/he had never tried to use the side door because there was medical equipment blocking the door.<br><br>On 10/07/2025 at 12:05 p.m., Surveyor toured the provider's home. Surveyor observed the kitchen door, which led to 1 of 2 emergency exits, was | M 338 | | |

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| M 338 | Continued From page 9<br>blocked by a hoyer lift, wheeled walker and table.<br><br>On 10/07/2025 at approximately 12:30 p.m., Surveyor discussed concern with Licensee A that 1 of 2 exits were obstructed, leaving only 1 exit accessible. Licensee A acknowledged Surveyor's concern and stated the hoyer lift was not currently used by the provider and the wheeled walker belonged to Resident 2. | M 338 | | |
| M 344 | 88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW<br><br>The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed that admitted within the past 2 years, was evaluated immediately following placement using the department's form to determine whether the resident could evacuate the home without any help within 2 minutes. Resident 1 was not evaluated for his/her ability to evacuate the home without any help within 2 minutes.<br><br>This is a repeat deficiency. See Statement of Deficiency O4RK11, dated 03/19/2020.<br><br>Findings include: | M 344 | | |

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| M 344 | Continued From page 10<br><br>On 10/07/2025 at 11:00 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 02/26/2025 with diagnosis of hemiplegia. Resident 1's record did not include an evacuation assessment, using the department's form.<br><br>On 10/07/2025 at approximately 11:30 a.m., Surveyor interviewed Licensee A regarding Resident 1. Licensee A confirmed s/he had not completed an evacuation assessment for Resident 1. | M 344 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed that admitted to the provider within the past 2 years, was screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. The | M 380 | | |

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| M 380 | Continued From page 11<br>provider did not have documentation of a communicable disease screen for Resident 1.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include:<br><br>On 10/07/2025 at 11:00 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 02/26/2025. Resident 1's record did not include documentation of a communicable disease screen, including tuberculosis test.<br><br>On 10/07/2025 at approximately 11:30 a.m., Surveyor interviewed Licensee A regarding Resident 1. Licensee A confirmed s/he did not have documentation of a communicable disease screen, including tuberculosis test, for Resident 1. Licensee A replied, "[Resident 1] has been in the [health care system] forever." | M 380 | | |
| M 384 | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the | M 384 | | |

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| M 384 | Continued From page 12<br>placing agency, if any.<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed, that admitted to the provider's home within the past 2 years, had a service agreement that was signed and dated by the resident's legal guardian. Resident 1's legal guardian had not signed the service agreement.<br><br>Findings include:<br><br>On 10/07/2025 at 11:00 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 02/26/2025 with diagnoses including hemiplegia, depression, attention seeking behaviors, congestive heart failure and diabetes. Resident 1 had a legal guardian. Resident 1's record included a service agreement that was not signed by the legal guardian.<br><br>On 10/07/2025 at approximately 11:30 a.m., Surveyor interviewed Licensee A regarding Resident 1. Licensee A confirmed Resident 1's guardian had not completed the service agreement. Licensee A stated it was hard to get the guardian to come in to sign documentation, but later stated the guardian visited every now and then. | M 384 | | |
| M 404 | 88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT<br><br>The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. | M 404 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016339 | A. BUILDING: _____ B. WING _____ | 10/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET 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 404 | Continued From page 13 | M 404 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed, that admitted to the provider's home within the past 2 years, had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Resident 1's record did not include an assessment or ISP.

This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.

Findings include:

On 10/07/2025 at 11:00 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 02/26/2025 with diagnosis of hemiplegia, depression, attention seeking behaviors, congestive heart failure and diabetes. Resident 1's record did not include documentation of an assessment and had a blank ISP.

On 10/07/2025 at approximately 11:15 a.m., Surveyor observed and interviewed Resident 1. Resident 1 was observed using a wheelchair for mobility. Resident 1 stated the provider assisted with some personal cares, medication management, meals and household tasks.

On 10/07/2025 at approximately 11:30 a.m., Surveyor interviewed Licensee A regarding Resident 1. Licensee A confirmed s/he did not have a completed assessment or ISP for Resident 1, stating Resident 1 had just moved

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 404 | Continued From page 14<br>into the home in February. Licensee A stated the provider's staff provided partial assistance with bathing, dressing, medication management, meals, housekeeping and sometimes transfers. Licensee A stated Resident 1 was independent with toileting, except for staff emptying the urinal or commode, and oral care. | M 404 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 by the resident or the resident's guardian.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had their individual service plan (ISP), reviewed at least once every 6 months. Resident 2's ISP had not been updated with changes or reviewed every 6 months. | M 424 | | |

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 424 | Continued From page 15<br>Findings include:<br><br>On 10/07/2025 at 10:40 a.m., Surveyor reviewed Resident 2's record provided by Licensee A. Resident 2 was admitted to the provider's home on 12/20/2021 with diagnoses of congestive heart failure, anxiety, alcohol dependence and schizophrenia. Resident 2 had a legal guardian. Resident 2's record included an ISP, dated 06/01/2022. The ISP did not document any behavioral concerns.<br><br>On 10/07/2025 at approximately 10:50 a.m., Surveyor interviewed Licensee A regarding Resident 2. Licensee A stated Resident 2 exhibited behavioral concerns of refusing medications, becoming hostile or verbally aggressive and had auditory and visual hallucinations. Surveyor asked Licensee A if Resident 2 had an updated assessment and ISP completed in the past 2 years that included behavioral concerns and hallucinations. Licensee A replied, "No." | M 424 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. | M 458 | | |

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| M 458 | Continued From page 16 | M 458 | | |

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure medications were securely stored.

This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.

Findings include:

The provider is licensed to care for up to 3 residents with diagnoses including advanced age, traumatic brain injury, irreversible dementia/Alzheimer's, developmentally disabled, terminally ill, emotionally disturbed/mental illness and physically disabled.

On 10/07/2025 at approximately 10:40 a.m., Surveyor observed the provider's medication cabinet, which was a filing cabinet in the kitchen, unlocked and unsecured.

On 10/07/2025 at 12:00 p.m., Surveyor observed the medication cabinet remained unsecured.

On 10/07/2025 at 12:05 p.m., Surveyor toured the provider's facility and observed a pack of medications containing 2 pills sitting on Resident 2's dresser in his/her room.

On 10/07/2025 at 12:10 p.m., Surveyor shared concern with Licensee A that the home had medications unsecured. Licensee A acknowledged Surveyor's concern and took the medications from Resident 2's room. Licensee A confirmed staff administered Resident 2's medication.

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| M 464 | Continued From page 17 | M 464 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had a written physician order permitting the provider's staff to administer medications. The provider did not have a written order from Resident 1's physician permitting staff to administer medications.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include:<br><br>On 10/07/2025 at 11:00 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 02/26/2025 with diagnoses of hemiplegia, depression, attention seeking behaviors, congestive heart failure and diabetes. Resident 1's record indicated the provider's staff administered Resident 1's medications, but the record did not include a physician order | M 464 | | |

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| M 464 | Continued From page 18<br>permitting staff to administer medications.<br><br>On 10/07/2025 at approximately 11:30 a.m., Surveyor interviewed Licensee A regarding Resident 1. Licensee A confirmed the provider's staff administered Resident 1's medications and that the provider did not have a written physician order permitting the staff to do so. | M 464 | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure an accurate record of all medications controlled, dispensed and administered by the provider was maintained. Resident 2's Medication Administration Record (MAR) had blank entries, leaving it unknown whether Resident 2 received his/her medications, refused his/her medications or did not receive the medications for some other reason.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) O4RK11, dated 03/19/2020.<br><br>Findings include: | M 466 | | |

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|---|---|---|---|---|
| M 466 | Continued From page 19<br><br>On 10/07/2025 at 10:40 a.m., Surveyor reviewed Resident 2's record provided by Licensee A. Resident 2 was admitted to the provider's home on 12/20/2021 with diagnoses of congestive heart failure, anxiety, alcohol dependence and schizophrenia. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's MAR, dated 09/01/2025 to 10/07/2025, documented the following concerns:<br><br>- Bumetanide 2 mg (Start Date: 10/04/2024) - Take 1 tablet 2 times daily had blank entries for 09/28/2025 AM and 09/30/2025 PM.<br>- Carvedilol 25 mg (Start Date: 09/29/2022) - Take 2 tablet 2 times daily had a blank entry on 09/30/2025 PM.<br>- Clonidine .2 mg (Start Date: 06/27/2025) - Take 1 tablet 3 times daily had a blank entry on 09/30/2025 PM.<br>- Fluticasone 50 mcg nasal spray (Start Date: 07/31/2025) - Spray 1 spay in each nostril daily had a blank entry on 09/29/2025.<br>- Hydralazine 100 mg (Start Date: 10/18/2024) - Take 1 tablet 3 times daily had a blank entry for 09/30/2025 at 12:00 p.m. and 5:00 p.m.<br>- Xifaxan 550 mg (Start Date: 12/16/2021) - Take 1 tablet 2 times daily had a blank entry for 09/30/2025 PM.<br>- Lubricant .5% eye drops (Start Date: 05/13/2024) - Place 1 drop into each eye 4 times daily had blank entries for 09/30/2025 at 1:00 p.m., 5:00 p.m. and 9:00 p.m.<br>- Lurasidone Hcl 20 mg (Start Date: 04/21/2025) - Take 1 tablet daily had blank entries for 09/28/2025 and 09/29/2025.<br>- Magnesium Oxide 500 mg (Start Date: 10/30/2024) - Take 1 tablet 2 times daily had a blank entry for 09/30/2025 PM. | M 466 | | |

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| AMAZING GRACE CHRISTIAN HOME | 5724 N 87TH STREET MILWAUKEE, WI 53225 |

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| M 466 | Continued From page 20<br>- Potassium (Start Date: 10/30/2024) - Take 1 tablet 3 times daily had a blank entry for 09/30/2025 at 5:00 p.m. and 9:00 p.m.<br>- Ramelteon 8 mg (Start Date: 06/16/2025) - Take 1 tablet daily had a blank entry for 09/30/2025.<br><br>On 10/07/2025 at approximately 10:50 a.m., Surveyor interviewed Licensee A and discussed concern that Resident 2's MAR had blank entries, leaving it unknown whether Resident 2 received his/her medications, refused his/her medications or missed the medications for some other reason. Licensee A replied, "[S/he] gets [his/her] medications. I can tell you that." | M 466 | | |
| M 474 | 88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY<br><br>Food shall be prepared and stored in a sanitary manner.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored in a sanitary manner.<br><br>Findings include:<br><br>On 10/07/2025 at 11:50 a.m., Surveyor inspected the provider's food storage and observed the following concerns:<br><br>- A package of red meat was not sealed, exposing the meat to air, in the provider's freezer.<br>- A package of what appeared to be dumplings was unsecured, leaving the food open to air in the | M 474 | | |

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| M 474 | Continued From page 21 | M 474 | | |

provider's freezer.
- An open package of pork patties was in a bag in the refrigerator with no label or date of opening.
- An open package of bacon was in a bag in the refrigerator with no label or date of opening.
- A package of spring mix with a "Best By" date of 09/24/2025 contained brown lettuce and had condensation on the plastic wrap.
- A vegetable drawer contained opened meat packages and take out containers that were not labeled.
- A vegetable drawer contained a rotting apple.

"Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)

"Storing food in the freezer ... Wrap the food properly or put it in sealed containers. If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the freezer, 2025, https://www.safefood.net/food-storage/freezing (retrieval date - October 2, 2025).)

On 10/07/2025 at 12:00 p.m., Surveyor interviewed Licensee A and discussed concerns with food storage. Licensee A stated the drawer with open meat packages and take out containers was food for him/her. Licensee A acknowledged there were items that should not be in the refrigerator and/or labeled.