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
	0015332	A. BUILDING: _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORE BLESSINGS ADULT FAMILY HOME LL	3535 N 49TH STREET MILWAUKEE, WI 53216

(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 06/11/2025 with information gathered through 06/12/2025, Surveyor conducted a standard survey, at Moore Blessings Adult Family Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Two deficiencies were identified. Census: 2	M 000		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) reviewed were evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar years 2023, 2024, and 2025 using the Department's form. Resident 2 had not been evaluated for evacuation for calendar year 2025 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of traumatic brain injury, alcohol/drug dependent, advanced aged,	M 346		

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

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M 346	Continued From page 1 emotionally disturbed/mental illness, developmentally disabled, terminally ill, and irreversible dementia/Alzheimer's On 06/11/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home on 01/23/2022. Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2023, 2024, and 2025 using the Department's form. -Resident 2 was admitted to the provider's home on 01/16/2024. Resident 2's record did not contain evidence of an evacuation assessment for calendar year 2025 using the Department's form. On 06/11/2025, at approximately 10:41 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he did not have annual evacuation assessments for residents. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents were evaluated annually for evacuation time, using the Department's form.	M 346		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the	M 420		

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M 420	Continued From page 2 provider did not ensure 1 of 2 residents' (Resident 2) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 06/11/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 01/16/2024. -Resident 2 had a legal guardian. -Resident 2's ISPs dated 01/22/2024, 07/22/2024, and 01/24/2025, were not signed by his/her legal guardian. On 06/11/2025, at approximately 8:59 AM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 2's ISPs were not signed by his/her legal guardian. Administrator B stated moving forward s/he would ensure Resident 2's guardian signed his/her ISP.	M 420		