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
	0015113	A. BUILDING: _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HEART HOME LLC	**7906 N GRANVILLE ROAD MILWAUKEE, WI 53224**

(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 01/02/2025, Surveyor conducted 2 complaint investigations at Angel Heart Home LLC. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency 6T1F11, dated 02/10/2020). One complaints was substantiated. One complaint was unsubstantiated. Census: 04	M 000		
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 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure an individual service plan (ISP) was reviewed for appropriateness of the	M 424		

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
	0015113	A. BUILDING: _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HEART HOME LLC	7906 N GRANVILLE ROAD MILWAUKEE, WI 53224

(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 424	Continued From page 1	M 424		

plan and updated at least every 6 months by the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency for 1 of 1 resident reviewed (Resident 1). Resident 1's information regarding behavior management was not added to Resident 1's ISP upon escalating behaviors. The ISP was not reviewed and updated when behaviors escalated in November 2024.

This is a repeat deficiency. See Statement of Deficiency 6T1F11, dated 02/10/2020.

Findings include:

On 01/02/2025, Surveyor reviewed Resident 1's record and identified the following:

-Resident 1 was admitted to the facility on 03/17/2023.

-Resident 1's diagnoses included irreversible dementia and other brain disorders.

-ISP, dated 12/31/2024, did not include a signature page indicating the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, and/or the placing agency were involved in the ISP's development.

-ISP, dated 06/06/2024, did not include a signature page indicating the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, and/or the placing agency were involved in the ISP's development.

-Resident 1's progress notes included the following observations concerning escalating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015113	A. BUILDING: _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL HEART HOME LLC	7906 N GRANVILLE ROAD MILWAUKEE, WI 53224

(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 424	Continued From page 2 behaviors: 11/11/2024 " ...staff tried to get [Resident 1] to go to the bathroom and put on a new depend on and [s/he] refused by closing the door in staff face staff tried two more times and [s/he] still refused." 11/12/2024 "When I came to work at 11pm, 2nd shift told me that [Resident 1] would not let them change [her/him]. [S/he] started calling us names and hitting on us. Then [s/he] began hitting the walls ..." 11/14/2024 " ...will not put the depends on." 11/20/2024 " ...[Resident 1] agitated. [Resident 1] hit me a few times and took off depend ...[s/he] also hit the closet door." -Resident 1's record did not include an updated ISP. The most recent ISP was dated 12/31/2024 and did not address escalating behaviors. On 01/02/2025, at approximately 12:45 PM, Surveyor interviewed Licensee A and Manager B regarding the need for behavior interventions to be added to Resident 1's ISP. Licensee A reported [Manager A] was new to this house and was working to get all the service plans updated. Manager A confirmed there were no signatures on the ISPs and behavior interventions had been communicated verbally to all staff.	M 424		