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
	0013918	A. BUILDING: _____ B. WING _____	C 10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE SUPPORTIVE LIVING SERVICES LLC	**2669 N 47TH ST MILWAUKEE, WI 53210**

(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 10/24/2023, Surveyor conducted a complaint investigation and standard survey at Grace Supportive Living Services. As a result, 1 deficient practice was identified. The complaint was substantiated. Census: 4	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 interview, the provider did not ensure 1 of 2 resident's Individual Service Plan (ISP) was reviewed at least every 6 months and/or with changes. Resident 1 had a change of condition in February 2023 which was not reflected on Resident 1's ISP. Resident 1's ISP was due to be reviewed in February 2023.	M 424		

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

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M 424	Continued From page 1 Findings include: On 08/02/2023, the department received a complaint alleging a resident did not have a change in services due to a change in condition and additional needs. On 10/06/2023, at 9:00 AM, Surveyor reviewed Resident 1's records. Resident 1 was admitted to the facility on 09/07/2021 with diagnoses including Alzheimer's disease, hyperlipidemia, hypertension, hemiplegia, and hemiparesis and osteoarthritis. Surveyor reviewed Resident 1's weight history. Resident 1's weight on 02/06/2023 was 141.3. Resident 1's weight on 03/13/2023 was 115. Surveyor reviewed Resident 1's ISP. Resident 1's ISP indicated Resident 1 required partial assistance with eating. Resident 1's ISP did not identify any special diet Resident 1 received. Resident 1's ISP did not identify or address any difficulties Resident 1 had experienced with eating. Resident 1's most recent Individual Service Plan was dated 08/30/2022. Resident 1 ISP was due to be reviewed in February 2023. Resident 1's ISP was not reviewed every 6 months. On 10/05/2023, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 had a change of condition earlier in 2023. When Surveyor inquired about Resident 1's change of condition, Licensee A reported Resident 1 was not eating and lost weight due to this. Licensee A reported Family Member B would bring Ensure to the facility every week for Resident 1 to drink. Licensee A reported s/he had a conversation with Family Member B regarding Resident 1's decline and advised Family Member B is s/he needed to pursue more	M 424		

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M 424	Continued From page 2 aggressive treatment options with Resident 1's medical team. Licensee A reported Resident 1 was being treated for a urinary tract infection in the beginning of March 2023. Licensee A reported Resident 1 was admitted to the hospital at the end of March based on a decline of heath. Resident 1 was discharged from the hospital with hospice in place and returned to the facility. Licensee A reported Resident 1 passed away a couple days later.	M 424		