STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015456	A. BUILDING: _____ B. WING _____	C 01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACEFUL BLESSED HOME	**2324 W WHITAKER AVENUE MILWAUKEE, WI 53221**

(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
N 000	Initial Comments On 01/27/2026, Surveyor conducted an abbreviated survey and 1 complaint investigation at Peaceful Blessed Home. As a result, 3 deficiencies were identified, and 1 complaint was substantiated. Census: 7	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 1 of 2 caregivers reviewed (Caregiver D). Caregiver D did not have a background check completed at least every 4 years. Findings include: On 01/27/2025, at 10:00 AM, Surveyor reviewed	N 219		

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

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N 219	Continued From page 1 Caregiver D's record. Caregiver D was hired on 10/20/2021. Caregiver D's original background information disclosure (BID) was dated 07/22/2021, Department of Justice check (DOJ) was dated 07/22/2021, and Governmental Findings Report was dated 07/22/2021. Surveyor did not review evidence of an updated 4-year background check, DOJ check, or to Governmental Findings Report for 2025. 01/27/2025, at 11:30 AM, Surveyor interviewed Licensee A and Administrator B. Licensee A confirmed the code requirement. Administrator B reported s/he was not aware Caregiver D's background check was not conducted every 4 years to include. Licensee A reported s/he would ensure update background checks were completed for all staff members employed for 4 years were conducted.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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N 220	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis (TB), within 90 days before the start of employment for 1 of 2 caregivers reviewed (Caregiver C). Findings include: On 01/27/2026, at 10:00 AM, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 12/26/2023. Caregiver C's record contained a communicable disease screening, dated 02/13/2024, 48 days after start of employment. Caregiver C's record contained a TB test, dated 02/12/2024, 47 days after start of employment. 01/27/2025, at 11:30 AM, Surveyor interviewed Licensee A and Administrator B. Administrator B reported s/he was aware of the code requirement. Administrator B reported s/he thought staff had up to 90 days after start of employment to complete the communicable disease screening including TB. Administrator B reported s/he would ensure new staff would be screened for communicable diseases including TB before the start of employment.	N 220		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s	N 387		

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N 387	Continued From page 3 legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or the resident's legal representative, or the placing agency signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 1 of 2 (Resident 1) residents reviewed. Findings include: On 01/27/2026, at 10:45 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/14/2020 with a diagnosis of dementia. Surveyor reviewed guardianship paperwork which indicated Resident 1 had a guardian. Resident 1's face sheet indicated Resident 1 had a Managed Care Organization (MCO). Resident 1's ISP, dated 01/05/2025, did not contain signatures from Resident 1's legal representative or placing agency. On 01/29/2026, at 10:30 AM, Surveyor interviewed Licensee A and Administrator B.	N 387		

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N 387	Continued From page 4 Administrator B reported s/he completed resident ISPs. Administrator B reported s/he was unaware of the requirement. Administrator B reported s/he would update the ISP and communicate changes to the MCO and guardian but was unaware the ISP required signatures from all parties. Administrator B reported s/he would ensure they have all parties sign the residents' ISPs in the future.	N 387		