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
	0020148	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE HOMES	**7209 W RUBY AVE MILWAUKEE, WI 53218**

(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 10/21/2025, Surveyors conducted a standard survey and 1 complaint investigation at Divine Homes in Milwaukee. One complaint was unsubstantiated. Three deficiencies were identified. Census: 01	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING 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: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 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. 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain 1 of 2 exterior exit ramps. The front ramp handrail had decomposed and became detached from the ramp.	M 262		

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

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M 262	Continued From page 1 Findings include: This facility was licensed on 07/29/2024 to serve up to 3 residents who may have mobility issues. On 10/22/2025, at 10:45 AM, Surveyors observed the following: -North facing front exit of the home was equipped with a ramped exit which had handrails on both sides of the ramp. The handrail attached to the north side of the ramp had decomposed and fallen away from the ramp making it unusable. -A review of the Emergency Exit Plan identified both ramps as exit pathways in the event of an emergency. -Surveyor observed 1 of 1 resident utilized a wheeled walker for mobility. On 10/21/2025, at 1:14 PM, Surveyors interviewed Licensee B regarding the requirement to maintain the ramp handrails. Licensee B was aware the handrail needed repair and was unsure how long it had been unusable. Licensee B reported they would have the handrail repaired.	M 262		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or	M 336		

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M 336	Continued From page 2 have the unit repaired or replaced. This Rule is not met as evidenced by: Based on observation, record review, and staff interview, the provider did not test each smoke detector monthly to ensure they were operational. The provider did not conduct monthly smoke detector testing for 5 months of 2024 and the first 9 months of 2025. Findings include: This facility was licensed on 07/29/2024 to serve up to 3 residents who may have mobility issues. -On 10/21/2025 at approximately 11:00 AM, Surveyors toured facility and observed the following: -The smoke detector at the basement stairway needed new batteries. -The smoke detector in the bedroom located at the southeast corner of the facility needed new batteries. On 10/21/2025, at approximately 12:15 PM, Surveyors requested the facility safety files. There was no evidence of smoke detector testing from 08/2024 to date in 2025. On 10/21/2025, at 1:45 PM, Surveyors interviewed Licensee B regarding the requirement to conduct monthly smoke detector testing. Licensee B was unaware of the need to document monthly smoke detector testing but reported they would begin doing so immediately.	M 336		

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M 466	Continued From page 3	M 466		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure medications administered were recorded for 1 of 1 resident. Resident 1 did not have a complete record of their medication administration. Findings include: On 10/21/2025. Surveyors reviewed Resident 1's record. Resident 1 was admitted on 07/26/2025 with a history of heart disease, blood clotting disorder, anxiety and asthma. On 10/21/2025 at 11:25 AM, Surveyors interviewed Resident 1 who indicated they did not get tramadol (pain medication) as requested. On 10/21/2025 at 12:20 PM, Resident 1's tramadol pill bottles were observed. One bottle of tramadol 50 milligrams (mg), dated 10/15/2025, was empty. One bottle of tramadol 50 mg, dated 10/20/2025, contained 21 pills. Both bottles of tramadol indicated 30 pills were dispensed per bottle.	M 466		

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M 466	Continued From page 4 On 10/21/2025, Surveyor reviewed Resident 1's Medication Administration Record (MAR) dated 10/11/2025 to 10/21/2025. The MAR documented Resident 1 had received 29 pills of tramadol 50 mg during that time. Resident 1's MAR reported Resident 1 could receive tramadol 50 mg every 8 hours as needed for pain. Surveyor inventoried remaining tramadol. Twenty-one pills of tramadol were observed remaining. A total of 37 pills were gone from Resident 1's tramadol 50 mg bottles and 29 pills were documented as being given to Resident 1. Eight pills of Resident 1's tramadol 50 mg were unaccounted for. On 10/21/2025 at 12:40 PM, Surveyor interviewed Licensee B. Licensee B indicated they had counted the most recent bottle of tramadol, dated as dispensed on 10/20/2025, when Resident 1 returned from the hospital. There were 28 pills, the bottle indicated there should be 30 pills. Licensee B reported Resident 1 required staff assistance for medication administration. Licensee B reported they did not count the bottle of tramadol dated 10/15/25 when Resident 1 initially moved in. Licensee B reported caregivers may have forgotten to document the 8 pills which were unaccounted for.	M 466		