STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017827	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT HOME LLC	7837 W DENVER AVE MILWAUKEE, WI 53223

(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 02/05/2026, Surveyor completed 2 complaint surveys for Covenant Home LLC. Two of 2 complaints were substantiated. One deficiency was identified. Census: 3	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services specified in resident individual service plans (ISPs) were provided for 1 (Resident 1) of 3 residents. Resident 1 was required to purchase their own wipes for incontinent care. Resident 1 was not provided with transportation for his/her desired social and leisure activities. Findings include: The Department received a complaint on 12/09/2025 alleging the provider refused to purchase wipes for incontinent care. The Department received a second complaint on 12/11/2025 alleging transportation was not being provided for social/leisure activities.	M 436		

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
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M 436	Continued From page 1 On 02/05/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/03/2025. Resident 1 was diagnosed with Multiple Sclerosis and relied on a power wheelchair for mobility. Resident 1's care plan, with a signature date of 08/26/2025 stated the following: " ...Toileting - NO ASSISTANCE/CURRENT SITUATION: Member is totally bowel incontinent and is paraplegic. ASSISTANCE REQUIRED: Member is taken care on the bed as appropriate, clean up the bed and member, and the entire room to ensure odor free environment. COMPLETE ASSISTANCE: Total assistance by the staff on duty to meet and complete the task accordingly ... Transportation - ASSISTANCE REQUIRED: Transportation is provided by the Transdev Company; and the facility as contained in the signed contract. COMPLETE ASSISTANCE: The facility supports by making payment at each ride when member is transported ..." On 02/05/2026 at approximately 9:09 AM, Surveyor interviewed Resident 1. Resident 1 expressed the desire to visit family. Resident 1 confirmed sharing his/her desire with Licensee A and Owner B. Resident 1 denied his/her desire was being fulfilled. Resident 1 contacted Disability Rights of Wisconsin (DRW). A care manager from DRW met with Resident 1, Licensee A, and Owner B. A verbal agreement was made between Resident 1, Licensee A, and Owner B that Resident 1 would have a weekly transportation budget of $50. The budget could not be rolled over if Resident 1 did not use the transportation budget for the week. Resident 1 reported the cost of wheelchair transport is more than $50 to get to his/her family's house.	M 436		

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M 436	Continued From page 2 Resident 1 disclosed he/she is responsible for purchasing his/her own incontinent wipes. Resident 1 was informed by Licensee A that the facility does not provide incontinent wipes. If Resident 1 did not have wipes, staff would use a wet napkin to complete incontinent care. On 02/05/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A and Owner B. Licensee A confirmed the facility does not provide incontinent wipes. Licensee A confirmed staff are responsible for providing and completing incontinent care for Resident 1. Licensee A understood the facility should be providing supplies for services they are responsible for. Licensee A stated he/she would purchase incontinent wipes. Owner B confirmed meeting with Resident 1 and a care manager from DRW. Owner B confirmed making a verbal agreement with Resident 1 regarding a transportation budget of $50 per week. Owner B reported he/she contacted a transportation agency that provided wheelchair transport. Owner B was quoted $325 for one ride. Owner B disclosed $325 would not be sustainable, which is why he/she agreed to $50 per week. Owner B understood the transportation budget of $50 per week did not meet the needs of Resident 1. Owner B also acknowledged his/her responsibility to provide transportation for residents' social and leisure activities.	M 436		