STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019755	A. BUILDING: _____ B. WING _____	C 03/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUNDANCE OF GRACE LLC	**2311 W HENRY AVE 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
M 000	INITIAL COMMENTS On 03/24/2025, Surveyor conducted a complaint investigation at Abundance of Grace. As a result, 2 deficiencies were identified. The complaint was unsubstantiated. Census: 4	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, record review, and interview, the provider did not ensure 2 of 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails for residents who walk only with difficulty, or only with the assistance of crutches, a cane, or a walker, or	M 262		

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

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M 262	Continued From page 1	M 262		

are unable to easily negotiate stairs without assistance. Resident 1 utilized a cane for ambulation.

Findings include:

The facility was licensed 01/25/2024, to serve up to 4 ambulatory residents.

Observations

On 03/24/2025, at 12:00 PM, Surveyor toured the facility and observed the following:

Front Door identified as an emergency exit. There were 2 steps from the driveway to a platform. There was 1 step from the platform to inside the house. Altogether, there were 3 steps to enter the home.

Rear Exit identified as an emergency exit. There was 1 step from inside the house to a platform. There were 2 steps from the platform to the sidewalk. Altogether, there were 3 steps to exit the rear exit.

Resident 1 was observed utilizing a can for ambulation.

Record Review

On 03/24/2025, at 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/04/2024, with diagnoses including schizophrenia, congestive heart failure, chronic kidney disease and hypertension. Resident 1's assessment, dated 04/10/2024, under section "Ambulation" indicated Resident 1 was able to walk safely once in a standing position with the use of a one-handed device. Resident 1's

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M 262	Continued From page 2 individual service plan (ISP), dated 04/11/2024, indicated Resident 1 required assistance with mobility. Interviews On 03/24/2025, at 12:15 PM, Surveyor interviewed Resident 1. Resident 1 reported s/he used the cane to help her/him walk. Resident 1 reported s/he used to use a walker, but s/he did not like it. Resident 1 reported s/he gets around with a cane. On 03/24/2025, at 1:40 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was licensed as ambulatory. Licensee A reported s/he did not know Resident 1 could not have a cane. Licensee A reported Resident 1 could ambulate without the cane. Surveyor informed Licensee A s/he observed Resident 1 ambulate around the home with the cane.	M 262		
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	M 424		

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M 424	Continued From page 3 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 1 resident's (Resident 1) individual service plan (ISP) was reviewed at least once every 6 months. Resident 1's ISP was due to be reviewed in October 2024. Findings include: On 03/24/2025, at 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/04/2024, with diagnoses including schizophrenia, congestive heart failure, chronic kidney disease and hypertension. Resident 1's ISP was dated 04/11/2024. Resident 1's ISP was due to be reviewed in October 2024. Resident 1's record did not contain any evidence Resident 1's ISP was reviewed or updated in October 2024. On 03/24/2025, at 1:40 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unsure why Resident 1's ISP was not completed in October. Licensee A reported s/he was switching the ISPs over to an electronic system and s/he would ensure the ISPs were reviewed at least every 6 months.	M 424		