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 06/27/2025

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COVENANT HOME LLC	**7837 W DENVER AVE MILWAUKEE, WI 53223**

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M 000	INITIAL COMMENTS On 06/26/2025 with information gathered through 06/27/2025, Surveyor conducted a standard survey and complaint investigation, at Covenant Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Eleven deficiencies were identified. Complaint substantiated. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 incident was reported to the Department for Resident 1, when there was significant change in a resident's status. Resident 1 had a fall on 02/02/2025 and was taken to the hospital, and the provider did not report the incident to the Department. Resident 1 had the following diagnoses: Contusion of left hip and compression fracture of	M 134		

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

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M 134	Continued From page 1 lumbar vertebra. Findings include: On 06/26/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 04/29/2021. -Resident 1's hospital After Visit Summary, dated 02/02/2025, stated the following: "Reason for visit: Fall. [Resident 1's] diagnosis is: Contusion of left hip and compression fracture of lumbar vertebra." On 06/26/2025, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2025. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not report Resident 1's fall to the Department. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 134		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens.	M 235		

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M 235	Continued From page 2	M 235		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver C) reviewed received training in universal precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens, prior to providing care to residents and annually. Caregiver C did not receive training in universal precautions at the time of initial assignment of tasks where occupational exposure may have taken place.

The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B).

Findings include:

On 06/26/2025, Surveyor reviewed Caregiver C's record and identified the following:

-Caregiver C was hired on 04/27/2020.

-Caregiver C's record did not contain documentation s/he received universal precautions training prior to providing care to residents.

On 06/26/2025 at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C assisted Resident 2 with changing of his/her catheter bag. Licensee A confirmed Caregiver C did not receive universal

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M 235	Continued From page 3 precautions training. Licensee A stated that if Caregiver C received universal precautions training that documentation would be in his/her record.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider (Caregiver C) received training within 6 months after starting to provide care related to fire safety. Findings include: On 06/26/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 04/27/2020. -Caregiver C's employee record did not contain evidence of fire safety training. On 06/26/2025 at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C did not have training	M 244		

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M 244	Continued From page 4 related to fire safety within 6 months of hire. Licensee A stated that if Caregiver C received above training that documentation would be in his/her record.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each employee completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 service providers (Caregiver B and Caregiver C) who required annual training. Caregiver B completed 1 of 8 hours of required annual training for 2023. Caregiver B did not receive annual training in 2024. Caregiver C did not receive annual training in 2023 and 2024. Findings include: On 06/26/2025, Surveyor reviewed caregiver records and identified the following: -Caregiver B was hired on 03/04/2019.	M 246		

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M 246	Continued From page 5 -Caregiver B completed 1 of 8 hours required annual training for 2023. -Caregiver B's record did not contain evidence of him/her receiving annual training in 2024. -Caregiver C was hired on 04/27/2020. -Caregiver C's record did not contain evidence of him/her receiving annual training in 2023 and 2024. On 06/26/2025 at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain evidence of receiving the above training. Licensee A stated if Caregiver B and Caregiver C received above training that documentation would be in his/her record.	M 246		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained and homelike environment. The bathroom was dirty and in need of cleaning and repairs. This had the	M 276		

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M 276	Continued From page 6 potential to affect 4 of 4 residents in the home. Findings include: On 06/26/2025, at approximately 9:17 AM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -Bathroom tub/shower had black spots in grout lines areas consistent with mold. -Bathroom flooring had black spots consistent with mold. -Bathroom floor trimming was dirty and had black spots consistent with mold. -Bathroom walls contained numerous dark scuff and scratch marks. -Bathroom tissue fixture did not have a tissue roller to hold tissue. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware of the homelike environment issues. Licensee A stated s/he would ensure the homelike environment issues is taken care of.	M 276		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.	M 344		

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M 344	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) reviewed were evaluated within 3 days of admission for evacuation time, using the department's form. Findings include: On 06/26/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home on 04/29/2021 with a diagnosis of legal blindness. -Resident 1's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. -Resident 2 was admitted to the provider's home on 05/03/2025. -Resident 2's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 2 were not evaluated for evacuation time. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises	M 346		

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M 346	Continued From page 8 shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar years 2023, and 2024 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of irreversible dementia/Alzheimer's, correctional clients, developmentally disabled, physically disabled, advanced aged, emotionally disturbed/mental illness, and alcohol/drug dependent. On 06/26/2025, Surveyor reviewed Resident 1's record. Resident 1's record indicated the following: -Resident 1 was admitted to the provider's home on 04/29/2021. Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2023, and 2024 using the Department's form. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's record did not contain an evacuation assessment for 2023 and 2024. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 346		

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M 346	Continued From page 9 CROSS REFERENCE M 0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 346		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) reviewed had a service agreement completed signed and dated by the licensee, resident, or resident's guardian or designated representative prior to admission. Findings include: On 06/26/2025, Surveyor reviewed residents' records and identified the following: - Resident 1 was admitted to the provider's home on 04/29/2021. - Resident 1 was his/her own person. - Resident 1's record did not contained evidence	M 384		

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M 384	Continued From page 10 of a service agreement. - Resident 2 was admitted to the provider's home on 05/03/2025. - Resident 2 had an activated healthcare power of attorney. - Resident 2's record did not contained evidence of a service agreement. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 2 did not have signed service agreements. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the residents' and residents' responsible parties. Findings include: On 06/26/2025, Surveyors reviewed residents' records and identified the following:	M 402		

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M 402	Continued From page 11 Resident 1 was admitted to the facility on 04/29/2021. Resident 1's record did not contain evidence of resident rights and grievance procedures explained with him/her. Resident 2 was admitted to the facility on 05/03/2025. Resident 2's record did not contain evidence of resident rights and grievance procedures explained with his/her POA. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's records did not contain evidence of rights and grievance procedures explained to the responsible parties. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 402		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed for 2 of 2 resident (Resident 1 and Resident 2) within 30 days of placement.	M 404		

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M 404	Continued From page 12 Findings include: On 06/26/2025, Surveyors reviewed residents' records and identified the following: -Resident 1 was admitted to the facility on 04/29/2021. -Resident 1's record did not contain a written assessment and ISP. -Resident 2 was admitted to the facility on 05/03/2025. -Resident 2's record did not contain a written assessment and ISP. On 06/26/2025, at approximately 2:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 2 did not have a written assesssments and ISPs. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 404		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.	M 464		

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M 464	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician specifying who by name or position could administer medications for 1 of 2 residents' (Resident 2) reviewed who required staff to administer his/her medications. Resident 2 did not have a written order permitting the provider staff to administer medications. Findings include: On 06/26/2025, Surveyor reviewed Resident 2's record. The following was identified: -Resident 2 was admitted to the provider's home on 05/03/2025. Resident 2's record did not have an order specifying who by name or position could administer his/her medication. On 06/26/2025 at approximately 2:23 PM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 2 required staff to administer his/her medication. Licensee A confirmed Resident 2's record did not contain evidence of a written order permitting the provider staff to administer medications from the physician for Resident 2.	M 464		