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 |
|---|---|---|---|
| | 0017827 | A. BUILDING: _____ B. WING _____ | R-C 06/23/2026 |

| 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<br><br>On 06/23/2026, Surveyor completed a verification visit at Covenant Home LLC. As a result, all previous deficiencies were corrected. One new deficiency was identified.<br><br>Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed.<br><br>Census: 3 | {M 000} | | |
| M 530 | 88.09(2)(a)8 TRAINING DOCUMENTATION<br><br>Documentation of successful completion of the training requirements under HSS 88.04(5).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not maintain and keep up to date a personnel record for each service provider which included documentation of successful completion of the training requirements under s. DHS 88.04(5) for 1 (Caregiver D) of 2 employees reviewed.<br><br>The record for Caregiver D did not contain any evidence of the initial training related to fire safety.<br><br>Findings include:<br><br>On 06/23/2026 at approximately 10:25 AM, Surveyor reviewed Caregiver D's employee record. Caregiver D was hired on 04/27/2020. Caregiver D's employee record did not contain evidence of completed initial training related to fire safety.<br><br>On 06/23/2026 at approximately 11:00 AM, | M 530 | | |

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

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| M 530 | Continued From page 1<br><br>Surveyor interviewed Caregiver D. Caregiver D stated he/she completed fire safety training "in-house" and with Trainer E. Caregiver D reported completing fire safety training in May 2026 when he/she completed their annual training with Trainer E in May 2026. Caregiver D was not sure where Licensee A and Manager B placed his/her certificate that indicated he/she completed training in fire safety. Caregiver D reported Licensee A was not available as he/she was ill.<br><br>On 06/23/2026 at approximately 11:30 AM, Surveyor attempted to contacted Licensee A via telephone, however, was not able to make direct contact. Surveyor could not leave a voicemail as the voicemail box was full. On 06/24/2026 at approximately 10:09 AM, Surveyor made a second attempt to contact Licensee A via telephone, however, did not make direct contact. Again, Surveyor could not leave a voicemail as the voicemail box was full. | M 530 | | |