

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/06/2026
NAME OF PROVIDER OR SUPPLIER BKA FAMILY LIVING SERVICES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1532 W CAPITOL DR MILWAUKEE, WI 53206		
(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 07/06/2026, Surveyor conducted a verification visit and 1 complaint investigation at BKA Family Living Services. As a result, all deficiencies in Statement of Deficiency LU3T11 were corrected, 4 new deficiencies were identified, and 1 complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed. Census: 2	{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 all incidents requiring Department notification were reported to the Department for 1 of 1 incident. On 01/07/2026, Resident 3 fell and sustained an injury resulting in hospitalization. Findings include:	M 134		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 134	Continued From page 1 On 07/06/2026, Surveyor reviewed Department records and identified there were no self-reports submitted by the provider related to Resident 3's fall resulting in admission to the hospital. On 07/06/2026 at approximately 10:00 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 05/04/2024 and discharged on 07/03/2026. Resident 3's individual service plan (ISP), dated 03/18/2026, indicated Resident 3 utilized a walker and/or cane for ambulation. Surveyor reviewed an after-visit summary (AVS), dated 01/08/2026, which indicated Resident 3 was hospitalized from 01/07/2026 to 01/08/2026. The reason for hospitalization was a fall and inability to ambulate resulting in a discharge diagnosis of avascular necrosis of left hip, and acute chronic left hip pain status post (s/p) fall on ice. On 07/06/2026, at approximately 10:30 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A confirmed Resident 3 fell after s/he left the facility. Assistant Administrator A reported Resident 3 notified her/him of the fall later in the day when s/he returned to the facility. Assistant Administrator A reported Resident 3 complained of pain from the fall and was transported by facility staff to the local hospital and was admitted. On 07/06/2026, at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A and Licensee B. Assistant Administrator A and Licensee B reported they were unaware of the code requirement. Assistant Administrator A reported s/he did not believe the incident was reportable because Resident 3 fell when s/he was	M 134			

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M 134	Continued From page 2 outside of the facility.	M 134		
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, interview, and record review provider did not ensure 2 of 2 exits from the home were ramped to grade. Resident 1 and Resident 3 required the use of a cane to assist with ambulation. The front exit contained a temporary metal ramp over 3 steps. The side exit contained steps inside leading to the exit door. Findings include:	M 262		

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M 262	Continued From page 3 On 03/15/2016, this facility was licensed to serve up to 4 ambulatory residents. The Department received a complaint on 06/10/2026 alleging residents in the home required assistive devices for ambulation. Observations On 07/06/2026, at approximately 11:30 AM, Surveyor toured the home and observed the following: -The front exit, identified as an emergency exit, contained 3 steps to exit the home and 1 step to the sidewalk. There was a metal temporary ramp over the steps to the front door without handrails or edge protection. The rise of the steps was approximately 25 inches and the length was approximately 9 feet long. -The side exit, identified as an emergency exit, contained 4 steps to walk to the exit. There was no ramp. On 07/06/2026, at approximately 10:03 AM, Surveyor observed Resident 1 ambulate down the stairs from her/his bedroom to the dining room. Resident 1 utilized her/his cane to ambulate down the steps. On 07/06/2026, at approximately 10:30 AM, Surveyor observed Resident 1 ambulate with the use of her/his cane down the stairs and exit the facility side exit. On 07/06/2026, at approximately 10:45 AM, Surveyor observed Resident 1 ambulate with the use of her/his cane up the stairs from the side exit and up the stairs to her/his bedroom.	M 262		

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M 262	Continued From page 4 Interview On 07/06/2026, at approximately 10:15 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he uses her/his cane "...mostly for the steps and walking". On 07/06/2026, at approximately 10:30 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A reported Resident 1 does not use her/his cane all the time while residing in the facility. On 07/06/2026, at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A and Licensee B. Licensee B reported s/he was informed Resident 1 and Resident 3 were incompatible with her/his ambulatory only license type when Resident 1 and Resident 3's case manager identified both residents utilized canes to ambulate during a visit June 2026. Licensee B reported s/he submitted a waiver to the Department last week for Resident 1 and Resident 3 was discharged from the facility on 07/03/2026. Licensee B reported s/he would seek alternative placement for Resident 1 if her/his waiver was not approved. Record Review. On 07/06/2026 at approximately 10:00 AM, Surveyor reviewed Resident records and identified the following: Resident 1 was admitted to the facility on 04/12/2024 with diagnoses including traumatic brain injury, and other musculoskeletal, neuromuscular, or peripheral nerve disorders. Resident 1's individual Service Plan (ISP), dated	M 262		

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M 262	Continued From page 5 03/19/2026, indicated Resident 1 utilized a cane for ambulation. Resident 1's file contained a form titled "Long Term Care Target Group Audit Information Report of [Resident 1] ...", dated 02/29/2024 which indicated Resident 1 was at an increased risk for falls and has abnormalities of her/his gait and mobility, ataxia and hypertonia/spasticity of her/his limbs. Resident 3 was admitted to the facility on 05/04/2024 and discharged on 07/03/2026. Resident 3's individual service plan (ISP), dated 03/18/2026, indicated Resident 3 utilized a walker and/or cane for ambulation. On 07/06/2026, Surveyor reviewed the facility's Department file, no evidence was found requesting a waiver for Resident 1 to utilize a cane for mobility without ramps in place at each exit of the facility. Cross Reference: M0274 DHS 88.05(2)(d) Bedroom On First Floor	M 262		
M 274	88.05(2)(d) BEDROOM ON FIRST FLOOR Any resident who is unable to easily negotiate stairs without assistance shall have his or her bedroom, toilet and bathing facilities and all common living areas on the first floor. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure each resident who had difficulty walking and negotiating stairs had their bedroom on the 1st floor of the facility for 1 of 1 resident. Resident 1 regularly used a cane to ambulate and go down	M 274		

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M 274	Continued From page 6 and up the stairs and had his/her bedroom on the 2nd floor of the facility. Findings include: Observations On 07/06/2026, at approximately 10:03 AM, Surveyor observed Resident 1 ambulate down the stairs from her/his bedroom to the dining room. Resident 1 utilized her/his cane to ambulate down the steps. Resident 1 had a bedroom on the 2nd floor of the facility. On 07/06/2026, at approximately 10:30 AM, Surveyor observed Resident 1 ambulate with the use of her/his cane down the stairs and exit the facility side entrance. On 07/06/2026, at approximately 10:45 AM, Surveyor observed Resident 1 ambulate with the use of her/his cane up the stairs from the side exit and up the stairs to her/his bedroom. Record Review On 07/06/2026 at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/12/2024 with diagnoses including traumatic brain injury, and other musculoskeletal, neuromuscular, or peripheral nerve disorders. Resident 1's individual Service Plan (ISP), dated 03/19/2026, indicated Resident 1 utilized a cane for ambulation. Resident 1's file contained a form titled "Long Term Care Target Group Audit Information Report of [Resident 1] ...", dated 02/29/2024, which indicated Resident 1 was at an increased risk for falls and has abnormalities of her/his gait and mobility, ataxia and	M 274			

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M 274	Continued From page 7 hypertonia/spasticity of her/his limbs. Interviews On 07/06/2026, at approximately 10:15 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he uses her/his cane "...mostly for the steps and walking". On 07/06/2026, at approximately 10:30 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A reported Resident 1 does not use her/his cane all the time while residing in the facility. On 07/06/2026, at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A and Licensee B. Licensee B reported s/he was informed Resident 1 was incompatible with her/his ambulatory only license type when Resident 1's managed care organization case manager identified Resident 1 utilized a cane to ambulate during a visit June 2026.	M 274		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.	M 406		

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M 406	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 (Resident 1 and Resident 4) resident individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 1 and Resident 4's ISPs were not signed by all persons involved in developing the plan. Findings include: On 07/06/2026, at approximately 10:00 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 04/12/2024 with diagnoses including traumatic brain injury. Resident 1's file indicated s/he had a managed care organization (MCO) and a guardian. Resident 1's file contained an ISP dated 03/19/2026. Resident 1's ISP was not signed by her/his MCO or guardian. Resident 4 was admitted to the facility on 03/26/2025. Resident 4's file indicated s/he was her/his own person and had an MCO. Resident 4's file contained an ISP dated 03/19/2026. Resident 4's ISP was not signed by her/his MCO. On 07/06/2026, at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A and Licensee B. Licensee B reported s/he and Assistant Administrator A were responsible for updating resident ISPs. Licensee B reported s/he and Assistant Administrator A were unaware of the code requirement. Licensee B reported s/he would ensure all parties involved sign future ISP updates.	M 406			

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