STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019112	A. BUILDING: _____ B. WING _____	C 07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE HEART LLC INFINITY	**4020 N SHERMAN BLVD MILWAUKEE, WI 53216**

(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 07/07/2025 with information gathered through 07/08/2025, Surveyor conducted a complaint investigation, at Compassionate Heart LLC Infinity, an Adult Family Home (AFH) in Milwaukee, WI. One deficiency identified. This is a repeat deficiency. See Statement of Deficiency (SOD) S6DG11, dated 02/25/2025 Complaint unsubstantiated. Census: 2	M 000		
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 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	M 424		

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

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M 424	Continued From page 1 provider did not ensure 1 of 1 resident (Resident 1) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Resident 1's ISP did not contain descriptions of services provided by the Home Health agency. This is a repeat deficiency. See Statement of Deficiency (SOD) S6DG11, dated 02/25/2025. Findings include: On 07/07/2025, Surveyor reviewed Resident 1's record and identified the following: - Resident 1 was admitted to the provider's home on 05/08/2024. - Resident 1 had an activated power of attorney. - Resident 1's ISP was dated 05/08/2024. -Resident 1's After Visit Summary, dated 01/10/2025, stated the following: "Follow up with, Home Health and Hospice. Wound Care Cleanse foot with bath cloths and pat dry. Apply betadine to dorsal right foot wound and right 3rd toe. Cover dorsal right foot wound with oil emulsion. Cover with gauze and secure with kerlix and ace wrap. Please evaluate [Resident 1] for admission to Home Health." On 07/07/2025 at approximately 9:20 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's ISP, dated 05/08/2024, was the most recent and was not updated with the descriptions of services provided by the Home Health agency. Licensee A stated Resident 1 received in home wound care services from a Registered Nurse from a home health company. Licensee A stated s/he has not had time to	M 424		

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M 424	Continued From page 2 update Resident 1's ISP.	M 424		