STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017533	A. BUILDING: _____ B. WING _____	C 06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND HEALTH CARE SERVICI	4341 N 19TH ST BROWN DEER, WI 53209

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M 000	INITIAL COMMENTS On 06/16/2025, Surveyor conducted a complaint investigation, at Above and Beyond Health Care Services LLC, an Adult Family Home (AFH) in Milwaukee, WI. Nine deficiencies were identified. Complaint substantiated. 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	M 262		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 262	Continued From page 1	M 262		

interview, the provider did not ensure there were two ramped exits to grade from the facility for 1 of 1 resident (Resident 2) who utilized a cane (white cane) for mobility.

Findings include:

On 06/16/2025, at approximately 12:23 PM, Surveyor toured the facility and observed the following:

-This facility is a single family home.

-The front exit door had four steps to landing and three steps to maneuver to get to ground level sidewalk.

-The upper level of the home had fourteen steps to maneuver to get to the first floor of the home.

-The back exit had four steps to maneuver to get to ground level sidewalk.

On 06/16/2025, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the provider's home on 08/03/2024 with diagnosis of legal blindness.

-Resident 2's individual service plan, dated 09/22/2024, stated the following: "Self/staff assist [Resident 2] until [s/he] is acclimated to the downstairs area. [Resident 2] is blind and walks with a cane [white cane]."

On 06/16/2025, at approximately 10:15 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware s/he was only licensed for ambulatory residents, and s/he accepted a resident who had difficulty walking.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND HEALTH CARE SERVICI	4341 N 19TH ST BROWN DEER, WI 53209

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M 262	Continued From page 2 On 06/16/2025, at approximately 12:31 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he needed assistance from staff to navigate stairs. Resident 2 stated that s/he had to yell for staff to assist with navigation of going down the stairs to the 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 1 of 1 resident (Resident 2), who required assistance to negotiate stairs had a bedroom, toilet and bathing facilities and all common living areas on the first floor.The common areas are located on the first floor of the facility and Resident 2's bedroom is on the second floor of the facility. Resident 2 requires staff to hold onto him/her until s/he is acclimated to the common areas on the first floor. Resident 2 who required assistance with mobility due to blindness, had a bedroom on the second floor of the single family home. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's.	M 274		

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M 274	Continued From page 3 On 06/16/2025, Surveyor observed Resident 2 in his/her bedroom on the upper level of the home. On 06/16/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 08/03/2024 with diagnosis of legal blindness. -Resident 2's member centered plan, dated 10/01/2024, indicated Resident 2 required assistance with mobility in the home due to blindness. On 06/16/2025, at approximately 10:15 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 required assistance with mobility due to blindness and had a bedroom on the upper level of the home. Licensee A stated s/he was not aware of the requirement to provide a first floor bedroom for a resident who had difficulty walking. On 06/16/2025, at approximately 12:31 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he needed assistance from staff to navigate stairs. Resident 2 stated that s/he had to yell for staff to assist with navigation of going down the stairs to the first floor.	M 274		
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	M 344		

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M 344	Continued From page 4	M 344		

department to determine whether the resident is able to evacuate the home without any help within 2 minutes.

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, for evacuation.

Findings include:

On 06/16/2025, Surveyor reviewed residents' records and identified the following:

-Resident 1 was admitted to the provider's home on 11/04/2020.
-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 08/03/2024 with diagnosis of legal blindness.
-Resident 2's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission.

On 06/16/2025, Surveyor requested Resident 1's and Resident 2's evacuation assessment from Licensee A.

On 06/16/2025, at approximately 12:00 PM, Surveyor observed Resident 2's bedroom was on the 2nd floor of the facility. Surveyor observed Resident 2 walked with a white walking cane and was unable to see.

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M 344	Continued From page 5 On 06/16/2025, at approximately 1:36 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would email documentation to Surveyor by 5:00 PM. As of 06/16/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 1's and Resident 2's evacuation assessment.	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 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 traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 06/16/2025, Surveyor reviewed Resident 1's	M 346		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND HEALTH CARE SERVICI	4341 N 19TH ST BROWN DEER, WI 53209

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M 346	Continued From page 6 record and identified the following: -Resident 1 was admitted to the provider's home on 11/04/2020. Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2023, and 2024 using the Department's form. On 06/16/2025, Surveyor requested Resident 1's annual evacuation assessments from Licensee A. On 06/16/2025, at approximately 1:36 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would email Resident 1's annual evacuation assessments to Surveyor by 5:00 PM. As of 06/16/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 1's annual evacuation assessments. 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	M 384		

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M 384	Continued From page 7 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 1 of 1 resident (Resident 1) 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 06/16/2025, Surveyor reviewed Resident 1's record and identified the following: - Resident 1 was admitted to the provider's home on 11/04/2020. - Resident 1 had a legal guardian. - Resident 1's record did not contained evidence of a service agreement. On 06/16/2025, Surveyor requested Resident 1's service agreement from Licensee A. On 06/16/2025, at approximately 1:36 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would email Resident 1's service agreement to Surveyor by 5:00 PM. As of 06/16/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 1's service agreement.	M 384		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.	M 420		

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M 420	Continued From page 8 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) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 06/16/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/04/2020. -Resident 1 had a legal guardian. -Resident 1's ISP, dated 04/10/2025, was not signed by his/her legal guardian. On 06/16/2025, at approximately 1:36 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's ISP was not signed by his/her legal guardian. Licensee A stated moving forward s/he would ensure Resident 1's guardian signed his/her ISP.	M 420		
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	M 424		

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M 424	Continued From page 9	M 424		

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 provider did not ensure 1 of 2 residents (Resident 2) 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.

Findings include:

On 06/16/2025, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the provider's home on 08/03/2024.
-Resident 2 was his/her own person.
-There was no evidence Resident 2's ISP was reviewed and updated after 09/22/2024. At minimum, Resident 2's ISP should have been reviewed and updated in March 2025.

On 06/16/2025, at approximately 10:15 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware Resident 2's ISP should have been reviewed at least once every 6

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M 424	Continued From page 10 months to determine continued appropriateness of the plan and to update the plan as necessary. Licensee A stated moving forward s/he will ensure Resident 2's ISP was reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident (Resident 2) prescription medication was securely stored. Resident 2's Ozempic pen was not securely stored in the kitchen refrigerator. Findings include: On 06/16/2025, at approximately 9:00 AM, Surveyor toured the kitchen and observed the following: -Resident 2's Ozempic 2 milligram/3 milliliter pen	M 458		

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M 458	Continued From page 11 was not securely stored in the refrigerator. Resident 2's Ozempic pen was located on the second shelf in refrigerator in a black and white tie dye bag. Inside the black and white tie dye bag contained Resident 2's Ozempic pen in a silver and black unlocked combination lock box. On 06/16/2025, at approximately 10:15 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware of the requirement and that Resident 2's Ozempic pen was to be securely stored. Licensee A stated s/he did not know why staff did not lock the combination lock box.	M 458		
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. 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 2 of 2 residents' (Resident 1 and Resident 2) reviewed who required staff to administer his/her medications.	M 464		

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M 464	Continued From page 12 Resident 1 and Resident 2 did not have a written order permitting the provider staff to administer medications. Findings include: On 06/16/2025, Surveyor reviewed residents' records. The following was identified: -Resident 1 was admitted to the provider's home on 11/04/2020. Resident 1's record did not have an order specifying who by name or position could administer his/her medication. -Resident 2 was admitted to the provider's home on 08/03/2024. Resident 2's record did not have an order specifying who by name or position could administer his/her medication. On 06/16/2025, Surveyor requested residents' physician order from Licensee A. On 06/16/2025, at approximately 1:36 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would email Resident 1's and Resident 2's physician order to Surveyor by 5:00 PM. As of 06/16/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 1's and Resident 2's physician order.	M 464		