

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019112	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/25/2025
NAME OF PROVIDER OR SUPPLIER COMPASSIONATE HEART LLC INFINITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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 11/25/2025, Surveyors conducted a complaint investigation at Compassionate Heart LLC Infinity. Complaint was unsubstantiated. One deficiency was identified. Census : 1	M 000		
M 400	88.06(2)(c)7 CONDITIONS OF TRANSFER OR DISCHARGE Conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not provide 1 of 1 resident's (Resident 1's) designated representative with a written termination of placement notice consistent with the service agreement at least 30 days prior to discharge. Findings include: On 11/25/2025 at 10:00 AM, Surveyors interviewed Resident 1. Resident 1 stated that s/he is being "kicked out." When asked for more details, Resident 1 stated s/he was told they were being "kicked out" for not following the rules. On 11/25/2025 at 11:00 AM, Surveyors reviewed the 30 day notice provided to Resident 1, dated 11/12/2025. The notice stated " ...The reason for this eviction is due to non-compliance of Compassionate Heart LLC AFH house rules ..." Surveyors reviewed the signed service	M 400		

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

TITLE

(X6) DATE

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M 400	Continued From page 1 agreement signed by both the administrator and the resident. Per the service agreement, " ... Compassionate Heart may transfer or discharge a resident only for the following reasons: - The resident experiences a change in ambulation status - Charges for the resident's accommodations and services have not been paid within thirty days. - The mental, emotional, or physical condition of the resident requires a level of care that Compassionate Heart LLC is unable to provide. - The resident's welfare or the welfare of other residents - The facility license has been revoked, or renewal has been denied pursuant of the Revised Code of Wisconsin - For medical reasons as ordered by a physician." On 11/25/2025 at 11:15 AM, Surveyors interviewed Licensee A regarding the 30-day notice. Licensee A stated that Resident 1 was not following the house rules. Surveyor reviewed the service agreement with Licensee A. Licensee A confirmed that not following the house rules was not a reason listed in the service agreement as grounds for discharge.	M 400		