STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018010	A. BUILDING: _____ B. WING _____	R-C 01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE HEART LLC INDIGO	**7810 WEST BEACHWOOD AVENUE 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 On 01/18/2024 Surveyors completed a complaint investigation and verification visit at Compassionate Heart LLC Indigo. As a result, 6 of the previous deficient practices were corrected and 2 previous deficiencies were recited (see Statement of Deficiency (SOD) RUK011, dated 08/09/2023). Two of 2 complaints were unsubstantiated. Under statutory provisions Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. 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.	{M 262}		

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

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{M 262}	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 exits were ramped to grade. The rear exit of the home contained a 1 ½ inch rise between the interior floor and the exterior landing. The front exit contained a 1-inch rise between the interior floor and the exterior ramp. This is a repeat deficiency. See Statement of Deficiency (SOD) RUK011, dated 08/09/2023. Findings include: The facility was licensed as a nonambulatory adult family home on 05/06/2020 to serve client groups in advanced aged, developmentally disabled, emotionally disturbed/mental illness, terminally ill, irreversible dementia/Alzheimer's, physically disabled and traumatic brain injury. On 01/18/2024, at 8:45 AM, Surveyors toured the facility and observed the following: Rear Exit The rear door consisted of French doors which led to a ramp. There was a 1 ½ inch rise between the interior floor and the doorframe. Front exit There was a 1-inch rise between the interior floor and the exterior landing of the ramp. The posted floor plan identified the front and rear exits as emergency exits. One of 4 residents required a wheelchair for mobility. On 01/18/2024, at 9:20 AM, Surveyors interviewed Licensee A. Licensee A confirmed	{M 262}		

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{M 262}	Continued From page 2 s/he was aware of the rise between the interior and exterior of the exits. Licensee A reported s/he was in the process of having the rises fixed with a contracted company.	{M 262}		
{M 310}	88.05(3)(h)5 SPACE IN BEDROOMS A resident bedroom may accommodate no more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 4 resident bedrooms had enough square footage (SF) for the non-ambulatory resident who resided in the room. Resident 1's bedroom contained 94 SF, not the 101.2 SF as indicated on the provider's floor plan received on 03/09/2020. This is a repeat deficiency, see Statement of Deficiency (SOD) RUK011, dated 08/09/2023. Findings include: On 01/18/2024, at 9:00 AM, Surveyors observed Resident 1's bedroom. Resident 1 was observed in a wheelchair and resided in the room. Surveyors measured the bedroom. The room measured 94 SF. The space required for a non-ambulatory resident is 100 SF.	{M 310}		

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{M 310}	Continued From page 3 On 01/18/2024, at 9:15 AM, Surveyors interviewed Licensee A. Licensee A reported s/he was aware of the code space required for non-ambulatory residents is 100 SF. S/He reported the last Surveyor did not tell her/him to move Resident 1. Licensee A reported s/he would file a waiver or move Resident 1's room. On 01/18/2024, at 4:00 PM, Surveyors reviewed the facility's department file. The facility was licensed on 05/06/2020, to serve up to 4 non-ambulatory residents. The floor plan on file, received on 03/09/2020, indicated Resident 1's bedroom contained 101.2 SF. The facility's waiver file did not contain a waiver for the non-ambulatory resident room.	{M 310}		