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	0018010	A. BUILDING: _____ B. WING _____	R-C 10/22/2025

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COMPASSIONATE HEART LLC INDIGO	7810 WEST BEACHWOOD AVENUE MILWAUKEE, WI 53223

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{M 000}	INITIAL COMMENTS On 10/22/2025, Surveyors completed a standard survey, and a verification visit at Compassionate Heart LLC Indigo. As a result, 3 of the previous deficiencies were corrected, 4 deficiencies were recited, with 1 deficiency being cited for a third time and 3 new deficiencies were identified for a total of 7 deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review, and interviews, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. This is a repeat deficiency. See Statement of Deficiency (SOD) RUK013, dated 05/07/2025. Findings include: On 10/21/2025, Surveyors reviewed department files and identified the following:	{M 216}		

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

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{M 216}	Continued From page 1 On 07/23/2025, the Department issued Statement of Deficiency RUK013 and Notice and Order Letter notifying the provider of the results of a verification visit at Compassionate Heart LLC Indigo. As a result of the survey, the following 4 deficiencies were identified: M0216 88.04(2)(a) Responsibilities M0262 88.05(2)(a) Difficulty Walking - This is a repeat citation M0582 88.10(3)(q) Medications M0610 88.11(1) Reporting of Abuse and Neglect The Special Orders from the Notice and Order Letter included the following: " . . . ADDITIONALLY, WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency RUK013 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. WITHIN 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 13.05(3)(a) Entity Allegations Reporting Requirements in SOD RUK013. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes Ch. DHS 13, Ch.	{M 216}		

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{M 216}	Continued From page 2 DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. The licensee will submit a copy of the investigation report to the Department's Office of Caregiver Quality for department review..." On 10/22/2025, Surveyors completed a verification visit and standard survey at Compassionate Heart LLC Indigo. As a result of the survey, the provider was issued 7 deficiencies. Four of 7 were repeat deficiencies with 1 deficiency being cited for a 3rd time. The following deficiencies were identified: M0216 88.04(2)(a) Responsibilities - This is a repeat cite M0232 88.04(2)(a) Health Screening for Staff M0310 88.05(3)(h)5 Space in Bedrooms - This is being cited for a 3rd time M0458 88.07(3)(a) Prescription Medications - This is a repeat cite M0550 88.10(3)(b) Privacy - This is a repeat cite Z0018 50.065(4m)(c) Complete Background Information Disclosure Z0023 50.065(4m)(b) Caregiver Hiring and Contracting Process On 10/22/2025, at 12:15 PM, Surveyors reviewed a form titled "Misconduct Incident Report". The investigation report was completed for Caregiver D as outlined by the special orders and submitted to the department on 10/07/2025. The report was submitted 62 days after it was due to the department. Surveyors did not review any evidence a copy of SOD RUK013, or a copy of the Notice and Order Letter was provided to each resident, legal representative, and case manager (if any) as outlined in the special instructions.	{M 216}		

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{M 216}	Continued From page 3 On 10/22/2025, at approximately 12:35 PM, Surveyors interviewed Licensee A. Licensee A reported Resident 1, Resident 4, Resident 5, were their own person and Resident 6 had a guardian. Licensee A reported all residents had case managers. Licensee A reported s/he did not provide a copy of the SOD or Notice and Order Letter to all residents' case managers. Licensee A reported s/he was unaware of the requirement to send the documents to Resident 1, Resident 4 and Resident 5. Licensee A reported s/he told Resident 6's guardian s/he had corrections to make with the Department, but confirmed s/he did not give a copy of the SOD or the Notice and Order Letter to Resident 6's guardian. Licensee A reported a supervisor from the managed care organization reached out to her/him before s/he had a chance to send out the information to the case managers, so s/he thought it was ok. Surveyors inquired about why the investigations were submitted past the deadline noted in the Notice and Order Letter. Licensee A reported s/he attempted to submit the investigation on time, but s/he had issues logging into the department system. Licensee A was unable to provide proof of the attempts s/he made to ensure the timeline Notice and Order Letter was attempted.	{M 216}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed	M 232		

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M 232	Continued From page 4 within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 1 of 2 staff (Caregiver I) had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Findings include: On 10/22/2025, at approximately 10:30 AM, Surveyors reviewed Caregiver I's record. Caregiver I was hired on 09/02/2025. Caregiver I's record contained a communicable disease screening including TB, dated 10/07/2025, 35 days after her/his start of providing service. Caregiver I was not screened for communicable diseases including TB within 90 days before the start of providing service. On 10/22/2025, at approximately 12:45 PM, Surveyors reviewed staff schedules and recorded punches. Staff punches indicated Caregiver I worked in the facility on 09/02/2025 from 3:00 PM to 11:00PM. On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A confirmed Caregiver I's communicable disease screening including TB was conducted after s/he started to	M 232		

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M 232	Continued From page 5 provide care to residents.	M 232		
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 6's bedroom measured 92 SF, not the required 100 SF as required for non-ambulatory residents. This is a repeat deficiency, see Statement of Deficiency (SOD) RUK012, dated 01/18/2024, and SOD RUK011, dated 08/09/2023. Findings include: On 10/22/2025, at approximately 9:45 AM, Surveyors observed Resident 6's bedroom. Resident 6 was observed in a wheelchair in the room during the survey. Surveyors measured the bedroom. The room measured 92 SF. The space required for a non-ambulatory resident is 100 SF. On 10/22/2025, at 1:15 PM, Surveyors	M 310		

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M 310	Continued From page 6 interviewed Licensee A. Licensee A reported she was aware of the code. Licensee A reported s/he was cited previously for the same room and a non-ambulatory resident. When Surveyors inquired why s/he would place a non-ambulatory resident in a room s/he had previously been cited for, Licensee A reported s/he thought it was specific to Resident 1 as Resident 1 had a lot of things going on with her/him. Licensee A reported s/he would apply for a waiver.	M 310		
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, record review and interview, the provider did not ensure 1 of 4 resident's (Resident 1's) prescription medication was securely stored. Resident 1's injectable medication was not securely stored in the kitchen refrigerator. This is a repeat deficiency, see Statement of Deficiency (SOD) RUK011, dated 08/09/2023.	M 458		

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M 458	Continued From page 7 Findings include: On 10/22/2025, at 12:00 PM, Surveyors toured the kitchen and observed a lock box in the refrigerator. The lock box contained a locking mechanism, which was not engaged. The lock box contained 2 Mounjaro 12.5 milligram (MG)/ 0.5 milliliter (ML) injection pens. Surveyors observed residents moving freely around the facility. On 10/22/2025, at 12:22 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 10/22/2020, with diagnoses including schizophrenia and chronic pulmonary disease (COPD). Resident 1's medication administration record (MAR), dated 10/15/2025 - 11/14/2025, indicated Resident 1 was prescribed Mounjaro 12.5MG/0.5ML pen inject 12.5mg subcutaneously every week. On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed prescription medications should have been securely stored. Licensee A reported staff were provided the lock box code and instructed to lock the medication box. Licensee A reported s/he would retrain staff on ensuring medications are locked and stored properly.	M 458		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in	M 550		

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M 550	Continued From page 8	M 550		

which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure each resident had physical privacy in the outdoor common area for 4 of 4 residents residing in the home. There was an electronic video monitoring camera which showed the backyard which included a seating area with tables and chairs.

This is a repeat deficiency, see Statement of Deficiency (SOD) RUK011, dated 08/09/2023.

Findings Include:

On 10/22/2025, at approximately 11:57 AM, Surveyor observed a monitor in the common hallway outside of Resident 6's bedroom which showed the views of the two cameras. The camera labeled "Doorbell 2", located on rear exit door facing the backyard, showed the backyard patio which included a picnic table and an outdoor dining table with chairs. Surveyors observed the backyard of the home. The door located to the west of the exit ramp contained a doorbell mounted camera.

On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A and Manager F. Licensee A confirmed residents use the back patio as a

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M 550	Continued From page 9 common area. Licensee A reported s/he believed the cameras were in compliance because they were only recording the entry and exit ways. Surveyors informed Licensee A and Manager F, the rear camera recorded common area used by residents in backyard. Licensee A and Manager F reported the camera would be moved to only record the rear exit door and exclude common areas used by residents.	M 550		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client.	Z 023		

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Z 023	Continued From page 10	Z 023		

This Rule is not met as evidenced by:
Based on record review and interview, the facility permitted Caregiver D to work in the home when Caregiver D had a substantiated finding of misappropriation and was placed on the Wisconsin Caregiver Misconduct Registry; Caregiver D was not eligible to work as a caregiver in a Department of Health Services (DHS) regulated facility in Wisconsin.

Findings include:

On 10/22/2025, Surveyors reviewed Caregiver D's record. Caregiver D was hired in 07/13/2024. Caregiver D's background information disclosure (BID), dated 07/04/2024, indicated s/he had been found by a government agency or regulatory agency to have misappropriated the property of a person or client. Caregiver D's Integrated Background Information System (IBIS), dated 07/13/2024, noted Caregiver D had a finding of misappropriation on 10/22/2012. Surveyors verified the findings as noted on the Caregiver Misconduct Registry. The finding documented Caregiver D was not eligible to work as a caregiver in a DHS regulated facility in Wisconsin.

On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A. Licensee reported s/he was responsible for reviewing BID forms and conducting background checks for staff. Licensee A reported she was aware of Caregiver D's disclosure on the BID forms. Licensee A stated, "I knew I shouldn't have hired her ...I wanted to give her the benefit of the doubt." Licensee A reported

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Z 023	Continued From page 11 s/he allowed Caregiver D to work because Caregiver D reported s/he was in the process of rehabilitation and having the finding removed. Caregivers inquired how long Caregiver D was employed at the facility. Licensee A confirmed Caregiver D worked approximately 1 year at the facility. Surveyors inquired when Caregiver D was terminated. Licensee A confirmed Caregiver D was terminated 07/31/2025.	Z 023		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph.	Z 024		

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Z 024	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the facility did ensure that each employee completed a background information disclosure (BID) form for 1 of 3 caregivers (Caregiver I) upon hire. Findings include: On 10/22/2025 Surveyors reviewed Caregiver I's record. Caregiver I was hired on 09/02/2025. Caregiver I's file contained a BID form dated 10/08/2025. Caregiver I worked for 36 days at the facility prior to completing her/his BID form. On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for conducting background checks for caregivers. Licensee A confirmed Caregiver I began providing care to residents on 09/02/2025. Licensee A confirmed Caregiver I's BID form was completed late. Based on record review and interview, the facility did ensure that each employee completed a background information disclosure (BID) form for 1 of 3 caregivers (Caregiver I) upon hire. Findings include: On 10/22/2025 Surveyors reviewed Caregiver I's record. Caregiver I was hired on 09/02/2025. Caregiver I's file contained a BID form dated 10/08/2025. Caregiver I worked for 36 days at the facility prior to completing her/his BID form. On 10/22/2025, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for conducting background	Z 024		

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Z 024	Continued From page 13 checks for caregivers. Licensee A confirmed Caregiver I began providing care to residents on 09/02/2025. Licensee A confirmed Caregiver I's BID form was completed late.	Z 024		