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	0018597	A. BUILDING: _____ B. WING _____	R-C 07/02/2025

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HEAVENS WAY LLC	4514 W MEDFORD AVE MILWAUKEE, WI 53216

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{M 000}	INITIAL COMMENTS On 06/27/2025, with information gathered through 07/02/2025, Surveyor conducted a verification visit, a standard licensure survey and a complaint investigation. Nine deficiencies were identified. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver B did not complete annual standard precautions training in 2024. Findings include:	M 235		

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

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M 235	Continued From page 1 The CDC (Center for Disease Control and Prevention) recommends standard precautions for the care of all patients, regardless of their diagnosis or presumed infection status. Standard precautions apply to: 1) blood; 2) all body fluids secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions include the use of handwashing and the appropriate personal protective equipment such as gloves. On 06/27/2025, at approximately 9:45 AM, Surveyor arrived at the facility and was greeted by Caregiver B, who was the only staff member present. Caregiver B informed Surveyor that s/he had worked at the facility since 2023. On 06/27/2025, Surveyor reviewed Caregiver B's training record. Caregiver B was hired in 01/2023. Caregiver B's record did not include annual training for standard precautions in 2024. On 06/27/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A appreciated all guidance provided and would address the concern immediately. On 06/28/2025, Surveyor reviewed the Wisconsin Community-Based Care and Treatment Training Registry and the Nurse Aide Program: Training and Registry to determine if Caregiver B had received additional training. Caregiver B was	M 235		

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M 235	Continued From page 2 documented as receiving Standard Precautions training on 12/15/2014.	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure 1 of 2 staff members (Caregiver B) received at least 8 hours, per calendar year, of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2024. Findings include: The provider is licensed to serve up to 4 residents within the client groups irreversible dementia/Alzheimer's and advanced aged. On 06/27/2025, at approximately 9:45 AM, Surveyor arrived at the facility and was greeted by Caregiver B, who was the only staff member present. Caregiver B informed Surveyor that s/he had worked at the facility since 2023.	M 246		

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M 246	Continued From page 3 On 06/27/2025, Surveyor reviewed Caregiver B's training record. Caregiver B was hired in 01/2023. Caregiver B's record did not contain any continuing education documentation for 2024. On 06/27/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware of where Caregiver B's continuing education records had been filed. On 06/28/2025, Surveyor reviewed the Wisconsin Community-Based Care and Treatment Training Registry and the Nurse Aide Program: Training and Registry to determine if Caregiver B had received additional training. Caregiver B was not recorded as receiving additional training.	M 246		
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 each resident who required the use of a walker had their bedroom located on the first floor of the facility for 1 of 3 residents. Findings include: On 06/27/2025, at approximately 10:15 AM, Surveyor observed a walker at the base of the stairs leading to the upstairs bedrooms. Surveyor	M 274		

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M 274	Continued From page 4	M 274		

walked upstairs and observed Resident 1 lying in his/her bed with his/her walker next to the bed.

On 06/27/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home in 04/2023 with diagnosis including stroke.

Resident 1's assessment, dated 04/06/2023, documented:
"Mobility - Fall Risk, Wheel walker"
"Adaptive Equipment - Wheel walker, grab bars, walks on tip of toes"

Resident 1's evacuation assessment, dated 01/14/2025, documented:
"Impaired Mobility: Needs Full Assistance or Very Slow - means the resident may require physical assistance from a staff member during most of the evacuation or the total time required for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility."
Handwritten note: Walks on [his/her] tippy toes due to stroke, which makes [him/her] walk slower. Gets short of breath quickly, so [s/he] need assistance. Weaker these days so [s/he] has to be assisted to [his/her] wheel walker (sit on it and get [him/her] to safety.

Resident 1's individualized service plan, dated 04/10/2025, documented:
Medical Equipment: Walker

On 06/27/2025, at approximately 12:15 PM, Surveyor interviewed Licensee A. Surveyor asked for clarification on Resident 1's ambulatory status. Licensee A stated Resident 1 utilized a walker when s/he ambulated and had received

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M 274	Continued From page 5 physical therapy to ensure s/he could ambulate the staircase. Resident 1 had a walker upstairs and a walker downstairs.	M 274		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, homelike environment appropriate for residents' needs. Resident bathrooms did not contain towels for drying hands after washing. Bathroom plaster walls were cracked and appeared dirty. Vents had a buildup of what appeared to be a dust like substance. Findings include: On 06/27/2025, at approximately 10:00 AM, Surveyor toured the home and observed the resident bathroom did not have a towel source available to residents to dry their hands after washing. The bathroom walls were cracked and displayed signs of what appeared to be dirt and oil buildup throughout the room.	M 276		

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M 276	Continued From page 6 Surveyor noted cold air returns, heating vents and bathroom vents had what appeared to contain a buildup of a dust like substance. On 07/01/2025 at 8:48 AM, Surveyor emailed Licensee A a summary of the survey findings. Licensee A stated, "Thank you for the update."	M 276		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 1) record reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. Findings include: On 06/27/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home in 04/2023 and	M 406		

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M 406	Continued From page 7 was his/her own person. Resident 1 was represented by a managed care organization (MCO) Care Manager (CM). Resident 1's ISP, dated 04/10/2025, did not contain Resident 1's signature or the CM's signature. On 06/27/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would make sure the ISP was signed at the next care conference.	M 406		
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 medications remained secured prior to their destruction or disposal for 1 of 1 resident (Resident 2). The provider did not ensure expired medications were not stored with current medications for 1 of 1 resident (Resident 3).	M 458		

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M 458	Continued From page 8 Findings include: The provider is licensed to serve up to 4 residents (2 nonambulatory and 2 ambulatory) within the client groups irreversible dementia/Alzheimer's and advanced aged. On 06/27/2025, at approximately 10:05 AM, Surveyor observed Resident 3's Lantus Solostar (insulin pens) stored in the common refrigerator. Two pens were in a bag, one pen was in a box and one pen, date opened 04/06/2025, sat in front of the box. The pens stated, "Discard pen 28 days after opening." On 06/27/2025, at approximately 10:50 AM, Surveyor toured the home and observed medications in the basement that were unsecure. Surveyor observed a bag of medications along with 3 blister cards of Celecoxib (anti-inflammatory medication) and a bottle of Hydrocodone-acetaminophen (pain medication) for Resident 2. On 06/27/2025, at approximately 12:15 PM, Surveyor interviewed Licensee A and Caregiver B. Licensee A and Surveyor observed Resident 3's insulin pens. Licensee A stated the dated pen should have been discarded. Caregiver B stated s/he used a current pen for med administration, but had not dated the pen. On 06/30/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed that Resident 2 did not reside in the facility and the medications should have been stored securely.	M 458		

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{M 466}	Continued From page 9	{M 466}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 records reviewed. Resident 1's Medication Administration Records (MAR) contained blank marks where med administration should have been documented. Findings include: On 06/27/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home in 04/2023. Resident 1's MARs, dated 04/27/2025 to 06/27/2025, contained blanks where initials should have been documented to show that medication administration had been completed: Amlodipine (blood pressure medication) - 04/28, 04/29 Aspirin - 04/28, 04/29 Atorvastatin (cholesterol medication) - 04/27 to	{M 466}		

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{M 466}	Continued From page 10 05/02, 05/04 to 05/27 Folic Acid (B vitamin) - 04/28, 04/29 Gabapentin (anticonvulsant medication) - 8:00 AM: 04/30; 12:00 PM: 05/22 to 05/27; 8:00 PM: 05/22 to 05/27 Hydralazine (blood pressure medication) - 8:00 AM: 05/25 to 05/31; 12:00 PM: 05/25 to 05/30; 8:00 PM: 04/27 to 05/11, 05/13, 05/14, 05/16, 05/17, 05/19 to 05/30, 06/02, 06/10, 06/13, 06/22, 06/24 Hydrochlorothiazide (diuretic) - 05/25 to 05/31 Levetiracetam (anticonvulsant medication) - 8:00 AM: 05/25 to 05/31; 8:00 PM: 05/22, 05/23, 05/25 to 05/30, 06/02, 06/24 Metoprolol (beta-blocker) - 05/25 to 05/31 Trazadone (psychotropic) - 05/14 Zenpep (pancreatic enzyme replacement therapy) - 12:00 PM: 04/27 to 04/30, 05/22, 05/23; 4:00 PM: 04/27 to 04/30, 05/22, 05/23 On 06/27/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would re-educate staff on the importance of proper medication administration.	{M 466}		
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 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	M 550		

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M 550	Continued From page 11 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 3 of 3 residents had physical and emotional privacy in living arrangements. Cameras were installed in resident common areas. Findings include: On 06/27/2025, at approximately 10:10 AM, Surveyor toured the home. Surveyor observed a camera in the upstairs hallway, a camera in the kitchen, and a camera pointed at the front door and the med closet. On 06/27/2025, at approximately 11:45 AM, Surveyor interviewed Licensee A. Surveyor explained cameras cannot be in areas where residents can commingle and have conversations. Licensee A acknowledged the comment and stated someone from the state told him/her that s/he could have those cameras there, as long as it wasn't where residents slept and ate.	M 550		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who	M 570		

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M 570	Continued From page 12	M 570		

cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not safeguard residents from environmental hazards.

The provider's water temperature exceeded 115° Fahrenheit (F) at resident bathroom sink faucet.
Fire extinguishers, which had not been inspected, were sitting unsecured on the floor.
The home contained a black mold like substance on the basement walls.

Findings include:

The provider is licensed to serve up to 4 residents within the client groups irreversible dementia/Alzheimer's and advanced aged.

Example 1: Water Temperature

On 06/27/2025, at approximately 10:00 AM, Surveyor toured the environment. Surveyor tested the hot water temperature at the residents' bathroom sink faucet which tempted at 132.6 °F.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous

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M 570	Continued From page 13	M 570		

temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).

On 06/27/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would have maintenance adjust the regulator on the hot water tank.

Example 2: Fire Extinguishers

On 06/27/2025, at approximately 10:15 AM, Surveyor toured the environment. Surveyor observed 3 fire extinguishers, which did not have tags documenting when they were last inspected, sitting on the floor in the upstairs hallway, near Resident 1's bedroom.

On 07/01/2025 at 8:48 AM, Surveyor emailed Licensee A a summary of the survey findings. Licensee A stated, "Thank you for the update."

Example 3: Basement Walls

On 06/27/2025, at approximately 10:50 AM, Surveyor toured the basement where the washer and dryer are located. Surveyor observed a black like mold substance along the base of the walls.

On 06/28/2025, at approximately 10:58 AM, Surveyor asked if Licensee A had an inspector come into the home and determine if the black substance was mold.

On 06/30/2025 at 11:53 AM, Licensee A emailed

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M 570	Continued From page 14 Surveyor and stated s/he would have the concern inspected.	M 570		