

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 R-C 05/13/2026
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 05/13/2026, Surveyor concluded three verification visits and two complaint investigations at Compassionate Heart LLC Infinity for Statement of Deficiency (SOD) N0VP12, SOD O9UN12 and S6DG12. One deficiency was identified. One deficiency was a repeat deficiency identified in SOD S6DG12 dated 02/25/2026. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 1	{M 000}		
{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 the home was well-maintained, and a homelike environment. The residents' bathroom required repairs. This is a repeat deficiency. See Statement of Deficiency (SOD) S6DG11 dated 02/25/2026. Findings include:	{M 276}		

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

TITLE

(X6) DATE

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{M 276}	Continued From page 1 On 12/04/2025, the department received a complaint alleging that the environment was not homelike. On 05/12/2026, Surveyor toured the home and observed the following: Bathroom: -Screen behind bathroom window was torn and dusty. The screen had tape holding the screen to the frame. -Toilet was loose and moved from side to side. -Wall next to shower was contained deep scrapes and the paint was peeling. On 05/12/2026 at 4:30 p.m., Surveyor interviewed Licensee A. Licensee A confirmed the observations and stated Resident 2's walker made the scrapes on the wall in the bathroom, and his/her cat pushed the screen out of the window. Licensee A explained they fixed the screen from last visit and Resident 2's cat wrecked it again. Licensee A stated, "We are working on bolting down the toilet this week."	{M 276}			