| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016992 | A. BUILDING: _____ B. WING _____ | C 10/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| UNBREAKABLE COMMITMENTS HOME & HEA | 4031 N 86TH ST MILWAUKEE, WI 53222 |

| (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<br><br>On 10/07/2026 with information gathered through 10/08/2026, Surveyor conducted a complaint investigation, at Unbreakable Commitments Home And Health, an Adult Family Home (AFH) in Milwaukee, WI.<br><br>Two deficiencies were identified.<br><br>One of 1 complaint unsubstantiated.<br><br>Census: 3 | M 000 | | |
| M 408 | 88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES<br><br>The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident (Resident 1) was assessed to identify his/her needs in the areas of activities of daily living and health in the home. Resident 1 had full size side rails on both sides of the bed.<br><br>Findings include:<br><br>On 10/07/2026, Surveyor observed Resident 1 | M 408 | | |

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

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| M 408 | Continued From page 1<br>sitting in his/her wheelchair in his/her room. Resident 1's bed was a hospital bed that contained full size side rails on both sides of the bed.<br><br>On 10/07/2026, Surveyor reviewed Resident 1's record and identified the following:<br><br>-Resident 1 was admitted to the provider's home on 03/01/2019.<br><br>-Resident 1's record did not contain a bedrail assessment.<br><br>On 10/07/2026, at approximately 8:43 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed that Resident 1's hospital bed contained full size side rails on both sides of the bed. Program Manager A reported s/he was not aware that a bedrail assessment had to be completed. Program Manager A reported s/he would start assessing for the use of bedrail immediately. | M 408 | | |
| M 412 | 88.06(3)(d)1 DESCRIPTION OF SERVICES<br><br>A description of services the licensee will provide to meet the assessed need.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not have a description of the services in the Individual Service Plan (ISP) the licensee | M 412 | | |

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|---|---|---|---|---|
| M 412 | Continued From page 2 | M 412 | | |

would provide to meet the assessed needs of 1 of 1 resident (Resident 2). Resident 2 had a history of refusal of care. Resident 2's ISP did not identify what services staff were to provide to manage his/her refusal of care. Resident 2's ISP did not describe his/her physical therapy need.

Findings include:

On 10/07/2026 through 10/08/2026, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the provider's home on 10/20/2023 with a diagnosis of chronic pain in knee.

-Resident 2's Incident Report, dated 08/06/2026, documented the following: "Incident Description: Offered to help [Resident 2] shower. [Resident 2] got upset and said [s/he] didn't need to shower."

-Resident 2's Incident Report, dated 08/08/2026, documented the following: "Incident Description: Came in the morning asked [Resident 2] was [s/he] ready to shower. [Resident 2] went back to sleep. Incident Outcome: I asked again late and once more before shift ended. [Resident 2] still said no."

-Resident 2's Incident Report, dated 08/29/2026, documented the following: "Incident Description: "[Resident 2] refused shower. Incident Outcome: Asked many times [Resident 2] still said I will when I'm ready."

Resident 2's ISP was dated 09/06/2026. Resident 2's ISP did not identify what services staff were to provide to manage his/her refusal of care. Resident 2's ISP did not describe his/her physical

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| M 412 | Continued From page 3<br>therapy need.<br><br>On 10/07/2026, at approximately 9:45 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed Resident 2's ISP did not identify what services staff were to provide to manage his/her refusal of care. Program Manager A reported that Resident 2 receives physical therapy for his/her knee at home twice a week. Program Manager A confirmed Resident 2's ISP did not describe his/her physical therapy need. | M 412 | | |