STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013368	A. BUILDING: _____ B. WING _____	06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARITY LANE ADULT FAMILY HOME	352 CHARITY LN GREEN BAY, WI 54311

(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 06/06/2025 with additional information gathered through 06/09/2025, Surveyor conducted an abbreviated survey at Charity Lane Adult Family Home. As a result of the survey, 1 deficiency was identified. Census: 4	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not test each smoke detector monthly to ensure it was operational in 2023 and 2024. Findings include: The adult family home is licensed to care for 4 residents with traumatic brain injuries, advanced aged, developmental and/or physical disabilities. On 06/06/2025 at 9:30 AM, Surveyor reviewed facility records including monthly smoke detector testing for 2023 and 2024. There was only one date, 09/20/2023, documented in 2023 and only one date, 09/26/2024, documented in 2024.	M 336		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 336	Continued From page 1 Surveyor did not observe any additional smoke detector testing documentation. During an interview with Service Coordinator (SC) A on 06/06/2024 at approximately 9:45 AM, s/he stated s/he was not sure if there was any additional smoke detector testing documentation for 2023 or 2024. SC A asked for additional time to check their records for documentation. Surveyor requested the information be provided by the end of the day on 06/06/2025. On 06/06/2025 at 11:08 AM, Surveyor received an email from SC A confirming s/he located additional smoke detector testing documentation from 04/30/2024 and 10/30/2024. On 06/09/2025 at 7:49 AM, Surveyor sent a follow up email to SC A asking if s/he located any additional smoke detector documentation from 2023. At 11:56 AM, Surveyor received a follow up email from SC A confirming s/he did not locate any additional smoke detector documentation for 2023. The provider did not test each smoke detector monthly in 2023 or 2024 to ensure they were operational.	M 336		