STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017898	A. BUILDING: _____ B. WING _____	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEATHERS FAMILY HOME II	**3277 N 22ND ST MILWAUKEE, WI 53210**

(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 04/30/2026, Surveyor conduct a standard survey at Weathers Family Home II. Five deficienies were identified. Census: 0	M 000		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have record of a gas furnace inspection and service every 3 years by a heating contractor or local utility company for 1 of 1 furnace in the adult family home (AFH). Findings include: On 04/30/2026, at approximately 1:00 PM, Surveyor toured house. Surveyor observed there was no current service sticker affixed to the furnace. On 04/30/2026, at approximately 2:30 PM, Surveyor interviewed Licensee A and House Manager B. Surveyor asked to review the most recent furnace inspection. House Manager B reported the furnace was new, but they were unsure what year it was installed. Licensee A agreed to e-mail a dated copy of the most recent furnace inspection or the receipt for a new furnace installation to confirm it had been serviced within the past 3 years. As of 05/04/2026	M 290		

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

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M 290	Continued From page 1 at 2 PM no documentation had been received.	M 290		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 4 rooms had at least 1 screened window which was capable of being opened to the outside. The front common room and the bedroom marked #2 did not have window screens. Findings include: On 04/30/2026, at approximately 1:00 PM, Surveyor toured the home and observed the following: -The south facing front common room had a single window which did not have a screen. -The bedroom marked as #2 located on the 1st floor of the east side of the home had a single window which did not have a screen. On 04/30/2026, at approximately 1:25 PM, Surveyor interviewed House Manager B who reported they were not aware of the missing screens but would replace them.	M 298		

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M 312	Continued From page 2	M 312		
M 312	88.05(3)(h)6 SPACE FOR INDIVIDUAL STORAGE Each resident shall be provided conveniently located individual storage space in the resident's bedroom sufficient for hanging clothes and for storing clothing, toilet articles, towels and other personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was individual storage space in the 2nd floor bedroom marked as #3 sufficient for hanging clothes and storing clothing and other personal belongings for 1 of 4 residents. Findings included: On 04/30/2026, at approximately 1:00 PM, Surveyor toured the facility. Surveyor observed a vacant 2nd floor bedroom marked as #3 which did not have a closet or a dresser for individual storage. On 04/30/2026, at approximately 2:30 PM, Surveyor interviewed Licensee A and House Manager B. House Manager B confirmed the bedroom had no closet or dresser. House Manager B reported, "There is an extra dresser in the front bedroom that we will move into that room."	M 312		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a	M 326		

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M 326	Continued From page 3 bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 bedrooms was equipped with a clean bed in good condition. Findings include: On 04/30/2026, at approximately 1:00 PM, Surveyor toured the facility. Surveyor observed a bedroom marked as #2 located on the 1st floor of the east side of the home did not have a bed. On 04/30/2026, at approximately 2:30 PM, Surveyor interviewed Licensee A and House Manager B who confirmed the bed was missing. House Manager B stated, "We will get a bed moved into that room."	M 326		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the	M 334		

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M 334	Continued From page 4 ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 8 required locations in the home contained smoke detectors. There was no smoke detector observed in the basement or at the head of the stairway leading to the 2nd floor. Findings include: On 04/30/2026, at approximately 1:00 PM, Surveyor toured the home and observed the following: -There was no smoke detector in the main room of the basement. -There was no smoke detector at the head of the stairway leading to the 2nd floor. On 04/30/2026, at approximately 2:30 PM, Surveyor interviewed Licensee A and House Manager B. House Manager B confirmed there was no smoke detector in the basement or at the head of the stairway leading to the 2nd floor. House Manager B stated, "We will have them installed."	M 334		