Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011947 | A. BUILDING: _____ B. WING _____ | R 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **GLORY HOUSE ADULT FAMILY HOME** | **5063 N 76TH ST MILWAUKEE, WI 53218** |

| (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 09/21/2023, Surveyor conducted a verification visit for Glory House Adult Family Home regarding the entity background check requirements. One deficiency was identified.<br><br>This is a repeat deficiency. See SOD HORY11, dated 01/13/2022. | {M 000} | | |
| {M 216} | 88.04(2)(a) RESPONSIBILITIES<br><br>The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.<br><br>This Rule is not met as evidenced by:<br>Based on record review, the licensee did not comply with laws governing the requirements for entity background checks. Glory House Adult Family Home did not submit required background disclosure information to the Division of Quality Assurance (DQA) pursuant to Wis. Stat. § 50.065(6)(am) and Wis. Admin. Code § DHS 12.05.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) HORY11, dated 01/13/2022.<br><br>Findings include:<br><br>On or about 11/03/2021, all providers not yet in compliance with the entity background check requirements received a final Notice of Noncompliance from DQA directing entity owners, board members and non-client residents to submit background disclosure information by 11/13/2021 to avoid further action by the department. | {M 216} | | |

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 |
|---|---|---|---|
| | 0011947 | A. BUILDING: _____ B. WING _____ | R 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **GLORY HOUSE ADULT FAMILY HOME** | **5063 N 76TH ST MILWAUKEE, WI 53218** |

| (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 216} | Continued From page 1<br><br>On 01/13/2022, the department issued SOD HORY11 to Glory House Adult Family Home with an Order to Comply with the requirement within 10 days after receipt of notice.<br><br>On 09/21/2023, Surveyor conducted a desk review to verify compliance with department orders and entity background check requirements. As of this date, the department has not received the required background disclosure information for Glory House Adult Family Home. | {M 216} | | |