STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 02/07/2024 with information gathered through 02/13/2024, Surveyor conducted a standard survey and complaint investigation at Albertine House 2. Four deficiencies identified. One of 4 was a repeat violation (see Statement of Deficiency (SOD) 39VD11, dated 12/16/2019). Complaint unsubstantiated. Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver C) received 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, first aid and fire safety prior to or within 6 months after starting to provide care. This is a repeat deficiency. See Statement of	M 244		

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
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 244	Continued From page 1 Deficiency (SOD) 39VD11, dated 12/16/2019. Findings include: On 02/11/2024 at 3:10 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 06/04/2022. There was no evidence of 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, first aid and fire safety prior to or within 6 months of hire. Caregiver C's record did not contain any evidence of prior training. On 02/12/2024 at 5:46 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain evidence of 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, first aid and fire safety prior to or within 6 months of hire. Licensee A stated the house managers were responsible for training new staff upon hire.	M 244		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the	M 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 332	Continued From page 2 requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2023). Findings include: On 02/07/2024 at approximately 10:15 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen, laundry room and at the bottom of the basement stairs dated April 2022. On 02/07/2024, at approximately 10:15 AM, Surveyor interviewed House Manager D. House Manager D confirmed the fire extinguishers had not been inspected since April 2022. House Manager D stated it was odd they were not inspected because the company they used was just out for the upstairs fire extinguishers. House Manager D reported Licensee A was the one who scheduled the inspections to ensure they were completed annually.	M 332		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR	M 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 338	Continued From page 3 Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. One of 2 emergency exits were obstructed with a power reclining chair. Findings include: The adult family home was licensed on 11/01/2017 to serve up to 4 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled, physically disabled, irreversible dementia/Alzheimer's Disease, and advanced age. On 02/07/2024 at approximately 10:15 AM, Surveyor toured the provider's home with House Manager D and asked Manager D to identify the emergency exits. House Manager D identified the staircase that Surveyor and House Manager D came down as one of the two primary exits that led to the front of the house. The other emergency exit was identified as the back staircase by the living room and bird cage. Surveyor observed a leather power reclining chair tipped over that was about 3 feet by 4 feet and obstructing the staircase. On 02/07/2024, at approximately 10:15 AM, Surveyor interviewed House Manager D and asked about the recliner. House Manager D	M 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 338	Continued From page 4 stated maintenance had been trying to fix the chair. House Manager D stated s/he would call maintenance and have them move the chair immediately. House Manager D reported the chair had been there a few weeks. Surveyor asked House Manager D if the residents would be able to get through with the chair there to exit if there was a fire, and House Manager D stated, "probably not."	M 338		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of semi-annual fire drills conducted with all household members. The provider had 1 of 2 fire drills completed for calendar year 2023. Findings include: On 02/07/2024 at approximately 9:30 AM, Surveyor reviewed the provider's records. Surveyor located 1 of 2 fire drills being conducted for calendar year 2023 on 12/28/2023. There was no record of another fire drill conducted. On 02/07/2024, at approximately 10:00 AM, Surveyor interviewed House Manager D about fire drills. House Manager D stated all fire drills documentation would be in the binder. House Manager D confirmed the only fire drill on record for calendar year 2023 was on 12/28/2023.	M 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 348	Continued From page 5 House Manager D stated it was odd it was not in the binder because s/he was the one responsible for conducting the fire drills with the residents. Surveyor asked House Manager D to send the additional fire drill for 2023 if s/he was able to locate it by 02/07/2024 at 4:00 PM. As of 02/07/2024 at 4:00 PM, Surveyor did not receive any additional fire drill documentation on from House Manager D. Cross Reference N0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers N0338 DHS 88.05(4)(c)1 Exiting From the First Floor	M 348		