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
	0018971	A. BUILDING: _____ B. WING _____	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY FIRST ADULT GROUP HOME LLC	**8239 WEST GREEN TREE ROAD MILWAUKEE, WI 53223**

(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 03/28/2024 with information gathered through 04/01/2024, Surveyor conducted a complaint investigation at Family First Adult Group Home LLC in Milwaukee, WI. One deficiency identified. Complaint unsubstantiated. Census: 2	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed received baseline tuberculosis (TB) skin tests. Caregiver B and Caregiver C did not have evidence of a TB skin test within 90 days of hire. Findings include: On 03/29/2024 at approximately 2:00 PM, Surveyor reviewed staff records for Caregiver B	M 232		

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

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M 232	Continued From page 1 and Caregiver C. Caregiver B and Caregiver C's date of hire was 09/01/2023. Surveyor could not locate evidence of a TB skin test for Caregiver B and Caregiver C within 90 days of hire. On 03/30/2024 at 7:40 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have Caregiver B and Caregiver C receive his/her TB skin tests yet. Licensee A stated s/he was aware Caregiver B and Caregiver C needed to complete TB skin tests upon hire.	M 232		