

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019917	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2024
NAME OF PROVIDER OR SUPPLIER COMMISSION CHRISTIAN CARE ADULT FAMIL			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 NORTH 72ND 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 On 08/12/2024, Surveyor conducted 2 complaint investigations at Commission Christian Care Adult Family Home LLC, an AFH located in Milwaukee, WI. As a result of the investigation, 0 violations of Chapter DHS 88 were issued. Both complaints were unsubstantiated. Census: 2	M 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE