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
	0019979	A. BUILDING: _____ B. WING _____	09/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY HOME CARE	903 SUMMIT AVE WAUKESHA, WI 53188

(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 09/02/2026, Surveyor conducted a standard licensing survey at Joy Home Care, an AFH in Waukesha, WI. One deficiency of Chapter DHS 88 was identified. Census: 1	M 000		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment. The provider's dryer had a semi-rigid vent. Findings include: On 09/02/2026 at approximately 10:30 AM, Surveyor toured the home with Licensee A. In the basement where the laundry facilities were located, Surveyor noted a semi-rigid vent was being used on the dryer.	M 570		

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

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M 570	Continued From page 1 On 09/02/2026 at approximately 10:40 AM, Surveyor interviewed Licensee A. Licensee A stated the washer and dryer were newer, and that vent is what Best Buy installed. Surveyor asked how recent the installation was, and Licensee A stated sometime last year. Licensee A stated s/he was unaware the venting that was being used was a concern but stated s/he would call someone to have it changed right away.	M 570		