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
	0018388	A. BUILDING: _____ B. WING _____	C 03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THIS HOUSE IS A HOME III AFH	6130 W APPLETON AVENUE 3 MILWAUKEE, WI 53210

(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 03/11/2025, Surveyor completed a complaint investigation at This House Is A Home III. As a result, 1 deficiency was identified. The complaint was substantiated. Census: 3	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 physical environment for 3 of 3 residents. The oven was on, and the oven door was wide open for 30 minutes. Findings include: On 12/04/2024, the Department received a complaint alleging safety concerns in the home. On 02/28/2025, at 10:30 AM, Surveyor entered the facility. When Surveyor entered the door, the apartment felt hot, and smelled acrid, similar to burnt food. Surveyor observed Resident 1 in the	M 570		

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

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M 570	Continued From page 1 living room, and Caregiver B in the kitchen at the table. The oven door was open. Surveyor looked inside the oven and saw the element at the bottom of the oven was red. Surveyor observed the oven to be set to 425° Fahrenheit (F). Surveyor observed Caregiver B walk in and out of the kitchen, without closing the oven door or turning the oven off. On 02/28/2025, at 10:35 AM, Surveyor interviewed Caregiver B. When Surveyor inquired about the oven, Caregiver B reported s/he was just cooking breakfast, and s/he was cold. When Surveyor inquired if the heat was working, Caregiver B confirmed it was. On 03/11/2025, at 9:15 AM, Surveyor interviewed Licensee A. Licensee A acknowledged Surveyor's concerns. Licensee A reported staff were trained on safety in the kitchen. Licensee A reported staff were told to dress accordingly if they tend to get cold, as the comfort of the residents' takes precedent. Licensee A reported s/he would ensure staff were retrained on kitchen safety.	M 570		