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 |
|---|---|---|---|
| | 0020251 | A. BUILDING: _____ B. WING _____ | C 05/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FAITH AND PEACE AFH | 3314 W ORIOLE DRIVE MILWAUKEE, WI 53209 |

| (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<br><br>On 05/28/2026, Surveyor completed a standard licensure survey and complaint investigation at Faith and Peace AFH. One deficiency was identified. The complaint was unsubstantiated.<br><br>Census: 0 | M 000 | | |
| M 336 | 88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE<br><br>The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating for 2 of 2 calendar years reviewed (2024, 2025, and to date in 2026). Licensee A did not complete any smoke detector checks for 2024, 2025, and to date in 2026.<br><br>Findings include:<br><br>On 05/28/2026, at approximately 9:10 AM, Surveyor requested documentation of the home's smoke detector tests from Licensee A. Surveyor did not see any smoke detector tests documentation for calendar year 2024, 2025, and to date in 2026. | M 336 | | |

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

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| **FAITH AND PEACE AFH** | **3314 W ORIOLE DRIVE MILWAUKEE, WI 53209** |

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|---|---|---|---|---|
| M 336 | Continued From page 1<br><br>On 05/28/2026, at approximately 9:20 AM, Surveyor interviewed Licensee A. Licensee A reported no residents had been living in the facility since the facility was licensed in August 2024, therefore s/he did not complete any smoke detector tests for calendar years 2024, 2025, and to date in 2026. | M 336 | | |