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
	0018331	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAWNS LOVING HANDS AFH LLC	3753 N 36TH ST MILWAUKEE, WI 53216

(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 08/22/2025, Surveyor conducted a standard survey and self-report review at Dawns Loving Hands AFH in Milwaukee. Six deficiencies were identified. There were no deficiencies as a result of the self-report review. Census: 02	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers reviewed (Caregiver B and Caregiver C) completed 15 hours of training approved by the licensing agency related to health, safety, and welfare of residents, resident rights, and treatment appropriate to residents served prior to or within 6 months after starting to provide care including fire safety. Caregiver B was not trained in resident rights, prior to or within 6 months of hire. Caregiver C was not trained in resident rights or fire safety prior to or within 6 months of hire.	M 244		

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

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M 244	Continued From page 1 Findings include: On 08/22/2025, Surveyor reviewed employee records and identified the following: -Caregiver B was hired 04/18/2022. Caregiver B's record did not contain evidence of initial training in resident rights. -Caregiver C was hired 09/07/2023. Caregiver C's record did not contain evidence of training in resident rights or fire safety. On 08/22/2025, at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A confirmed both caregivers were missing required trainings. Licensee A stated, "We hired someone to do the training classes. I'm not sure why all the required initial trainings were not included in the class. I will contact the trainer and get it straightened out."	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver received annual training related to the health, safety,	M 246		

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M 246	Continued From page 2 welfare, rights and treatment of residents for 2 of 2 caregivers reviewed. Caregiver B and Caregiver C did not have 8 hours of continuing education in 2023 and 2024. Findings included: On 08/22/2025, Surveyor reviewed caregiver records and identified the following: -Caregiver B was hired 04/18/2022. Caregiver B's record did not contain evidence 8 hours of required training during 2023 or 8 hours of required training during 2024. -Caregiver C was hired 09/07/2023. Caregiver C's record did not contain evidence 8 hours of required training during 2023. On 08/22/2025, at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A confirmed both caregivers were missing required trainings. Licensee A stated, "We hired someone to do the training classes. I'm not sure why the continuing education was not completed. I will contact the trainer and get it straightened out."	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the home	M 278		

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M 278	Continued From page 3 was not free of hazards. One of 1 clothes dryer was not vented to the outside of the home. Findings include: On 08/22/2025 at approximately 10:30 a.m., Surveyor toured the Adult Family Home (AFH) with Licensee A. In the basement, Surveyor observed the dryer vent was not attached to the dryer at the base of the machine. The vent tube was resting on the floor beside the exhaust vent of the dryer, The wall behind the dryer was coated in approximately ¼ inch of what appeared to be lint. On 08/22/2025, at approximately 1:10 p.m., Surveyor interviewed Licensee A. Licensee A stated, "I was not aware it had become loose from the dryer. I will have it fixed right away."	M 278		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in	M 332		

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M 332	Continued From page 4 readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department and had an attached tag showing the date of the last inspection for 3 of 3 fire extinguishers. The fire extinguisher in the kitchen, the 2nd story and the fire extinguisher in the basement were not inspected annually. The annual inspection tags were dated 10/2023. Findings include: On 08/22/2025, at approximately 10:30 AM, Surveyor observed the fire extinguisher mounted in the kitchen, the basement and the second floor had annual inspection tags dated 10/2023. On 08/22/2025, at approximately 1:10 p.m., Surveyor interviewed Licensee A. Licensee A confirmed the fire extinguisher inspections were overdue by 22 months. Licensee A stated, "It just got away from me."	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the	M 344		

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M 344	Continued From page 5 resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident was evaluated, using the department form, to determine whether they were able to evacuate the home without any help within 2 minutes for 1 of 2 residents (Resident 1). Findings include: On 08/22/2025, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 06/06/2025. Resident 1's record did not contain an evacuation evaluation. On 08/08/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A regarding evacuation evaluations. Licensee A confirmed evacuation evaluations were supposed to be completed when a resident was admitted to the facility and that Residents 1 was not evaluated to determine if they were able to evacuate the home within 2 minutes. Licensee A reported Resident 1 was initially moved in as a respite stay and family had decided to move them in permanently.	M 344		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home	M 380		

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M 380	Continued From page 6	M 380		

receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure new residents received a health examination by a physician to identify health problems and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission or 7 days after admission for 1 of 1 resident reviewed. Resident 1 did not have a health examination and was not screened for communicable disease, including TB.

Findings include:

On 08/22/2025, Surveyor reviewed resident records and identified the following:
-Resident 1 was admitted to the facility on 06/06/2025. Resident 1's record did not include evidence Resident 1 had a health examination within 90 days prior to admission or within 7 days after admission to identify health problems. Resident 1's record did not contain evidence Resident 1 was screened for communicable disease, including TB.

On 08/08/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A who confirmed

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M 380	Continued From page 7 they had no record of an admission health exam for Resident 1. Licensee A reported Resident 1 was initially moved in as a respite stay and family had decided to move them in permanently. Stating, "It's been difficult for us to get [Resident 1's] family to comply with requirements. I will call them again and remind them of the requirement."	M 380		