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
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 03/07/2025, Surveyor conducted a standard survey and 1 complaint investigation at Clean Slate AFH II. Four deficiencies were identified. One complaint was unsubstantiated. Census : 03	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure elopements were reported to the Department for 1 of 1 resident. Resident 1 eloped from the facility on 6 occasions and the provider did not report the elopements to the Department. Findings include: On 03/07/2025, Surveyor reviewed Department records. Surveyor did not locate evidence the provider submitted any self-reports in 2024 and to date in 2025.	M 134		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 134	Continued From page 1 On 03/07/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/10/2024. Resident 1's incident report from 09/10/2024 through 03/07/2025 identified Resident 1 exhibited exit seeking behavior and eloped from the facility 6 times. Resident 1 eloped on 09/14/2024, 09/21/2024, 10/29/2024, 12/30/2024, 01/02/2025, and 01/12/2025. On 03/10/2025, Surveyor reviewed police department logs and identified the following: Resident 1 eloped on 09/14/2024, 09/21/2024, 10/29/2024, 12/30/2024, 01/02/2025, and 01/12/2025. On 03/07/2025, at 12:30 PM, Surveyor interviewed Administrator A regarding reporting elopements. Licensee A confirmed s/he did not submit a self-report regarding any of Resident 1's elopement to the Department because s/he thought reporting to Community Care satisfied the reporting requirement. Surveyor informed Licensee A of Department of Health Services Publication-02007, Reporting Requirements for Assisted Living Facilities. Licensee A reported s/he would complete and submit all required self-reports regarding Resident elopements from now on.	M 134		
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	M 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 332	Continued From page 2 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 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 floor had a fire extinguisher for 1 of 2 floors. There was no fire extinguisher on the lower level of the home. Findings include: On 03/07/2025 at approximately 9:30 AM, Surveyor conducted an onsite tour and observed there was no fire extinguisher on the lower level of the home. On 03/07/2025 at approximately 12:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed there was no fire extinguisher on the lower level because it had been dropped and broken. Administrator A confirmed they would get a new extinguisher mounted right away. Cross Reference M0334 DHS 88.05(4)(b)1 Fire Safety - Smoke Detectors	M 332		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were installed and working in 2 of 5 required locations. One resident bedroom and the stairway leading to the basement level had no working smoke detectors. Findings include: On 03/07/2025, at approximately 9:30 AM, Surveyor conducted a facility tour accompanied by Administrator B. During the tour, Surveyor observed the following: -Resident bedroom, identified as #202 on the floor plan, had a smoke detector that had been removed from the mounting, laying on residents' dresser. It did not work when tested.	M 334		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 334	Continued From page 4 -Stairwell leading to basement level had a smoke detector but was missing a battery. On 03/07/2025, at 12:30 PM, Surveyor interviewed Administrator A regarding who confirmed the 2 smoke detectors needed batteries. Surveyor asked if there was a system in place to ensure smoke detectors were properly mounted and working. Administrator B stated they were tested monthly, and s/he was unsure why they were not identified as not working. Cross Reference M0332 DHS 88.05(4)(a) Fire Safety - Fire Extinguishers	M 334		
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 hot water was not kept at a safe temperature and measured 125° Fahrenheit (F) at 2 of 2 faucets tested.	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020081	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAN SLATE ADULT FAMILY HOME II	6918 W BIRCH CT 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 570	Continued From page 5 Findings include: On 03/07/2025, at approximately 9:30 AM, Surveyor conducted a facility tour accompanied by Administrator B. During the tour, Surveyor observed the following: Hot water temperature from the bathroom and kitchen faucets was 125° F. Licensee A confirmed the water temperature was 125° F. On 01/10/2024, at approximately 12:45 PM, Surveyor interviewed Licensee A about the hot water temperature. Licensee A expressed surprise it measured at an unsafe temperature and stated they would turn the hot water temperature down and begin monitoring it to ensure it was not too hot. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		