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 _____	R-C 06/17/2025

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 06/17/2025, Surveyor conducted a verification visit and 2 complaint investigations at Clean Slate AFH II. Two deficiencies were identified. Two of 2 were repeat violations (see Statement of Deficiency URRG11, dated 03/07/2025). Two of 2 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
{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 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.	{M 332}		

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

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{M 332}	Continued From page 1 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. This is a repeat deficiency. See Statement of Deficiency URRG11, dated 03/07/2025. Findings include: On 06/17/2025, at approximately 8:30 AM, Surveyor conducted an onsite tour and observed there was no fire extinguisher on the lower level of the home. On 06/17/2025, at approximately 11:30 AM, Surveyor interviewed Administrator A and Licensee B. Licensee B stated they thought all tasks from the last survey had been repaired but they would take care of it as soon as possible. Cross Reference M0334 DHS 88.05(4)(b)1 Fire Safety - Smoke Detectors	{M 332}		
{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	{M 334}		

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{M 334}	Continued From page 2 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 4 of 6 locations. Two resident bedrooms had no smoke detectors. The smoke detector in the family room and in the basement were chirping an alert to indicate a dead battery. This is a repeat deficiency. See Statement of Deficiency URRG11, dated 03/07/2025. Findings include: On 06/17/2025, at approximately 9:30 AM, Surveyor conducted a facility tour accompanied by Caregiver D. During the tour, Surveyor observed the following: -Resident bedroom, identified as #202 on the floor plan, had no smoke detector. -Resident bedroom, identified as #203 on the floor plan, had no smoke detector. -Family room smoke detector was chirping an alert to indicate a dead battery. -Main room in the basement level was chirping an alert to indicate a dead battery. On 06/17/2025, at approximately 11:30 AM, Surveyor interviewed Administrator A and Licensee B. Surveyor asked if there was a system in place to ensure smoke detectors were properly mounted and working. Administrator A	{M 334}		

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{M 334}	Continued From page 3 stated s/he thought they were tested monthly, and they were unsure why they were not identified as not working. Licensee B stated they thought all tasks from the last survey had been repaired but they would take care of this as soon as possible. Cross Reference M0332 DHS 88.05(4)(a) Fire Safety - Fire Extinguishers	{M 334}		