

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 04/16/2025, with information gathered through 04/24/2025, Surveyor conducted a standard licensing survey and a complaint investigation at All for 1 Phase 1 Inc., an Adult Family Home in New Berlin, WI. As a result of the survey, 4 deficiencies of DHS Chapter 88 have been identified. The complaint was unsubstantiated. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean, well-maintained, and provided a homelike environment. Findings include: The provider is licensed to provide care for up to 4 individuals in the client groups of public finding, alcohol/ drug dependent, traumatic brain injury, developmentally disabled, terminally ill, advanced aged, physically disabled, and emotionally disturbed/ mental illness.	M 276		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 276	Continued From page 1 On 04/16/2025, Surveyor toured the home and observed the following: -Front door latch was not working. The door had to be locked in order for it to stay shut. -There was no hot water available at the sink in 1 of 2 bathrooms, the primary staff bathroom. -The toilet was leaking in 1 of 2 bathrooms, the resident bathroom. There was a towel on the floor next to the toilet that was used to absorb water. On 04/16/2025 at approximately 11:00 AM, Surveyor interviewed Caregiver A. Caregiver A stated s/he was unaware of why the hot water was not working, and s/he used the kitchen sink instead. On 04/16/2025 at approximately 1:00 PM, Surveyor interviewed Resident 1. Resident 1 stated the toilet had been leaking for a couple of weeks. On 04/24/2025 at approximately 4:15 PM, Surveyor interviewed Administrator B. Administrator B explained roughly 2 weeks prior a transition piece at the bottom of the door frame was sticking up and staff removed it to remove the hazard. Since the piece was removed, the door was not staying shut on its own. Administrator B stated there had been a drip from the employee bathroom's hot water hose and believed that was why it was shut off. Administrator B stated the toilet in the resident restroom had been leaking about 2 months ago, and the provider did hire a contractor who came in to fix it. S/he was unaware it was leaking again. Administrator B stated s/he would speak with his/her partner and get the necessary repairs completed.	M 276		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 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 provider did not safeguard 3 of 3 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider is licensed to provide care for up to 4 individuals in the client groups of public finding, alcohol/ drug dependent, traumatic brain injury, developmentally disabled, terminally ill, advanced aged, physically disabled, and emotionally disturbed/ mental illness. On 04/16/2025, Surveyor toured the home and observed the following: In the employee bathroom (which was unlocked and accessible to all in the home): - Three large bottles of Simple Green Industrial Cleaner & Degreaser - One spray bottle of CREW Bathroom Disinfectant Cleaner - One bottle of the Works Classic Clean Toilet Bowl Cleaner - One large bottle of BioRenewables Glass Cleaner	M 278		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 278	Continued From page 3 In the kitchen under the sink (which was unsecured and accessible to all in the home): - One bottle of Homeline Window & Glass Cleaner w/ Ammonia - One large bottle of Great Value Concentrated Bleach - One bottle of First Force Special Kitchen & Bath Cleaner - One bottle of Orange Cleaner (grease & grime) - One bottle of Lysol All Purpose Cleaner In the resident bathroom (which was unlocked and accessible to all in the home): - One bottle of Homeline Disinfectant Spray - One bottle of Homeline Multi-Purpose Cleaner - One bottle of Lysol Power Clinging Gel (toilet bowl cleaner) Surveyor observed 3 of 3 residents ambulating freely throughout the home. On 04/24/2025 at approximately 4:15 PM, Surveyor interviewed Administrator B. Administrator B stated s/he was unaware of the requirement to have toxic substances securely stored. Administrator B stated s/he planned to move all toxic substances to the employee restroom and begin keeping that door locked.	M 278		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	M 474		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 474	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary manner. There were 3 food items that had a mold-like substance on them, and 3 that were expired. Findings include: On 04/16/2025 at approximately 11:30 AM, Surveyor inspected the home's kitchen. The following was observed: In the refrigerator: -One head of lettuce in a clear bag with black and white mold-like substance on it -One bag of mini cucumbers (approximately 6) that contained a slimy white colored substance and patches of white mold-like substance that covered the cucumbers In a hanging fruit/vegetable basket: -One bag of yellow onions (approximately 8) with black mold-like spots and patches on at least 3 of the onions In the cupboards: -One container of Risparmio Grated Topping with Parmesan which had a best by date of 11/16/2024 -One bottle of Great Value Zesty Italian Dressing & Marinade which had a best if used by date of 03/21/2025 -One carton of Pacific Foods Red Pepper & Tomato Soup which had a best if used by date of 04/04/2025 On 04/16/2025 at approximately 11:40 AM, Surveyor showed the food items of concern to	M 474		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC		STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 474	Continued From page 5 Caregiver A. Caregiver A stated s/he would discard the spoiled / expired food items. On 04/24/2025 at approximately 4:15 PM, Surveyor interviewed Administrator B. Administrator B was surprised and stated s/he primarily does the shopping for the home and does review expiration dates.	M 474		
M 570	88.10(3)(I) 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 residents were safeguarded from environmental hazards. The home's water temperature exceeded 120° Fahrenheit (F). Findings include: The provider was licensed to serve up to 4 individuals in the client groups of public finding, alcohol/ drug dependent, traumatic brain injury, developmentally disabled, terminally ill, advanced	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ALL FOR 1 PHASE 1 INC			STREET ADDRESS, CITY, STATE, ZIP CODE 12700 WEST CLEVELAND AVE NEW BERLIN, WI 53151		
(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 6 aged, physically disabled, and emotionally disturbed/ mental illness. On 04/16/2025 at approximately 11:12 AM, Surveyor toured the home and tested water temperature. The water temperature of the sink in the home's kitchen reached 153°F. The water temperature of the sink in the resident's bathroom reached 158°F. On 04/16/2025 around 11:45 AM, Surveyor interviewed Administrator B regarding the high temperature of the water. Administrator B stated s/he was not aware it was getting so hot. Administrator B stated his/her partner adjusts the water temperature him/herself. Administrator B thought the water heater temperature was recently adjusted, but stated s/he would have it addressed to be within a safe range. According to the Wisconsin Department of Health Services, "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." Sustained contact with water at or above 140° F can result in second or third-degree burns in approximately 6 seconds (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017).	M 570			