

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER BARNETT HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2466 N 50TH STREET MILWAUKEE, WI 53210		
(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
N 000	Initial Comments On 08/06/2025, Surveyor completed a standard survey at Barnett House. Two deficiencies were identified Census : 9	N 000		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 2 of 2 clothes dryers in the laundry room had vent tubing of rigid material, with a fire rating that exceeded the temperature rating of the dryer. The clothes dryers had the flexible foil type vent tubing. Findings include: On 08/06/2025 at 12:30 PM, Surveyor toured the laundry area in the basement. The 2 clothes dryers had approximately 1 foot of flexible foil accordion style vent tubing from the residential clothes dryer to rigid vent material. On 08/06/2025 at approximately 1:00 PM, Surveyor interviewed Senior Residential Supervisor (Supervisor) A. Supervisor A stated they were not aware that the vent tubing was the	N 488		

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: 0015010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER BARNETT HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2466 N 50TH STREET MILWAUKEE, WI 53210		
(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
N 488	Continued From page 1 flexible accordion style tubing, and that they would ensure the tubing was changed to the rigid type.	N 488		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the temperature of hot water at the fixtures in 2 of 4 bathroom sinks, did not exceed 115° Fahrenheit (F). The upstairs common bathroom and bedroom 1's bathroom temperature measured 136° F Findings include: The facility was licensed in 2014, to take care of clients that have mental illness and / or emotionally disturbed. On 08/06/2025 at 12:30 PM, Surveyor toured the facility. During the tour, 2 of four bathrooms (upstairs common bathroom and bedroom 1's attached bathroom) had water temperature that measured 136° F On 08/06/2025 at approximately 1:00 PM,	N 617		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER BARNETT HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2466 N 50TH STREET MILWAUKEE, WI 53210		
(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
N 617	Continued From page 2 Surveyor interviewed Senior Resident Supervisor (Supervisor) A. Supervisor A stated they had no idea the water was so hot, and they would have it corrected as soon as possible.	N 617		