

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/03/2025
NAME OF PROVIDER OR SUPPLIER A+ JUST LIKE FAMILY FRANKLIN A		STREET ADDRESS, CITY, STATE, ZIP CODE 1619 FRANKLIN ST A MOUNT PLEASANT, WI 53403		
(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 01/03/2024, Surveyor conducted an abbreviated licensure survey and 2 complaint investigations. Two deficiencies were identified. Two of 2 complaints were unsubstantiated. Census: 03	M 000		
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 ensure 1 of 1 clothes dryer vent was attached to the dryer to safely vent air outside. Surveyor observed a 2-inch gap between the exhaust venting at the back of the dryer and the exhaust vent leading to the outside of the home. The air from the dryer, containing lint and chemical vapors from laundry cleaning and fabric conditioning products, was vented directly into the laundry area indoors. Findings include: On 01/03/2025 at approximately 10:00 AM, Surveyor toured the Adult Family Home (AFH) accompanied by Caregiver B. In the laundry room, Surveyor observed a 2-inch gap between the exhaust venting at the back of the dryer and	M 278		

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: 0017553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/03/2025
NAME OF PROVIDER OR SUPPLIER A+ JUST LIKE FAMILY FRANKLIN A			STREET ADDRESS, CITY, STATE, ZIP CODE 1619 FRANKLIN ST A MOUNT PLEASANT, WI 53403		
(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 1 the exhaust venting leading to the outside of the home allowing exhaust to vent directly into the home. On 01/03/2025 at approximately 1:05 PM, Surveyor asked Supervisor A if they were aware the dryer was not vented to the outside. Supervisor A stated they believed someone must have moved the dryer causing it to become disconnected. Supervisor A ensured Surveyor it would be repaired.	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 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			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017553	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/03/2025
NAME OF PROVIDER OR SUPPLIER A+ JUST LIKE FAMILY FRANKLIN A		STREET ADDRESS, CITY, STATE, ZIP CODE 1619 FRANKLIN ST A MOUNT PLEASANT, WI 53403		
(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 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 fire extinguisher was inspected annually by an authorized dealer or the local fire department. The service tag attached to the fire extinguisher in the kitchen indicated the date of the last inspection was September 2023. The fire extinguisher was 3 months overdue for inspection. Findings include: On 01/03/2025, at approximately 10:00 AM, Surveyor toured house accompanied by Caregiver B. Surveyor observed a fire extinguisher in the kitchen with a tag attached indicating the date of the last inspection was September 2023. On 01/03/2025 at approximately 1:05 PM, Surveyor asked Supervisor A if they had a system in place to ensure fire extinguishers were inspected annually. Supervisor A reported this was routinely handled by the maintenance employee and they were surprised the inspection was overdue but would ensure it was done as soon as possible.	M 332		