

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016992	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2025
NAME OF PROVIDER OR SUPPLIER UNBREAKABLE COMMITMENTS HOME & HEA		STREET ADDRESS, CITY, STATE, ZIP CODE 4031 N 86TH ST MILWAUKEE, WI 53222		
(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 04/29/2025 with information gathered through 05/01/2025, Surveyor conducted a standard survey and complaint investigation, at Unbreakable Commitments Home and Health, an Adult Family Home (AFH) in Milwaukee, WI. Two deficiencies were identified. Complaint 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 a clean, well-maintained and homelike environment. The home required cleaning and/or repairs. This had the potential to affect 3 of 3 residents (Resident 1, Resident 2, and Resident 3) residing in the facility. Findings include: On 04/29/2025, at approximately 11:00 AM, Surveyor toured the facility. During the tour, Surveyor observed the following: -Hallway near living room wall vent was caked with dust.	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: 0016992	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/01/2025
NAME OF PROVIDER OR SUPPLIER UNBREAKABLE COMMITMENTS HOME & HEA			STREET ADDRESS, CITY, STATE, ZIP CODE 4031 N 86TH ST MILWAUKEE, WI 53222		
(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 -Hallway near living room had old thermostat hanging from wall. -Bathroom was missing wall trimming. -Bathroom wall had a white chalk substance. -Bathroom tub had black spots in grout lines areas consistent with mold. -Bathroom floor vent was rusted. -Bathroom mirror had black spots. -Bathroom flooring was cracked throughout. -Bathroom toilet seat had discoloration. -Back yard gate was hanging off hinges. On 04/29/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the home environment issues throughout the facility. Licensee A stated s/he would have the maintenance person fix the issues.	M 276			
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 safeguard residents who cannot fully	M 570			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016992	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/01/2025
NAME OF PROVIDER OR SUPPLIER UNBREAKABLE COMMITMENTS HOME & HEA			STREET ADDRESS, CITY, STATE, ZIP CODE 4031 N 86TH ST MILWAUKEE, WI 53222		
(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 2 guard themselves from environmental hazards. The provider did not ensure the dryer vent made of rigid venting was attached to the dryer. Findings include: The provider is licensed to serve clients with diagnoses of advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, developmentally disabled, terminally ill and traumatic brain injury. On 04/29/2025, at approximately 11:00 AM, Surveyor conducted a tour of the facility and observed the following: -The dryer vent made of rigid venting was not attached to the dryer. The rigid venting was partially attached to the dryer and there was lint on the floor behind dryer. On 04/29/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the rigid venting was not attached to the dryer. Licensee A was not aware of how long the rigid venting was partially detached. Licensee A stated s/he would have the maintenance person attach the rigid venting to the dryer.	M 570			