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	0012095	A. BUILDING: _____ B. WING _____	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHORAGE HOMES II	3843 N 51ST BLVD MILWAUKEE, WI 53216

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N 000	Initial Comments On 04/08/2025, Surveyor concluded an abbreviated survey at Anchorage Homes II. Seven deficiencies were identified. Census: 5	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating 1 of 2 employees (Caregiver C) had not been screened for tuberculosis (TB) within 90 days before the start of employment. Findings include: On 04/03/2025 at 1:05 p.m., Surveyor reviewed staff records and identified the following:	N 220		

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

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N 220	Continued From page 1 -Caregiver C was hired on 03/05/2025. Caregiver C's record contained a TB screening questionnaire dated 03/05/2025; however, there was no documentation of a TB test in Caregiver C's record. On 04/03/2025, at 1:35 p.m., Surveyor interviewed Licensee A, who stated Caregiver C began providing caregiving services to the residents on 03/05/2025. Licensee A stated, "I don't do TB testing. But I do screen them myself. I didn't know I had to do that."	N 220		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 5 of 5 residents were provided a living environment that is safe, clean, comfortable, and homelike. The living room and basement were cluttered. Resident 2's lamp did not contain a lampshade, and the second-floor foyer light fixture was missing, and wires were exposed. Findings include: On 04/03/2025 at 10:30 a.m., Surveyor toured the facility with Caregiver B and observed the	N 481		

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N 481	Continued From page 2 following: Living room/dining room: -Missing door trim on left side of front door, approximately 12 inches long. - Bedsheet hanging from top of 15 panel interior glass front door. -Three unopened packages of adult briefs on the floor. - In corner of living room, table covered with miscellaneous items including blood pressure cuff, phone charger, open first aid kit, a box of letter sized envelopes, magazines and three candles. - Next to table in corner, a 4-drawer file cabinet, covered with miscellaneous items including an open package of AA batteries, a package of standard staples, 4-5 clear plastic medication cups, an opened package of surgical masks, a house plant with two American flags stuck in the dirt, a can of wizard house spray, two pump hand sanitizers, a pill crusher and a set of keys with approximately 21 keys attached. Basement: -Three unopened packages of adult briefs. - Five bottles of fabric softener. -One shower chair stacked on top of two commodes. -Two metal walkers. -Wood workbench with a disassembled, metal kitchen sink and a console record player on top. - An off white, four-drawer dresser, missing it's third drawer with approximately 4 large, clear bags of clothing on-top. - Gold day bed/couch. -Wheelchair, hospital table and two twin sized mattresses in one corner of basement.	N 481		

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-Two clothes lines with three (what appeared to be) full sized comforters, hanging.
- Large, fake decorated Christmas tree in one corner of basement with additional Christmas decorations in boxes on shelves.
- White microwave on the floor with a black, 4 slot toaster on top.
- Two large boxes, labeled, "24-inch vanity combo". Surveyor observed a photo of a sink with cabinet drawers beneath, on both boxes.

Resident 2's bedroom:

- There was a 4-foot lamp in the corner of Resident 2's room, without a lampshade.
-Surveyor observed Resident 2's 'Medtronic' cardiovascular devise on the floor, with what appeared to be a thick coating of dust on it. Surveyor observed Medtronic identification card on the wall. It indicated Resident 2 had the cardiovascular devise to monitor Resident 2's heart.

Second Floor Foyer and Living Room:

-Foyer light fixture was missing, and wires were exposed.
- Swinging door between the foyer and the second floor living room was off the hinges and leaning up against the wall.
-Large, A frame, extension ladder in closed position, in the middle of second floor living room.
- Large entertainment center, missing 2 of four doors. No television in the entertainment center.
- Hole measuring 4-inches by 3-inches outside of Resident 3's bedroom door, in wall.

On 04/03/2025 at 12:15 p.m., Surveyor reviewed facility safety reports and observed the following:

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- On 06/25/2022, Fire inspector (FI) D wrote, "Remove extensive clutter from basement all four corners!"
- On 07/16/2023, Fire inspector (FI) D wrote, "Remove storage and debris from basement."
- On 06/05/2024, Fire inspector (FI) D wrote, "Cleanup Basement- Eliminate Junk and debris."

On 04/03/2025 at 10:55 a.m., Surveyor interviewed Caregiver B about the contents of the basement. Caregiver B stated the four large bags of clothing were from a previous resident, the dresser missing a drawer was garbage, the 4 bed frames they were saving for future use and the gold day bed was also garbage, s/he just needed help to get rid of it. Caregiver B stated they may need the wheelchair, bedside hospital table, or the two twin sized mattresses, so they were holding onto them.

On 04/03/2025 at 11:15 a.m., Surveyor interviewed Caregiver B about observations in Resident 2's bedroom. Caregiver B stated the 'Medtronic' cardiovascular device on the floor, was to monitor Resident 2's heart. Caregiver B stated, "Yes, it's dusty."

On 04/03/2025 at 11:16 a.m., Surveyor interviewed Resident 2, who stated, "I'd like a shade on my light."

On 04/03/2025 at 11:23 a.m., Surveyor interviewed Caregiver B, who stated the upstairs foyer light fixture was gone because the furnace repairmen knocked the light fixture down when climbing up into the attic to repair the furnace.

On 04/03/2025 at 11:28 a.m., Surveyor toured the upstairs living room and observed a door leaning up against the wall. Surveyor interviewed

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N 481	Continued From page 5 Caregiver B, who stated former Resident 4 broke the swinging door off the hinges between the foyer and the second floor living room. Caregiver B stated, "I've been meaning to repair that." On 04/03/2025 at 11:30 a.m., Surveyor observed a large, A-frame, extension ladder in a closed position, in the middle of second floor living room. Surveyor interviewed Caregiver B, who stated the ladder was here from when the furnace repairmen came in December. On 04/03/2025 at 12:20 p.m., Surveyor interviewed Licensee A, who confirmed Resident 4 moved out on 03/07/2024. Licensee A confirmed the swinging door had been off the hinges between the foyer and the second floor living room since before Resident 4 moved out. On 04/03/2025 at 12:45 p.m., Surveyor interviewed Licensee A regarding FI D's reports dated 06/25/2022, 07/16/2023 and 06/05/2024. Surveyor asked Licensee A why FI D would include the documentation s/he did. Licensee A stated, "I suppose as a fire inspector, s/he sees all that stuff as a fire hazard." Licensee A stated that s/he and Caregiver B had already removed a significant number of items since the last fire inspection. Licensee A stated, "We will continue to work on it." On 04/04/2025 at 3:13 p.m., Surveyor received and reviewed service ticket for attic furnace repair dated 12/12/2024. Residents were without upstairs foyer lighting for almost 4 months.	N 481		
N 487	83.44(1)(b) Separate laundry storage areas or containers	N 487		

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Storage and transport. The CBRF shall have separate clean and dirty laundry storage areas or containers. Storage containers shall be clean, leak-proof and have a tight fitting lid. The CBRF may not transport, wash or rinse soiled laundry in areas used for food preparation, serving or storage.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure separate storage areas or containers were provided for clean and soiled laundry. Five of 5 laundry storage containers did not have a tight-fitting lid.

Findings include:

On 04/03/2024 at 10:45 a.m., Surveyor toured the basement with Caregiver B. Caregiver B indicated that the basement was the designated laundry room. In the basement, around the washer and dryer, Surveyor observed 5 resident laundry baskets filled to the top with clothing and bedding. Surveyor observed a large, black plastic bag next to the laundry baskets. Five of 5 laundry baskets did not have lids.

Surveyor observed 2 resident laundry baskets with soiled items clothing next to the washer. Three other laundry baskets were observed two feet in front of the washer and were piled over the top with clothing and bedding. On top of the washer, Surveyor observed folded towels that appeared to be clean.

On 04/03/2024 at 11:15 a.m., Surveyor interviewed Caregiver B, who stated Resident 1 had a significant amount of clothing. S/He would also take items out of her closet and throw them onto the floor, so staff would put in his/her dirty

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N 487	Continued From page 7 laundry, which caused his/her laundry to build up. Caregiver B stated Resident 2's laundry was half of the observed laundry. Caregiver B stated, "I am behind on laundry." On 04/03/2024 at 2:25 p.m., Surveyor interviewed Licensee A regarding the provider's laundry system. Licensee A confirmed s/he did not have a workable system in place. Licensee A confirmed staff was working to catch up on excess laundry. Licensee A acknowledged an understanding of the code requirements and noted s/he would work on a new system.	N 487		
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 and interview, the provider did not ensure that rigid metal vent pipe was used for the clothes dryer. The clothes dryer was observed to have partial flexible venting. Findings include: On 04/03/2025 at 10:45 a.m., Surveyor observed the clothes dryer, located in basement laundry room, was equipped with approximately 3 feet of accordion style, flexible venting. On 04/03/2025 at 10:47 a.m., Surveyor	N 488		

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N 488	Continued From page 8 interviewed Caregiver B, who stated when the fire inspectors came, they knocked the dryer tubing out. Caregiver B stated s/he fixed the tubing with the accordion style, flexible venting. Caregiver B was not able to recall when s/he replaced the accordion style, flexible venting. On 04/03/2025 at 2:25 p.m., Surveyor informed Licensee A that the dryer venting did not meet the requirements stated in DHS 83.44(1)(c). Caregiver B explained to Licensee A s/he had fixed the tubing with the accordion style, flexible venting. Licensee A stated, "You can't use that. They are fire hazards."' During exit interview on 04/03/2025, Licensee A confirmed s/he would replace the dryer vent with rigid metal venting right away.	N 488		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of the furnace. There was 1 cardboard box, three wood boards and a wood workbench all stored within 1-1.5 feet of the furnace. Findings include: On 04/03/2024 at 10:45 a.m., Surveyor toured the basement with Caregiver B. On 04/03/2022, at 10:50 a.m., Surveyor observed	N 507		

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N 507	Continued From page 9 1 cardboard box stored within 1.5 feet of the furnace. Surveyor observed three wood boards measuring approximately 3.5 feet long, 2 inches wide and ½ inch thick stored within 1 foot of the furnace. Surveyor observed a wood workbench, attached to the wall, within 1 foot of the furnace. On 04/03/2022, at 10:55 a.m., Surveyor interviewed Caregiver B, who stated the wood workbench was in the home prior to initial licensing in 2018. Caregiver B stated, "The original owner built it." On 04/03/2022, at 2:30 p.m., Surveyor interviewed Licensee A, who reported s/he was unaware of the items stored around the furnace. Licensee A confirmed combustible materials were not to be stored within 3 feet of the furnace. Licensee A stated, "The workbench is wood, and it is so close to the furnace. I never thought about that." Licensee A reported s/he would tape off 3 feet around the furnace to remind staff not to store combustibles near the furnace.	N 507		
N 666	83.59(7)(a) Emergency egress lighting provided All exit passageways and stairways shall be provided with emergency egress lighting with a stand-by power source. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure all exit passageways and stairways were provided with emergency egress lighting with a stand-by power source. Five of 5 emergency egress lights did not illuminate when tested by provider during tour of the home. The emergency egress lights in the basement, on the first floor at the base of the stairway by the	N 666		

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emergency exit, the stairway up to the second-floor bedrooms and second floor emergency egress lighting in the hallway did not function when tested during the tour of the home.

Findings include:

The provider is licensed as a class AS (semi ambulatory) CBRF, able to serve up to 7 residents within the client groups of advanced age, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled and public funding. The facility was located in a two-story building, which was not protected by a sprinkler system.

On 04/03/2024 at 10:30 a.m., Surveyor toured the facility with Caregiver B and observed there were no functioning emergency egress lights in the facility. The facility had a basement stairway, first floor, and one stairway leading to the second floor.

On 04/03/2024 at approximately 10:45 a.m., Caregiver B pushed emergency egress lighting test button in the basement. The emergency egress lighting did not function. Caregiver B and Surveyor tested first floor emergency egress lighting in the hallway near exit. The emergency egress lighting in the first-floor hallway did not function. Caregiver B and Surveyor tested second floor emergency egress lighting in the stairway up to the second-floor bedrooms and second floor hallway. The emergency egress lighting in the stairway up to the second-floor bedrooms and second floor hallway did not function.

On 04/03/2024 at 2:40 p.m., Surveyor interviewed Caregiver B and Licensee A. Caregiver B stated the emergency egress lighting with the stand-by

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N 666	Continued From page 11 power source only worked when the power went out in the home. Caregiver B stated, "I just tested them recently by turning off the power." On 04/03/2024 at 2:45 p.m., Licensee A had Caregiver B turn off the power in the facility. The emergency egress lighting with a stand-by power source did not turn on at the light that were in line of sight of the surveyor: the front door, the main living room/dining room area or at the base of the stairwell. Licensee A stated, "I thought they went on when the power went off." Licensee A stated s/he did not know what happened or how long the emergency egress lighting with a stand-by power source was nonfunctional. Licensee A stated s/he was aware of the requirement and would look into the solution immediately.	N 666		
N 667	83.59(7)(b) Required exit signs lighted All required exit signs shall be lighted at all times. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all exits had illuminated exit signs. Four of 4 exits did not have illuminated exit signs. Findings include: The provider is licensed as a class AS (semi ambulatory) CBRF, able to serve up to 7 residents within the client groups of advanced age, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled and public funding. The facility was located in a two-story building, The main level had 2 exits. The 2nd level had 2 exits. On 04/03/2024 at 10:30 a.m., Surveyor toured the	N 667		

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N 667	Continued From page 12 facility with Caregiver B. Surveyors observed the provider's exits. The exit off the kitchen, leading out to side door exit, on the main level did not have an illuminated exit sign. The front door, on the main level did not have an illuminated exit sign. The second level exit leading down to the side exit, did not have an exit sign. The second level back exit did not have an illuminated exit sign. Surveyor observed each of these exits were indicated as an emergency exit on the building floor plan. On 04/03/2024 at approximately 2:42 p.m., Surveyor interviewed Licensee A, who stated s/he did not think the exit signs needed to be lit. Licensee A stated, "I did not even know that code existed." Licensee A stated s/he would get illuminated exit signs on all the exits.	N 667		