Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 04/17/2024, Surveyor conducted a standard survey and a verification visit at 511 House Adult Family Home LLC. As a result, 3 deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure 2 of 2 exits	M 262		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 262	Continued From page 1	M 262		

(front and back exits) were ramped to grade with a hard surfaced pathway and handrails. One of 2 residents (Resident 2) used a cane and was unable to easily negotiate stairs without assistance. Resident 2 utilized a cane for mobility throughout the home and for emergency egress.

Findings include:

The facility was licensed on 06/27/2017 to provide care for residents that may be developmentally disabled, emotionally disturbed/mental illness, of advanced aged, and correctional clients. 511 House Adult Family Home LLC has a capacity for 4 adults who are ambulatory.

On 04/17/2024, at 11:00 a.m., Surveyor reviewed Resident 2's record. The following was identified:

Resident 2 was admitted on 09/08/2019. Resident 2's diagnosis included difficulty breathing (dyspepsia), morbid obesity due to excess calories, osteoarthritis in both knees, type 2 diabetes with peripheral circulatory disorder and edema.

Resident 2's admission assessment, dated 09/08/2019, had section titled, "Musculoskeletal: Limitation in range of motion." Surveyor observed a handwritten note in comments: "Walks with cane. Needs some assistance."

Resident 2's individualized service plan (ISP) dated 03/15/2024, read, "Mobility and Transferring ...Level of Care-Independent ... Resident Needs/Preferences ... Can walk and ambulate independently using a walking cane."

Resident 2's managed care organization (MCO) semiannual review, dated 02/05/2024, read,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 262	Continued From page 2 "History of present illness: [Resident 2] feels his/her chief health problems are: per [Resident 2] 'his/her knees'. [Resident 2] feels s/he needs the most help with, per [Resident 2], 'going up and down stairs' ...Review of Systems: Musculoskeletal ...[Resident 2 is worried about falling, needs to push with hands to stand up from a chair, and has some trouble stepping up onto a curb." On 04/17/2024 at 6:55 a.m. Surveyor reviewed Department records for the provider, including waivers, approvals, variances, and/or exceptions (WAVE) requested by the provider. Surveyor did not locate evidence that the provider submitted any WAVE requests for Resident 2 from 09/01/2019 until 04/17/2024. On 04/17/2024 at 8:40 a.m. Surveyor observed Resident 2 walking to the bathroom and holding onto the walls. Licensee A reported, Resident 2 would hold onto the walls to move within the home. On 04/17/2024, at approximately 9:30 a.m., Surveyor toured the facility and observed: -Resident 2 had two canes in his/her bedroom. -Two exits were not ramped to grade with a hard surfaced pathway and handrails. Exiting the facility through the front exit: -The doorway provided one step down onto porch landing. -There were nine wood steps, with a railing, down to three cement steps, without a railing, down to the sidewalk. Exiting the facility through the rear exit:	M 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 262	Continued From page 3 -There were six wood steps, with a railing, down to one cement step in the doorway, down to the sidewalk. On 04/17/2024, at 1:45 p.m., Surveyor interviewed Licensee A, who stated s/he assessed Resident 2 upon move-in. Resident 2 used a cane. Licensee A stated s/he did not contact the department for a WAVE request for Resident 2. Licensee A stated, "I did not know I had to. Does this mean [Resident 2] must move out?"	M 262		
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 maintain a safe, clean, and well-maintained homelike environment for 2 of 2 residents in the home. There were patched holes in the drywall in the kitchen and bathroom, appearing to be unfinished. The oven door hinge was broken. There were two pieces of dark brown plywood on Resident 2's bedroom wall. Findings include: On 04/17/2024, at 9:00 a.m., Surveyor toured the facility and observed the following:	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 4 Kitchen - Surveyor observed the right hinge on the oven door was broken, which caused the oven door to fall past opening position. The oven door was very difficult to open and close. It had a 1-inch gap on the right side of the door in between the door and the oven. Surveyor tried to close the oven door. The oven did not close completely. Surveyor observed the oven door remained open 1 ½-inches after Surveyor closed the oven. On 04/17/2024 at 9:22 a.m., Licensee A stated, "It's just the hinge. You have to push it really hard to close it. It's been like that for about six months." -On south kitchen celling, Surveyor observed 9 drywall patches. The patched drywall was not sanded or painted, appearing to be unfinished. -On south kitchen wall between windows and celling, Surveyor observed 9 drywall patches. The patched drywall was not sanded or painted, appearing to be unfinished. -On south kitchen wall in between windows, Surveyor observed 2 drywall patches. The patched drywall was not sanded or painted, appearing to be unfinished. -On south kitchen wall below windows, Surveyor observed 8 drywall patches. The patched drywall was not sanded or painted, appearing to be unfinished. On 04/17/2024 at 9:45 a.m., Licensee A stated, "In February of 2021, I had foam insulation pumped throughout the home, that's what those drywall patches are. The house is a lot warmer."	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 5 Bathroom next to resident bedroom: -On the west wall, in between the tile of the shower and the ceiling, there were 6 patched holes on north wall. The patched drywall was not sanded or painted, appearing to be unfinished. - In northwest corner of bathroom, Surveyor observed a 5-foot-long drywall patch. The patched drywall was not sanded or painted, appearing to be unfinished. -In northwest corner, Surveyor observed a 3.5-foot drywall chipping. Surveyor observed a 16 inches of metal underneath chipping drywall. The patched drywall was not sanded or painted, appearing to be unfinished. -In the shower, there were four tiles across back side of bathtub, that appeared to be a sitting bench. One tile measured 5-inches x 6.5-inches. Three tiles measured 8-inches x 6.5-inches. One tile was cracked from one end to the other horizontally. -The bathroom floors were visibly dirty. Resident 2's Bedroom -On the southwest wall, there were two pieces of dark brown plywood on the wall measuring approximately 2-feet by 2.5 feet, appearing to be unfinished. On 04/17/2024 at 9:41 a.m., Resident 2 told Surveyor a pipe burst in the bathroom and putting up the board was how they fixed it. On 04/17/2024 at 9:45 a.m., Licensee A stated, "A	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 6 pipe burst in the bathroom in February of 2024. I just haven't gotten to fixing it yet." On 04/17/2024, at 2:16 p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the condition of the home. Licensee A stated s/he had been working on one project at a time and just has not gotten to the things identified by Surveyor.	M 276		
M 312	88.05(3)(h)6 SPACE FOR INDIVIDUAL STORAGE Each resident shall be provided conveniently located individual storage space in the resident's bedroom sufficient for hanging clothes and for storing clothing, toilet articles, towels and other personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure sufficient space in each bedroom for hanging clothes for 2 of 2 residents. There was no storage space sufficient for hanging clothes in Resident 1 and Resident 2's shared bedroom. Findings include: On 04/17/2024, at 9:32 a.m., Surveyor toured Resident 1 and Resident 2's shared bedroom. Surveyor did not observe storage space sufficient for hanging clothes in Resident 1 and Resident 2's shared bedroom. Surveyor noted the room had two dressers, two beds, and a television. On the floor, next to Resident 1's bed, there were four large black plastic bags, open, with clothing	M 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016293	A. BUILDING: _____ B. WING _____	R-C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
511 HOUSE ADULT FAMILY HOME LLC	511 N 34TH STREET MILWAUKEE, WI 53208

(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 312	Continued From page 7 inside of them, a laundry basket with clothing and towels inside and a box fan. On the floor, at the foot of Resident 2's bed, there was a laundry basket with clothing and towels stacked 1 foot, 4-inches high, two pair of shoes, two walking canes and a large cloth bag with bathroom toiletries. On 04/17/2024 at 9:36 a.m., Resident 2 told Surveyor s/he would like additional storage. There was no other storage for his/her things. S/He did not like keeping his/her belongings on the floor. Surveyor observed Resident 2 did not have a closet in his/her room for additional storage. On 04/17/2024, at 1:35 p.m., Surveyor interviewed Licensee A, who stated the room never had closets. Licensee A stated s/he provided both dressers and 3 hooks per resident on the back of their bedroom door for their coats. Surveyor and Licensee A reviewed the code requirement. Licensee A stated, "Why hasn't anyone ever told me this before?"	M 312		