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
	0017161	A. BUILDING: _____ B. WING _____	C 10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH	**3603 N 13TH ST MILWAUKEE, WI 53206**

(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 10/01/2025, Surveyor concluded a complaint investigation at Walk By Faith AFH. Two deficiencies were identified. Complaint was unsubstantiated. Census: 3	M 000		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the records for 3 of 3 residents (Resident 1, Resident 2, and Resident 3) reviewed, in a secure location within the home. Resident 1, Resident 2, and Resident 3's medical records were not accessible to Surveyor. Findings include: On 09/19/2025, Surveyor requested to review Resident 1, Resident 2, and Resident 3 's record. The following was identified: -Resident 1 was admitted to the provider's home on 06/01/2023. -Resident 2 was admitted to the provider's home	M 482		

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

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M 482	Continued From page 1 on 05/01/2024. -Resident 3 was admitted to the provider's home on 04/17/2023. On 09/19/2025, at approximately 9:37 a.m., Surveyor requested Resident 1, Resident 2, and Resident 3 's complete medical records from Manager B, who stated all three medical records were not onsite or in the home and were in his/her car parked across town (a different location). Manager B stated, "The resident files are in my car because I need them for appointments, and I did not bring that car." Manager B stated s/he would have to go get Resident 1, Resident 2, and Resident 3 's medical records from his/her car. On 09/19/2025, at approximately 11:24 a.m., Surveyor interviewed Licensee A and Manager B. Licensee A confirmed resident records were to be kept secure within the home. Licensee A reported not all records had been kept within the home due to medical appointments. S/He reported the facility was working on finding a secure location on site to store files.	M 482		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment.	M 540		

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M 540	Continued From page 2 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 service provider's records were available at the adult family home for review by the licensing agency (Manager B and Caregiver D). Findings include: On 09/19/2025, at approximately 9:40 a.m., Surveyor requested employee records for Manager B and Caregiver D. On 09/19/2025, at approximately 9:45 a.m., Surveyor interviewed Licensee A, who stated, "We were concerned [Caregiver C] was trying to steal files. [Manager B] walked in on him/her paging through both resident and employee files. We had the medications and employee files all locked up together." Licensee A explained that s/he audited files weekly and must have taken the employee files to his/her home office. Licensee A confirmed staff files were not at the facility. On 09/19/2025, at approximately 11:24 a.m., Surveyor interviewed Licensee A and Manager B. Licensee A confirmed staff records were to be kept secure within the home. S/He reported the facility was working on finding a secure location on site to store files. Licensee A reported s/he had made a mistake when s/he audited the files and took them home to his/her office.	M 540		