| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017109 | A. BUILDING: _____ B. WING _____ | 05/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROOMS R US ADULT FAMILY HOME IV LLC | 4737 N 52ND ST MILWAUKEE, WI 53218 |

| (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<br><br>On 04/23/2025 with information gathered through 05/15/2025, Surveyor conducted a standard survey at Rooms R Us Adult Family Home IV LLC, an Adult Family Home (AFH) in Milwaukee, WI.<br><br>One deficiency identified.<br><br>Census: 0 | M 000 | | |
| M 336 | 88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE<br><br>The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating for 2 of 2 calendar year reviewed (2023 and 2024).<br><br>Findings include:<br><br>On 05/14/2025 at approximately 10:30 AM, Surveyor requested documentation of the home's smoke detector tests from Health Services Manager A for calendar year 2023 and 2024. Health Services Manager A stated it would be in the binder if they were completed. Health | M 336 | | |

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 |
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| ROOMS R US ADULT FAMILY HOME IV LLC | 4737 N 52ND ST MILWAUKEE, WI 53218 |

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|---|---|---|---|---|
| M 336 | Continued From page 1<br><br>Services Manager A could only locate smoke detector checks from calendar year 2021.<br><br>On 05/14/2025 at approximately 10:45 AM, Surveyor interviewed Health Services Manager A. Health Services Manager A stated s/he had only started about a month ago and there had been no residents in the home since August of 2023. Health Services Manager A stated s/he acknowledged smoke detector checks needed to be completed monthly and would make sure moving forward they were completed. | M 336 | | |