| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017199 | A. BUILDING: _____ B. WING _____ | 07/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FAVOR CHRISTIAN HOME LLC | 5415 N 91ST STREET MILWAUKEE, WI 53225 |

| (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 07/09/2024, Surveyor conducted a standard survey at Favor Christian Home LLC in Milwaukee.<br>Three deficiencies were identified.<br><br>Census: 3 | M 000 | | |
| M 278 | 88.05(3)(b) FREE OF HAZARDS<br><br>The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not keep the home free from dangerous substances. There were cleaning products left within residents' access which had the potential to negatively affect 1 of 3 residents residing in the home (Resident 1).<br><br>Findings include:<br><br>This provider is licensed to care for up to 3 residents in the client groups of: irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled, terminally ill, traumatic brain injury and advanced aged.<br><br>On 07/09/2024, at approximately 1:00 PM, Surveyor toured the facility with Administrator A. During tour, Surveyor observed bleach, Clorox | M 278 | | |

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

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| M 278 | Continued From page 1<br>disinfectant and Clorox all-purpose cleaner unsecured under the kitchen sink. Additionally, Surveyor observed locking mechanisms on the refrigerator, microwave, and pantry cabinet. Administrator A stated the locks were to prevent [Resident 1] from having access during the night as they were often up and couldn't be trusted to make the best decisions. Surveyor asked Administrator A to explain further. Administrator A stated, "We have replaced the microwave 3 times because [Resident 1] likes to put tools inside the microwave causing it to short out."<br><br>On 07/09/2024, Surveyor reviewed Resident 1's record and found they were admitted on 12-01-2023 with a diagnosis of dementia with aggressive behavior.<br><br>On 07/09/2024 at approximately 1:45 PM Surveyor conducted exit interview with Administrator A discussing the unsecured cleaning chemicals. Administrator A agreed they should be locked up and staff would be trained to keep them secure. | M 278 | | |
| M 290 | 88.05(3)(e)2.b INSPECTIONS-GAS FURNACE<br><br>A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not have the gas furnace inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace in the adult family home (AFH). | M 290 | | |

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| M 290 | Continued From page 2<br>Findings include:<br><br>On 07/09/2024, at approximately 1:00 PM, Surveyor toured house accompanied by Administrator A. Surveyor observed there was no current service sticker affixed to the furnace.<br><br>On 07/09/2024, Surveyor reviewed the provider's safety files. The furnace inspection documentation was dated 09/30/2020 which meant the inspection was 9 months overdue.<br><br>On 07/09/2024 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed they were aware of the required 3-year furnace inspection requirement and<br>09/30/2020 was the most recent inspection. Administrator A stated they would call for an appointment right away. | M 290 | | |
| 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 observation and interview, the provider did not ensure smoke detectors were maintained in working condition. Two of 9 required smoke | M 336 | | |

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| M 336 | Continued From page 3<br>detectors were not working.<br><br>Findings include:<br><br>On 07/09/2024, Surveyor completed tour of the facility. The facility is a ranch style home with 3 bedrooms, living room, kitchen, and full basement. During the tour of the facility, the smoke detector in bedroom #1 and at the head of basement stairs were tested and found to be not working.<br><br>On 07/09/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A and asked if they conducted monthly testing of all smoke detectors. Administrator A showed Surveyor completed logs which documented all smoke detectors were tested and found working on 07/01/2024. Administrator A confirmed the alarms were all interconnected and had back up batteries. Administrator A stated, "both smoke detector batteries will be replaced." | M 336 | | |