| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016054 | A. BUILDING: _____ B. WING _____ | 07/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST COLETTA OF WI GRACE HOME AFH | 2812 SUMMIT AVE WAUKESHA, WI 53188 |

| (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 07/17/2025, Surveyor conducted an abbreviated licensing survey at St. Coletta of WI Grace Home AFH, an adult family home in Waukesha, WI.<br><br>One deficiency of Chapter DHS 88 was identified.<br><br>Census: 4 | 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 smoke detectors in the home were tested monthly to verify they were in working condition.<br><br>Findings include:<br><br>On 07/17/2025, Surveyor reviewed life safety records provided by Residential Area Manager (RAM) A. For the year of 2024, there was only smoke detector testing recorded in May, August, October, and November. From January 1st, 2025 - date of survey (07/17/2025), there was no record of smoke detector testing. | 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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|---|---|---|---|---|
| M 336 | Continued From page 1<br><br>On 07/17/2025 at approximately 11:00 AM, Surveyor interviewed RAM A and Director of Regulatory Compliance (DRC) B. DRC B confirmed there was no record of monthly smoke detector testing for 2024 or 2025, other than the 4 months mentioned above. RAM A explained smoke detector testing is typically done at the same time as the provider conducts fire drills, monthly, and it is recorded on the same document. Surveyor noted the fire drill documents that were reviewed had two different titles, one form was for "interconnected" smoke detectors and the other was "non-interconnected" smoke detectors. The "non-interconnected" forms did not have a place to record smoke detector testing. Each form was intermittently used through 2024, and only the "interconnected" form had been used thus far in 2025. Both RAM A and DRC B confirmed staff should have been documenting the drills on the "non-interconnected" forms to also document the smoke detector testing. RAM A and DRC B stated they'd ensure each of their homes was using the appropriate document moving forward. | M 336 | | |