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
	0015254	A. BUILDING: _____ B. WING _____	R 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN HOME 3	**5851 N 92ND 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 On 05/11/2026, Surveyor completed an abbreviated survey and verification visit at Cornerstone Christian Home 3. As a result, 1 deficiency was recited and 2 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 314	88.05(3)(i) BATHROOM LOCK The door of each bathroom shall have a lock which can be opened from the outside in an emergency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 bathroom door had a lock. The provider's bathroom door was a pocket door without a locking mechanism. Findings include: On 05/11/2026, at 11:15 AM, Surveyor toured the facility and observed the bathroom door. The facility bathroom, accessible to the residents, contained a pocket style door which did not have a locking mechanism. On 05/11/2026, at 11:15 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement. Licensee A reported s/he would ensure the door was code compliant.	M 314		

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

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M 348	Continued From page 1	M 348		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and actual evacuation time for each drill for 3 of 3 years. Fire drills conducted in 2023, 2024, 2025 and to date in 2026 did not indicate what the evacuation time was. Findings include: On 05/11/2026, at 11:04 AM, Surveyor reviewed the facility safety files and identified fire drills in 2023, 2024, 2025 and to date in 2026 were conducted monthly. The drills completed did not contain the evacuation time for the drills. On 05/11/2026, at 11:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement. Licensee A acknowledged Surveyors concerns regarding the documentation. Licensee A reported they would ensure compliance with the code.	M 348		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who	M 570		

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M 570	Continued From page 2 cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 3 of 3 residents. The dryer vent consisted of a flexible type of material. This is a repeat deficiency. See Statement of Deficiency (SOD) J0WU11, dated 12/30/2021. Findings include: On 05/11/2026, at 11:15 AM, Surveyor toured the facility. The dryer vent was comprised of rigid material from the outside vent to the floor. The dryer had approximately 16 inches of flexible type vent from the dryer to the rigid vent. On 05/11/2026, at 11:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement. Licensee A reported s/he would ensure the dryer vent was corrected.	M 570		