STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014520	A. BUILDING: _____ B. WING _____	R 11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY HOUSE 4	N89 W15935 CLEVELAND AVE MENOMONEE FALLS, WI 53051

(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 10/31/2023, Surveyor conducted a verification visit at Liberty House 4. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) #JDQF11 dated 10/17/2018, SOD #JDQF14 dated 09/30/2022, SOD #JDQF15 dated 04/18/2023, and JDQF16 dated 07/28/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not provide a safe, clean and home like environment. This is an uncorrected repeat deficiency cited for the fifth time. See Statement of Deficiency (SOD) #JDQF11 dated 10/17/2018, SOD #JDQF14 dated 09/30/2022, SOD #JDQF15 dated 04/18/2023, and JDQF16 dated 07/28/2023. Findings include:	{M 276}		

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 276}	Continued From page 1 The adult family home is licensed to serve up to 4 residents within the client groups of physically disabled, traumatic brain injury, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 10/31/2023 at 4:40 PM while touring the home with Manager A , Surveyor observed the following: Laundry room Tennis ball size hole in wall (Photo 1). Hall near Resident 1's room Exposed wires from disconnected smoke detector or carbon monoxide detector on hall ceiling (Photo 2). Stair well leading to Resident 4's basement bedroom Gate at top of stairs leading to Resident 4's room soiled with black substance (Photo 3). Light at bottom stairs by Resident 4's room missing light cover (Photo 4). Resident 3's room Cable cord plate hanging out of wall (Photo 5). Dented/cracked drywall and black streak measuring approximately 3 ½ feet x 6 inches on wall right of window (Photo 6). One hundred plus tack holes in wall left side of bed (Photo 7). Wall next to patio door The patched drywall left of the patio door was not painted (Photo 8) On 10/31/2023 at approximately 4:58 PM, Surveyor discussed concern regarding home	{M 276}		

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 276}	Continued From page 2 environment with Manager A who stated the fire department said the exposed wires where a smoke detector or carbon monoxide detector was removed from the hall ceiling by Resident 1's room was okay, and s/he still had not found anything sufficient to cover it with. Manager A stated "Okay" to the other concerns.	{M 276}		