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
	0014520	A. BUILDING: _____ B. WING _____	R 08/01/2024

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 08/01/2024, Surveyor conducted a verification visit at Liberty House 4. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency JDQF13, dated 02/27/2020 and SOD JDQF18 dated 04/26/2024. One of 2 violations from Statement Of Deficiency JDQF18, dated 04/26/2024 was substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 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 record review and interview, the provider did not ensure the resident's right to a safe physical environment.	{M 570}		

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

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{M 570}	Continued From page 1 The dryer was not vented. This is a repeat deficiency. See Statement Of Deficiency JDQF13, dated 02/27/2020 and SOD JDQF18 dated 04/26/2024. Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of traumatic brain injury, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, developmentally disabled and physically disabled. On 08/01/2024 at 12:22 PM while touring the laundry room with Caregiver J and Manager A, Surveyor observed the temperature in the laundry room was very warm and humid. Surveyor observed the back of the dryer with Manager A. The flexible dryer vent was not connected to the dryer exhaust on the back of the dryer (Photo 1). On 08/01/2024 at 12:22 PM, Surveyor interviewed Manager A who stated the vent was not hooked to the dryer because the dryer duct that ran inside the wall through the basement and vented to the outdoors needed to be cleaned. Manager A stated s/he told staff not to run the dryer and they were drying the laundry at the laundromat. Surveyor opened the dryer door and touched the interior of the dryer noting it was hot as if it had just been used. When Surveyor had Manager A touch the interior of the dryer s/he stated Resident 4 must have just used the dryer. Manager A stated s/he was trying to find a company to clean the duct pipe. Manager A stated as soon as possible s/he would put a sign on the dryer to not use it, have the vent cleaned, and replace the flexible dryer vent with a rigid vent.	{M 570}		

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