

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER HEAVENLY HANDS PARK JABEZ AFH SITE III		STREET ADDRESS, CITY, STATE, ZIP CODE 2973 NORTH 48TH STREET MILWAUKEE, WI 53210		
(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 04/24/2025, Surveyor conducted a standard survey and complaint investigation at Heavenly Hands Park Jabez AFH Site III. Complaint was unsubstantiated. Two deficiencies were identified. One of 2 was a repeat deficiency (see Statement of Deficiency DKNK12, dated 03/02/2022). Census: 2	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 332		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER HEAVENLY HANDS PARK JABEZ AFH SITE III		STREET ADDRESS, CITY, STATE, ZIP CODE 2973 NORTH 48TH STREET MILWAUKEE, WI 53210		
(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 332	Continued From page 1 did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department and had an attached tag showing the date of the last inspection for 2 of 2 fire extinguishers. The fire extinguisher in the kitchen and the fire extinguisher in the basement were not inspected annually. The fire extinguisher in the kitchen did not have a tag attached showing the date of the last inspection. Fire extinguishers were due for inspection by February 2024. This is a repeat deficiency. See Statement of Deficiency DKNK12, dated 03/02/2022. Findings include: On 04/24/2025 at 10:00 AM, Surveyor toured the facility. A fire extinguisher was observed in the kitchen with no inspection tag attached. A fire extinguisher was observed in the basement with a tag attached with an inspection month of February 2023 punched out. On 04/24/2025 at 11:30 AM, Surveyor interviewed Administrator A regarding the fire extinguishers. Administrator confirmed that the fire extinguishers had not been inspected annually but would be inspected soon.	M 332		
M 570	88.10(3)(I) 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	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER HEAVENLY HANDS PARK JABEZ AFH SITE III		STREET ADDRESS, CITY, STATE, ZIP CODE 2973 NORTH 48TH STREET MILWAUKEE, WI 53210		
(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 570	Continued From page 2 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 hot water was kept at a safe temperature for 2 of 2 residents in the home. The hot water at the bathroom faucet was measured at 127° Fahrenheit (F). Findings include: The adult family home was licensed by the department, effective 09/03/2013, to admit up to 4 residents in the client groups of physically disabled, irreversible dementia/Alzheimer's Disease, emotionally disturbed/mental illness, advanced aged, and developmentally disabled. On 01/28/2025 at 10:30 AM, Surveyor measured the temperature of the hot water in the residents' bathroom. The hot water measured at 127° F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014583	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER HEAVENLY HANDS PARK JABEZ AFH SITE III			STREET ADDRESS, CITY, STATE, ZIP CODE 2973 NORTH 48TH STREET MILWAUKEE, WI 53210		
(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 570	Continued From page 3 disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). On 04/24/2025 at 11:30 AM, Surveyor interviewed Licensee A regarding the hot water temperatures. Licensee A confirmed the temperature was too high for resident safety. Licensee A stated that s/he will be working to have the temperature corrected right away.	M 570			