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
	0017369	A. BUILDING: _____ B. WING _____	C 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDIES FAITH HOUSES LLC	**4903 N 42ND STREET BROWN DEER, WI 53209**

(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 01/27/2025, Surveyor attempted to conduct a standard licensing survey through 01/28/2025 at Addies Faithful Houses LLC, an AFH located in Milwaukee, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. Census: 3	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not comply with all department and licensing agency requests for information about residents, services or operation of the home. Licensee A did not allow Surveyor access to home and did not comply with requests for documentation about residents or operation of the home. Findings include: On 01/27/2025 at 9:00 AM, Surveyor attempted to conduct a standard survey and complaint investigation at the facility. No one answered the door when Surveyor knocked and rang doorbell. No one answered the phone when Surveyor called the facility. Surveyor could hear the phone ringing inside the home.	M 204		

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

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M 204	Continued From page 1 On 01/27/2025 at 9:15 AM, Surveyor called Licensee A via phone. Licensee A did not answer the phone. On 01/27/2025 at 9:30 AM, Licensee A called Surveyor via phone. Licensee A stated s/he had to get to work and would be unable to come to the home and allow Surveyor access to the home. Surveyor asked Licensee A if there as another employee or someone that had access to the home that could let Surveyor in and conduct the survey? Licensee A stated, "I have no employees, it's just me and them." Surveyor asked Licensee A how many residents lived at the home? Licensee A stated that 3 residents currently lived at the home. Licensee A stated s/he had to get to work, but would send documents to Surveyor by email or fax. Licensee A inquired about how to close his/her facility. Surveyor informed Licensee A how to notify the department. On 01/27/2025 at 9:51 AM, Surveyor emailed Licensee A with a request of documents regarding residents and operation of the home. Surveyor gave Licensee A until 01/28/2025 at noon to provide further information. As of 01/28/2025 at 12:00 PM, no further information was provided.	M 204		