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 _____	R-C 06/23/2025

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 06/17/2025, with information gathered through 06/23/2025, Surveyor conducted a standard survey, one complaint investigation, and verification visits for Statement of Deficiency (SOD) LINK11 and SOD S49812 at Addies Faith Houses LLC. As a result, 5 deficiencies were identified. Two of 5 were repeat deficiencies (see SOD S49811, dated 10/12/2022). The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 0	{M 000}		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed received training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens annually. Licensee A and Caregiver B did not receive training in standard precautions annually for 2023 and 2024.	M 235		

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

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M 235	Continued From page 1 The OSHA standard requires the employer train each employee with occupational exposure, "At least annually" per 1910.1030(g)(2)(ii) (B). Findings include: On 06/19/2025, Surveyor reviewed employee records and identified the following: - Licensee A was hired on 08/02/2019. Licensee A had caregiver responsibilities. Licensee A's record did not have evidence of receiving standard precautions training in 2023 and 2024. -Caregiver B was hired on 05/24/2022. Caregiver B's record did not have evidence of receiving standard precautions training in 2023 and 2024. On 06/19/2025, at 10:35 AM, Surveyor interviewed Licensee A and Caregiver B. Licensee A reported s/he worked as a caregiver at the adult family home. Licensee A reported caregivers were responsible for anything the residents needed, including administering insulin if required. Licensee A reported caregivers were also responsible for any incontinence needs. Licensee A confirmed caregivers may encounter bloodborne pathogens. Licensee A reported s/he was unaware the code required caregivers to have annual training in standard precautions, but s/he would ensure they received the required training.	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety,	M 246		

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M 246	Continued From page 2 welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Licensee A and Caregiver B) received annual training in 2023 and 2024. Findings include: On 06/19/2025, Surveyor reviewed employee records and identified the following: -Licensee A was hired on 08/02/2019. Licensee A had caregiver responsibilities. Licensee A's record did not have evidence of receiving annual training in 2023 and 2024. -Caregiver B was hired on 05/24/2022. Caregiver B's record did not have evidence of receiving annual training in 2023 and 2024. On 06/19/2025, at 10:35 AM, Surveyor interviewed Licensee A and Caregiver B. Licensee A reported s/he worked as a caregiver at the adult family home. Licensee A reported s/he knew of the requirement to provide annual training. Licensee A reported s/he was not organized, and his/her last resident left the facility in May of 2024, and s/he has not had residents in the facility since then. Licensee A reported s/he wanted to obtain a contract to continue helping people in the future and was hoping s/he could get his/her facility remodeled and obtain residents in the future. Licensee A confirmed s/he did not provide training for his/her staff in 2023 and 2024.	M 246		

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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 did not ensure each fire extinguisher was inspected annually by an authorized dealer or fire department for 3 of 3 fire extinguishers. The fire extinguishers in the basement, kitchen, and 2nd level of the facility each had an inspection tag indicating the last inspection was 10/2023. This is a repeat deficiency. See Statement of Deficiency (SOD) S49811, dated 10/12/2022). Findings include:	M 332		

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M 332	Continued From page 4 On 06/19/2025, at approximately 9:30 AM, Surveyor observed 3 fire extinguishers in the facility. One was in the kitchen, one in the basement, and one on the 2nd level (upstairs) of the facility. Each one had an annual inspection tag affixed with the date of 10/2023. On 06/19/2025, at 9:37 AM, Surveyor interviewed Licensee A. Licensee A confirmed the fire extinguishers were overdue for inspection. Licensee A reported his/her last resident left in 05/2024 and since then, s/he had thought about closing the adult family home. Recently, s/he decided s/he wanted to keep it open and was working on remodeling. Licensee A reported s/he would have a maintenance person come to the facility and take the fire extinguishers to an authorized dealer to get them inspected immediately.	M 332		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 6 of 6 smoke detectors in the facility were tested monthly in 2024 and to	M 336		

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M 336	Continued From page 5 date in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) S49811, dated 10/12/2022. Findings include: On 06/19/2025, Surveyor reviewed the provider's smoke detector logs for 2023 to 06/2025. Surveyor observed the tracking form for 2024 had no evidence smoke detectors were checked in 2024. There was no tracking form observed for 2025. On 06/19/2025 at approximately 10:35 AM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement to ensure smoke detectors were tested monthly. Licensee A reported s/he thought the smoke detector testing had been completed for all of 2024 and to date in 2025. Licensee A reported s/he did not have residents in the home since May of 2024, but wanted the adult family home to be operational again soon. Licensee A reported Caregiver B had been ensuring the facility was maintained while there were no residents residing there. Licensee A reported s/he was unsure why the smoke detectors were not tested. Licensee A confirmed the 2024 log was blank and there was no log for 2025.	M 336		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made	Z 014		

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Z 014	Continued From page 6 available for inspection by authorized persons, as defined by the department by rule. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver background check was maintained. Caregiver B's background check was not maintained by the provider and was unavailable for review upon Surveyor's request. Findings include: On 06/19/2025, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 05/24/2022. Caregiver B's record contained a Background Information Disclosure (BID), dated 12/06/2021. Caregiver B's record did not contain a Department of Justice report or an Integrated Background Information System letter from the department. On 06/19/2025, at 9:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he had completed Caregiver B's background check after the previous survey when s/he could not locate evidence of the background check in 2022. Licensee A reported s/he did not print the background check and could not locate it in the system. Licensee A confirmed s/he did not save the background check from the website s/he conducted it on and was unable to retrieve the information. Licensee A reported s/he would work on finding a system to ensure s/he printed and/or saved the information in the future. Licensee A	Z 014		

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Z 014	Continued From page 7 stated s/he needed to get organized with filing. Licensee A provided Caregiver B a BID form to complete and reported s/he would run the background check and print it out for his/her files.	Z 014		