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
	0016065	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS LLC 2	3846 N SHERMAN BLVD MILWAUKEE, WI 53216

(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 06/18/2025, Surveyor conducted a standard survey, at New Beginnings LLC 2, an Adult Family Home (AFH) in Milwaukee, WI. Three deficiencies were identified. Census: Licensee reported no residents' have resided at the facility since the facility became licensed on 01/04/2017.	M 000		
M 276	88.05(3)(a) Homelike 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 ensure a clean, well-maintained and homelike environment. Findings include: On 06/18/2025, at approximately 2:13 PM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -Bathroom tub/shower had black spots in grout lines areas consistent with mold. -Bathroom flooring had buildup dirt throughout. -Bathroom tub/shower had missing tile. -Bathroom tub was dirty.	M 276		

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

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M 276	Continued From page 1 -Bedroom 1 ceiling fan light did not work. -Bedroom 1 mattress was halfway on bed frame. -Bedroom 1 dresser drawers were open with clothes hanging out of it. -Bedroom 2 had two mattresses stacked on top of each other against left side of the wall. -Bedroom 2 mattresses did not have bedding. -Bedroom 2 left side of the wall mattresses had bags of clothes on top. -Bedroom 2 right side of the wall had a laptop on top. -Bedroom 2 had a handset and black charger on floor. On 06/18/2025, at approximately 2:20 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware of the homelike environment issues. Licensee A stated his/her understanding was if facility did not have residents then they did not have to be in substantial compliance with the requirements governing adult family homes.	M 276		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview the facility did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace. Findings include: On 06/18/2025, Surveyor requested to review	M 290		

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M 290	Continued From page 2 facility's most recent furnace inspection from Licensee A. There was no evidence of a furnace inspection for review. On 06/18/2025 at approximately 2:20 PM, Surveyor interviewed Licensee A. Licensee A stated s/he will send documentation of the most recent furnace inspection to Surveyor via email by end of business hours today. As of 06/18/2025 at 5:00 PM, Surveyor did not receive evidence of facility's most recent furnace inspection.	M 290		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 6 required locations. There was no smoke	M 334		

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M 334	Continued From page 3 detector at the head of basement stairwell. Findings include: On 06/18/2025, at approximately 2:13 PM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -The head of basement stairwell did not contain a smoke detector. On 06/18/2025, at approximately 2:20 PM, Surveyor interviewed Licensee A. Licensee A stated his/her understanding was if facility did not have residents the home did not have to be in substantial compliance with the requirements governing adult family homes.	M 334		