

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER CACHE JAMES BETTER LIVING LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7518 N 38TH ST MILWAUKEE, 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 03/19/2025 with information gathered through 05/14/2025, Surveyor conducted a standard survey and 2 complaint investigations at Cache James Better Living LLC 2. Two of 2 complaints were unsubstantiated. Two deficiencies were identified. One of 2 was a repeat violation (see Statement of Deficiency Q4LM12, dated 12/15/2021). Census: 3	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 the home was well-maintained, clean, and a homelike environment in the home. The hallway, living rooms, basement, kitchen, bathroom, and resident bedrooms required cleaning and repairs. This had the potential to affect 3 of 3 residents. Findings include: On 3/19/2025, from 10:00 AM to 11:30 AM, Surveyor toured the home and observed the	M 276		

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: 0015951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER CACHE JAMES BETTER LIVING LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7518 N 38TH ST MILWAUKEE, 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 276	Continued From page 1 following: Hallways: The walls were white with area of dark grey discoloration, approximately a foot above the floor, consistent with something being frequently rubbed against it. The baseboard trim appeared dusty and discolored. Living Room: The walls of the living room were white in color, with areas of discoloration. Discolored area noted in the corner of the living room, approximately 3 feet above the floor. The trim around the living room windows were white with areas of paint missing. Slats appeared to be missing from the living room vertical blinds. Basement: Large cobwebs on multiple areas of the basement ceiling and above the dryer. Large accumulation of lint behind the dryer and on the floor in front of the dryer. Back corner of the basement had a moist black discoloration consistent with mold on an area of approximately 2 feet by 3 feet on the floor and upto about 18 inches above the floor on the back wall. Kitchen: Blinds in the kitchen were damaged. White paint was chipping of the kitchen windows behind the sink. There appeared to be areas of oil splattered on the ceiling above the range. There was an area of discoloration approximately 1 foot by 1 foot on the left side of the range.	M 276		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER CACHE JAMES BETTER LIVING LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7518 N 38TH ST MILWAUKEE, 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 276	Continued From page 2 Bathroom: Paint above the bathroom sink and along the bathroom wall was chipped off. The bathroom exhaust vent had a lot of dust accumulated on it. The blinds in the bathroom were damaged. Bedrooms: Two of two bedrooms had areas of discoloration on the wall. On 3/19/2025, at approximately 11:30 AM, Surveyors interviewed Manager A. Manager A confirmed the house was dusty, and the walls needed a coat of paint. Manager A was not aware of the lint behind the dryer.	M 276		
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 observation and interview, the provider did not ensure a safe living environment for 3 of 3 residents residing in the facility. The hot water in the resident bathroom was 125.8 degrees	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER CACHE JAMES BETTER LIVING LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7518 N 38TH ST MILWAUKEE, 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 570	Continued From page 3 Fahrenheit (°F), which created a risk for burns. The dryer vent was not attached to the dryer, there was an accumulation of lint behind the dryer. This is a repeat deficiency. See Statement of Deficiency Q4LM12, dated 12/15/2021. Findings include: On 03/19/2025, at approximately 10:00 AM till 11:30 AM, Surveyor conducted a tour of the facility and observed the following: Example 1: Surveyors tested the hot water temperature in the residents' bathroom. The hot water was 125.8°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 disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). Example 2: Surveyor observed the dryer vent was not connected to the dryer, there was an accumulation of lint behind the dryer and a pile of lint in front of the dryer.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2025
NAME OF PROVIDER OR SUPPLIER CACHE JAMES BETTER LIVING LLC 2			STREET ADDRESS, CITY, STATE, ZIP CODE 7518 N 38TH ST MILWAUKEE, 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 570	Continued From page 4 On 3/19/2025, at approximately 10:30 AM, Surveyor interviewed Manager A. Manager A reported that WE Energies had done some work in front of the building a few weeks prior and that was likely the reason that the water temperature was higher than it should have been. Manager A confirmed the water temperature should have been adjusted sooner. Manager A reported s/he was not aware that the dryer vent was disconnected nor aware that there was a buildup of lint in front of and behind the dryer.	M 570			