

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER KINGDOM HOMES CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1434 CLEVELAND AVE WAUKESHA, WI 53186		
(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 06/24/2024, Surveyors conducted a standard licensure survey at Kingdom Homes Cleveland. One deficiency was identified. Census: 4	M 000		
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 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 Adult Family Home (AFH) violated resident rights by not providing a safe environment. There were unsafe water temperatures that exceeded 115° Fahrenheit (F) and the AFH did not utilize proper ventilation for the clothes dryer. The provider is licensed as an ambulatory AFH that may serve up to 4 residents within the client groups of developmentally disabled and/or physically disabled. Findings include:	M 570		

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: 0014151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER KINGDOM HOMES CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1434 CLEVELAND AVE WAUKESHA, WI 53186		
(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 1 Example 1- Unsafe water temperature On 06/24/2024 at 10:17 AM, Surveyor tested the hot water temperature of the shared bathroom on the second floor. This bathroom was accessible to anyone in the house. The water temperature was 121°F. On 06/24/2024 at 10:20 AM, Surveyor tested the hot water temperature of a private bathroom on the second floor. This bathroom was accessible to only one resident of the home as it was attached to her bedroom. There were two sinks in this bathroom and water temperature was 123°F at each sink. Example 2- Dryer duct On 06/24/2024 at 8:34 AM, Surveyors toured the AFH and observed the laundry area. The dryer vent was made of flexible semi-rigid material, and approximately 1 foot in length. Interview: On 06/24/2024 at 11:33 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Licensee A stated they complete water temperature checks monthly and have had water temperature issues in the past. S/he stated someone must be altering the settings at the water heater as this had been addressed previously. Licensee A notes issues with the dryer vent and having had to change the duct several times. Surveyors reinforced the need for a rigid duct as flexible ducts create a hazard. Licensee A expressed understanding in both concerns and shared the maintenance person will address the concerns.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER KINGDOM HOMES CLEVELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1434 CLEVELAND AVE WAUKESHA, WI 53186		
(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 Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents 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-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		