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 |
|---|---|---|---|
| | 0014471 | A. BUILDING: _____ B. WING _____ | C 10/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GRACE SUPPORTIVE LIVING SRVCS LLC ACA | 6712 N 90TH ST MILWAUKEE, WI 53224 |

| (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<br><br>On 10/22/2024, Surveyor conducted an abbreviated survey and 1 complaint investigation. Two deficiencies were identified.<br>One complaint was unsubstantiated.<br><br>Census: 4 | M 000 | | |
| M 298 | 88.05(3)(g) WINDOWS AND VENTILATION<br><br>The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 2 of 4 residents' bedrooms had at least 1 screened window which was capable of being opened to the outside. Resident 1's and Resident 3's rooms did not have window screens.<br><br>Findings include:<br><br>On 10/22/2024, at approximately 10:00 AM, Surveyor conducted an onsite tour and observed the following:<br><br>-Resident 1's first-floor bedroom had a north facing window which did not have a screen.<br>-Resident 3's first-floor bedroom had a south facing window which did not have a screen.<br><br>On 10/22/2024, at approximately 1:30 PM, Surveyor interviewed Licensee A who reported | M 298 | | |

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

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| M 298 | Continued From page 1<br>s/he was not aware of the missing screens but would have them installed. | M 298 | | |
| M 334 | 88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 1 of 6 required locations in the home contained working smoke detectors. The smoke detector in Resident 3's room was not working.<br><br>Findings include:<br><br>On 10/22/2024, at 10:00 AM, Surveyor toured Resident 3's room. The smoke detector in Resident 3's room was unsecured from the bracket. Licensee A tested the smoke detector and confirmed it was not working. | M 334 | | |

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| M 334 | Continued From page 2<br>On 10/22/2024, at approximately 1:30 PM, Surveyor interviewed Licensee A who reported s/he was not aware the office needed a smoke detector but s/he would have it installed and would replace the one in Resident 3's room by end of day. | M 334 | | |