STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014812	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISONS HOUSE	3823 N 26TH STREET MILWAUKEE, WI 53206

(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 08/22/2025, Surveyor conducted an abbreviated survey at Harrisons House. As a result, 3 deficiencies were identified. Census: 3	M 000		
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 smoke detectors were in 3 of 8 required locations. The upstairs room, the head of the open stairway leading to the basement and the door leading to the enclosed stairway upstairs did not contain smoke detectors. Findings include: On 08/22/2025, at 10:30 AM, Surveyor toured the facility and observed the following:	M 334		

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

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M 334	Continued From page 1 A room at the top of the stairs was missing a smoke detector. The base was attached to the ceiling. Inside the doorway, leading to the upstairs bedroom was missing a smoke detector. The base was attached to the wall. Inside the open stairway leading to the basement was missing a smoke detector. The base was attached to the ceiling. On 08/22/2025, at 11:20 AM, Surveyor interviewed Human Resource Manager A. Human Resource Manager A confirmed the code requirement. Human Resource Manager A reported s/he was unsure why the smoke detectors were missing and would ensure they were replaced right away.	M 334		
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:	M 570		

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M 570	Continued From page 2 Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 3 of 3 residents. The hot water temperature in the bathroom was 145.7° Fahrenheit (F). Findings include: On 08/22/2025, at 10:30 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 145.7° F. "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) On 08/22/2025 at 11:20 AM, Surveyor interviewed Human Resource Manager A. Human Resource Manager A confirmed the code requirement. Human Resource Manager A reported s/he was unaware the water temperature was too high. Human Resource Manager A reported the water heater would be turned down.	M 570		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement	Z 019		

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Z 019	Continued From page 3 Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 1 of 2 caregivers reviewed. Caregiver B did not have a background check completed at least every 4 years. Findings include: On 08/22/2025 at 11:00 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 10/20/2018. Caregiver B's original background information disclosure (BID) was dated 10/19/2018, Department of Justice check (DOJ) was dated 10/19/2018 and caregiver background check (IBIS) was dated 10/19/2018. Caregiver B had an updated BID, DOJ and IBIS dated 11/11/2024, which was 6 years after her/his hire date. On 08/22/2025 at 11:20 AM, Surveyor interviewed Human Resource Manager A. Human Resource Manager A confirmed the code requirement. Human Resource Manager A reported they would ensure background checks were completed every	Z 019		

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Z 019	Continued From page 4 4 years.	Z 019		