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
	0015851	A. BUILDING: _____ B. WING _____	C 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OMEGA HOUSE LLC	**5544 NORTH 57TH ST MILWAUKEE, WI 53218**

(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 01/10/2025, Surveyor conducted a standard licensure survey and 1 complaint investigation. Two deficiencies were identified. One complaint was unsubstantiated. Census: 02	M 000		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with 2 of 2 residents residing at the facility with written documentation of the date and evacuation time for each drill maintained by the home for 2 of 2 years reviewed. Fire drills were not completed in 2023 and 2024. Findings include: On 01/10/2025, at approximately 10:40 AM, Surveyor reviewed safety files. There were no fire drills included in the files. Surveyor requested fire drill documentation for 2023 and 2024 from Licensee A. On 01/10/2025, at approximately 10:40 AM, Surveyor interviewed Licensee A. Licensee A confirmed there were no documented fire drills for either 2023 or 2024. Licensee A stated, "Both residents know what to do, but I did not write it down. I will take care of it."	M 348		

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

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M 570	Continued From page 1	M 570		
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 physical environment for 3 of 3 residents. The hot water was not kept at a safe temperature and measured 132° Fahrenheit (F) at 2 of 2 faucets tested. Findings include: On 01/10/2024, at approximately 12:00 PM, Surveyor observed the hot water temperature from the bathroom and kitchen faucets was 132° F. Licensee A confirmed the water temperature was 132° F. On 01/10/2024, at approximately 12:45 PM, Surveyor interviewed Licensee A about the hot water temperature. Licensee A expressed surprise it measured at an unsafe temperature and stated they would turn the hot water temperature down and begin monitoring it monthly to ensure it was not too hot.	M 570		

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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		