STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018191	A. BUILDING: _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDS OF FAMILY ADULT HOME LLC	**5486 NORTH 75TH STREET 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 01/30/2024, Surveyor conducted a standard survey and complaint investigation at Friends of Family Adult Home LLC. Two deficiencies identified. Complaint unsubstantiated. Census: 3	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed had training in fire safety and first aid prior to or within 6 months after starting to provide care. Caregiver B did not have training in fire safety and first aid prior to or within 6 months after starting to provide care. Findings include: On 01/30/2024 at approximately 9:00 AM, Surveyor requested the initial trainings of	M 244		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 244	Continued From page 1 Caregiver B, hired 02/02/2022, from Licensee A. Surveyor found initial training documentation and noted training did not include training in fire safety and first aid. On 01/30/2024 at approximately 9:15 AM, Surveyor interviewed Licensee A. Licensee A reported s/he could not locate any fire safety and first aid training for Caregiver B within 6 months of hire. Licensee A confirmed Caregiver B did not have fire safety and first aid training within 6 months of hire.	M 244		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated, using the Department's form, for evacuation in 2023. Findings include: On 01/30/2024 at approximately 10:00 AM., Surveyor reviewed Resident 1's record. Resident 1's record indicated the following:	M 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018191	A. BUILDING: _____ B. WING _____	C 01/30/2024

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M 346	Continued From page 2 -Resident 1 was admitted to the facility on 08/23/2022. -Resident 1's most recent evacuation assessment, using the Department's form, was completed on 08/25/2022. On 01/30/2024 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not complete an evacuation assessment for Resident 1 in calendar year 2023. Licensee A stated s/he would update the evacuation assessment immediately.	M 346		