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
	0017570	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY HOUSE 6 LLC	1634 N 122ND ST WAUWATOSA, WI 53226

(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 06/11/2025 with information gathered through 06/16/2025, Surveyor conducted a standard survey at Liberty House 6 LLC in Wauwatosa. Two deficiencies were identified. Census: 4	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent was constructed of rigid metal material for 1 of 1 dryer. The dryer vent duct was a flexible type material. Findings include: On 06/11/2025, at 10:20 AM, Surveyor and Manager B inspected the laundry room as part of facility tour. Surveyor observed the dryer vent duct was not constructed of rigid metal material. Manager B stated they would have it replaced as soon as possible. On 16/16/2025, at 9:35 AM, Surveyor called Licensee A for an exit interview. Licensee A confirmed they had been informed of our visit and would ensure the dryer vent was brought into compliance.	M 278		

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

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M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents (Residents 1 , 2, 3, and 4) received a health examination by a physician and were screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission. Findings include: On 06/11/2025, Surveyor reviewed resident records and identified the following: Resident 1 moved into the home 06/16/2021. Resident 2 moved into the home 01/03/2020. Resident 3 moved into the home 07/01/2022. Resident 4 moved into the home 01/03/2020. Resident records did not contain an admission health exam or a communicable disease screen, including TB skin testing/screening. Surveyor	M 380		

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M 380	Continued From page 2 requested all resident admission health exams and communicable disease screenings, including the TB testing/screening. Manager B stated the information could be in the files kept at the office. Manager B stated, "I have it at the office and will e-mail it to you." On 06/16/2025, Surveyor received the following in an email from Manager B. It read, "We've reviewed our files, and it appears that some of the original assessments conducted by our former nurse during client admissions were not returned to us and are not currently in the home's compliance binders. We understand the importance of having these readily available and fully documented for state review. "Moving forward, we are implementing the following corrective steps: "All admission assessments - including TB skin tests, communicable disease clearance, and general intake evaluations - will be filed immediately in each resident's binder on-site. "Our team will maintain a digital copy of all intake assessments in a central compliance folder to ensure backup access during surveys. "We are re-educating staff and intake coordinators on DHS (Department of Health Services) recordkeeping standards to prevent future gaps in documentation."	M 380		