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
	0016412	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MNM ADULT FAMILY GROUP HOME	1142 N 22ND ST MILWAUKEE, WI 53233

(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 05/13/2025 with information gathered through 05/14/2025, Surveyor conducted a standard survey, at MNM Adult Family Group Home, an Adult Family Home (AFH) in Milwaukee, WI. One deficiency identified.	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not comply with all department and licensing agency requests for information about residents, services or operation of the home. Licensee A did not allow Surveyor access to home. Findings include: On 05/13/2025, at approximately 12:00 PM, Surveyor attempted to conduct a standard survey at the facility. No one answered the door when Surveyor knocked and rang doorbell. On 05/13/2025, at approximately 12:02 PM, Surveyor called Licensee A via phone. Licensee A stated that s/he was out of town and would be unable to come to the home and allow Surveyor access to the home. Surveyor asked Licensee A if there was someone that has access to the home that could let Surveyor in and conduct survey, Licensee A stated, "I am out of town and unable	M 204		

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

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M 204	Continued From page 1 to come." Licensee A reported that there were no residents currently living in the home. Surveyor informed Licensee A still subject to survey of the physical home to retain the license. Licensee A stated that s/he was not aware that Surveyor was coming out. Licensee A stated that Surveyor did not make an appointment. Surveyor informed Licensee A that the Department did not schedule visits, visits are unannounced. Surveyor asked Licensee A when s/he would be back in town, Licensee A did not provide an answer to this question. Licensee A reported s/he wanted to retain the adult family home license.	M 204		