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
	0016146	A. BUILDING: _____ B. WING _____	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WE CARE ADULT FAMILY COMPANY II	**5120 N 64 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 03/21/2025, Surveyor conducted an abbreviated survey at We Care Adult Family Company II. One deficiency was identified. Census: 04	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. Findings include: On 03/21/2025, at 11:20 PM, Surveyor observed the dryer vent duct was not constructed of rigid metal material. Approximately 5 feet was comprised of flexible duct vent. It was attached to the dryer and led to a longer rigid metal vent which was connected to the basement window. On 03/21/2025, at approximately 12:25 PM, Surveyor interviewed Licensee A and House Manager (HM) B regarding the dryer vent. House Manager (HM) B confirmed the bottom portion of the vent was not rigid material. Licensee A	M 278		

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

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M 278	Continued From page 1 reported s/he was unaware the entire vent needed to be rigid metal. Neither (HM) B or Licensee A were aware of how long the vent had been incorrect. Licensee A reported s/he would have the venting corrected.	M 278		