STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016478	A. BUILDING: _____ B. WING _____	09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS ON 75TH ST	157 N 75TH ST MILWAUKEE, WI 53213

(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 09/06/2023, Surveyor conducted a standard survey and 1 complaint investigation at Helping Hands on 75th street. Four deficiencies were identified. One of 4 was a repeat deficiency (see Statement of Deficiency 73B311, dated 01/14/2021.) One complaint was unsubstantiated. 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 home was not free of hazards. One of 1 clothes dryer was not vented to the outside of the home. Findings include: On 09/06/2023 at approximately 10:00 AM, Surveyor toured the Adult Family Home (AFH) with House Manager B. In the basement, Surveyor observed a round hole approximately 4 inches in diameter in the wall above the dryer. The hole was just below the ceiling and was open to the outside. There was a rigid metal vent tube propped against the wall behind the dryer. The vent tube extended straight for approximately 6 feet, then had a 90-degree bend and extended for	M 278		

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

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M 278	Continued From page 1 an additional 6 inches toward the round hole but was not connected to the outside. Surveyor inspected behind the dryer and observed the other end of the vent tube resting on the floor beside the exhaust vent of the dryer, The inside of the opening to the exhaust vent was covered with a layer of what appeared to be lint, paper scraps, and other debris. The vent was not attached to the dryer. On 09/06/2023 at 1:05 PM, Surveyor interviewed House Manager B about the dryer not venting to the outside of the home. House Manager B stated s/he was unaware the dryer was not currently vented to the outside. House Manager B confirmed this was the only dryer in the AFH and stated if staff were doing laundry for residents, they were using it unvented to the outside. House Manager B stated the vent would be repaired immediately.	M 278		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire	M 332		

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M 332	Continued From page 2 extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 floors was equipped with a fire extinguisher. The basement was not equipped with a fire extinguisher. Findings include: On 09/06/2023, at approximately 10:10 AM, Surveyor toured the facility and observed the basement was not equipped with a fire extinguisher. On 09/06/2023, at approximately 1:00 PM, Surveyor interviewed House Manager B. House Manager B confirmed the basement was missing a fire extinguisher and stated s/he was unsure how long it had been missing. House Manager B confirmed they were aware of the requirement and would ensure both fire extinguishers were inspected monthly when the smoke detectors were checked.	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal	M 334		

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M 334	Continued From page 3 emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was installed and working in 1 of 7 required locations. A storage room approximately 12 feet wide by 10 feet long located on the east side of the basement level, was not equipped with a smoke detector. Findings include: On 09/06/2023, at approximately 10:00 AM, Surveyor toured the facility accompanied by House Manager B. A storage room approximately 12 feet wide by 10 feet long located on the east side of the basement level, was not equipped with a smoke detector. On 09/06/2023 at 1:05 PM, Surveyor interviewed House Manager B. House Manager B confirmed the basement was missing a smoke detector in the room used for storage. House Manager B stated they had never noticed there was not a smoke detector in that room, but s/he would have it installed right away.	M 334		

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M 570	Continued From page 4	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 4 of 4 residents were safeguarded from environmental hazards. The hot water coming from the bathroom faucet was 126° Fahrenheit (F). Findings include: This AFH was licensed by the Department, effective 02/22/2017, to admit up to 4 residents in the client groups of physically disabled, advanced age, public funding, irreversible dementia/Alzheimer's, and developmentally disabled. On 09/06/2023, at approximately 10:00 AM, Surveyor, accompanied by House Manager B, tested the hot water temperature from the resident bathroom sink faucet. The hot water was 126° F. "Exposure to hot water is a potential	M 570		

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M 570	Continued From page 5 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.)" On 09/06/2023, at 1:05 PM, Surveyor interviewed House Manager B regarding the hot water in the resident bathroom. House Manager B confirmed the water was too hot and s/he would turn it down. House Manager B confirmed the residents were not always supervised while in the bathroom.	M 570		