

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016798	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2025
NAME OF PROVIDER OR SUPPLIER CUDAHY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 E BARNARD AVE CUDAHY, WI 53110		
(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
N 000	Initial Comments On 05/29/2025, Surveyor concluded complaint investigations at Cudahy Place. One deficiency was identified. One complaint was substantiated. Census: 15	N 000		
N 371	83.34(4) Provide written final accounting Final accounting. Within 14 days after a resident is discharged, the CBRF shall provide to the resident or the resident ' s legal representative a written final accounting of all the resident ' s funds held by the CBRF and shall disburse any remaining money to the resident or to the resident ' s legal representative. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident's funds, and any remaining money held by the provider, was disbursed to the resident's legal representative within 14 days after resident was discharged for 1 of 1 resident. Resident 1's financial move-out date was 01/31/2025. The provider electronically withdrew \$7084.00 from Resident 1's savings account on 02/03/2025, after Resident 1's move-out date occurred. Resident 1's financial power of attorney (F-POA) A did not receive the reimbursement of the remaining money within 14 days after Resident 1 was discharged on 01/31/2025. F-POAA received a letter dated 4/02/2025 and a check in the amount of \$7084.00 dated 03/31/2025 from the provider. F-POAA received remaining money held by the provider two months after Resident 1	N 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016798	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2025
NAME OF PROVIDER OR SUPPLIER CUDAHY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 E BARNARD AVE CUDAHY, WI 53110		
(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
N 371	Continued From page 1 was discharged. Findings include: On 04/04/2024, the Department received a complaint alleging concerns the corporate office withdrew funds via electronic banking after a resident had moved out. On 05/29/2025, at 8:45 a.m., Surveyor requested Resident 1's complete record. The following was identified: Resident 1 was admitted to the facility on 09/26/2022. Resident 1's Health Care Power of Attorney was activated on 8/24/2022. Resident 1 died at the facility on 01/23/2025. Resident 1's move-out date was 01/31/2025. On 05/29/2025, at 9:15 a.m., Surveyor reviewed providers residency agreement, signed by F-POA A on 09/26/2022. On page 6, under TERMS, D., Refunds, it read, "Refunds are for those residents giving proper written notice terminating this agreement as directed in Section VIII, transferring to a facility providing a higher level of care, or on their death. Regardless of any refund due, you continue to remain responsible for all fees until the latter of vacating Your [sic] room, removing Your [sic] property and personal possessions, and restoring Your [sic] room to its original condition or the end of the month. If the amount You [sic] owe Us [sic] at the end of this calculation exceeds any refund available, you will be responsible for paying the difference. All refunds are in accordance with the law as it applies to the community." Resident 1's record included a move-out form dated 1/31/2025 and identified Resident 1 was, "On hospice [sic] passed away on 01/23/2025.	N 371		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016798	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2025
NAME OF PROVIDER OR SUPPLIER CUDAHY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 E BARNARD AVE CUDAHY, WI 53110		
(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
N 371	Continued From page 2 Family emptied room on 01/24/2025. No damage[sic] No balance owed. Financial move-out 01/31/2025." On 05/29/2025, at 9:45 a.m., Surveyor reviewed provider email correspondences. On 01/29/2025 at 9:27 a.m. Administrator C attached Resident 1's move-out form and emailed to the corporate accounts receivables office. On 02/11/2025 at 7:32 a.m., Administrator C emailed Accounts Receivable Analyst (ARA) G and stated, "Can you please see the attached for [Resident 1]. This was sent at the end of January to the movement email, and his/her move outdate [sic] was the 1/31/25. There was a February pull. Can we please revert and refund deposit." On 03/12/2025 at 8:49 p.m., F-POAA emailed Attorney E and stated the facility pulled the February rent from Resident 1's account after s/he had already moved out. F-POAA indicated s/he spoke with Administrator C, who assured F-POAA s/he sent move out reports to corporate accounts receivables office immediately. F-POAA stated Licensee F had not responded to him/her. F-POAA stated s/he brought the withdrawal error to the provider's attention a month ago and had not received a refund yet. F-POAA requested Attorney E's intervention and assistance. On 03/25/2025 at 2:40 p.m., ARA G emailed Attorney E and Revenue Cycle Director (RCD) D. ARA G stated, "We have received the request for the return of the payment. Please be advised that we are aware of the 'pending refund' to the listed resident's family. We do appreciate your diligence in reaching out to us to confirm the 'timely	N 371		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016798	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2025
NAME OF PROVIDER OR SUPPLIER CUDAHY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 E BARNARD AVE CUDAHY, WI 53110		
(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
N 371	Continued From page 3 disbursement.' Please be advised that we are working to resolve the matter within our given time frame of 60days [sic] given, this account is still within that time frame. We provided this time frame to the family in January and explained our processes as well as offered explanation on why the amount withdrew. We overly explained the time frame because it allows us to account for all ending balances, room and boarding concerns, and our financials, more importantly. In any event, at this time, I will escalate the matter further for additional responses and resolution." On 03/31/2025 at 8:47 a.m., RCD D sent an email to Attorney E, Licensee F, Admin C and ARA G. The subject line read, "improper ach [sic] draw \$7,084." RCD D wrote, "I just wanted to let you know that the resident refund check has been cut and is ready to be mailed." On 04/02/2025, Licensee F sent a letter to Consumer Protection Investigator (CPI) G. Licensee F wrote, "I received the complaint regarding [F-POA A]. Once this was brought to my attention, I was able to ascertain the ACH (automatic clearing house) debt of \$7,084 was a mistake. I had a check cut immediately and mailed to [F-POA A's] attorney on March 31st, 2025. A copy of check #413 in the amount of \$7,084 is attached." Interviews On 05/29/2025 at 8:50 a.m., Surveyor interviewed Administrator C, who explained the day that a resident passed away is their notice date. If the resident's family moved everything out before the end of the month and there were no damages, the provider would not charge them for the next month. Administrator C stated, "[Resident 1's]	N 371		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016798	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2025
NAME OF PROVIDER OR SUPPLIER CUDAHY PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 E BARNARD AVE CUDAHY, WI 53110		
(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
N 371	Continued From page 4 apartment was fine. Then in February, the accounts receivable department accidentally did an ACH electronic funds withdrawal in the amount of \$7084.00 from Resident 1's savings account. I know [F-POAA] felt bad s/he had to get an attorney, but s/he wasn't getting the refund. It took two months to get the money back." On 05/29/2025 at 9:00 a.m., Administrator C confirmed s/he sent email to providers accounts receivables office on 01/29/2025 at 9:27 a.m. There, s/he attached Resident 1's move-out form. On 05/29/2025 at 10:40 a.m., Surveyor shared the above findings with Administrator C, who stated, "If the corporate office would have taken me seriously when I initially emailed them, I don't think any of this would have happened. However, I know mistakes happen. It was unfortunate."	N 371		