STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015038	A. BUILDING: _____ B. WING _____	R-C 04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL TERRACE	4019 N 87TH STREET MILWAUKEE, WI 53222

(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 04/22/2025, surveyor conducted a complaint investigation, standard survey, and verification visit at Capitol Terrace. The complaint was substantiated Two deficiencies were identified. Two of 2 deficiencies were repeat deficiencies (see Statement of Deficiency 581111, dated 08/11/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained, and homelike environment for 3 of 3 residents who resided in the facility. This is a repeat deficiency. See Statement of Deficiency 581111, dated 08/11/2023. Findings include: On 04/22/2025, Surveyor toured the facility and	{M 276}		

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

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{M 276}	Continued From page 1 observed the following: Living room: The living room floor was a wood floor. The stain appeared to be worn off the floor. The flooring was golden brown around the edges of the living room. The floor in the middle of the living room was greyish tan. The area was contained to the middle of the living room. The only furniture in the living room were a wooden table, 2 wooden chairs and a few folding chairs. Hallway: The carpet in the hallway, between the kitchen and the dining, room was blackened and stained. The closet in the hallway was cracked with a hole through the door. On 04/22/2025 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed the condition of the house and acknowledged that the previous citations in August of 2024 were not yet corrected. Per Administrator A the reason for the lack of furniture in the living room was due to an issue with bed bugs that had been going on "since last summer." Administrator A stated the floors in the living room and the carpet in the hallway had been measured to be replaced.	{M 276}		
{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	{M 332}		

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{M 332}	Continued From page 2 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 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 that each floor had a fire extinguisher present and that each fire extinguisher had an attached tag showing the date of the last inspection for 2 of 2 fire extinguishers. The fire extinguisher in the kitchen was missing a tag. There was no fire extinguisher located in the basement of the facility. This is a repeat deficiency. See Statement of Deficiency 581111, dated 08/11/2023. Findings include: On 04/22/2025, Surveyor toured the facility and observed the following: On the ground floor, there was a fire extinguisher located in the kitchen. This fire extinguisher did not have a tag attached to it, with the date of the last inspection.	{M 332}		

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{M 332}	Continued From page 3 There was no fire extinguisher located in the basement level of the facility. On 04/22/2025, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated the facility owner was laminating tags with date of inspection and attaching it to the fire extinguishers. Administrator A was not aware why the extinguisher in the kitchen did not have a tag. Administrator A stated s/he was sure the basement had a fire extinguisher and did not know why it was not present in the basement.	{M 332}		