

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA TWO		STREET ADDRESS, CITY, STATE, ZIP CODE 8040 W APPLETON AVENUE 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
N 000	Initial Comments On 11/01/2024, Surveyor conducted a standard survey and one complaint investigation at JC Villa Two. Two deficiencies were identified. One of 2 deficiencies was a repeat violation (see Statement of Deficiency #0WJ011, dated 02/16/2021). One complaint was unsubstantiated. Census: 4	N 000		
N 514	83.46(4)(c) Electrical protection. Protection. 1. ' Fuses and circuit breakers. ' Tamper-proof fuses or circuit breakers not to exceed the ampere capacity of the smallest wire size in the circuit shall protect the branch circuits. 2. ' Ground fault interruption. ' Ground fault interrupt protection shall be required for all outlets within 6 feet of a plumbing fixture, all outlets on the exterior of the CBRF and in the garage. This Rule is not met as evidenced by: Based on observation and interview, ground fault interrupt (GFI) protection for outlets within 6 feet of a plumbing fixture were not installed in 1 of 1 electrical outlet in the facility kitchen. Findings include: On 11/01/2024, at approximately 10:00 AM, Surveyor toured facility accompanied by Manager A. Surveyor observed the kitchen sink located on the eastern exterior wall of facility kitchen. The sink faucet was located approximately 18" from an electrical outlet which was not equipped with GFI. On 11/01/2024 at approximately 1:30 PM,	N 514		

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: 0015287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA TWO		STREET ADDRESS, CITY, STATE, ZIP CODE 8040 W APPLETON AVENUE 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
N 514	Continued From page 1 Surveyor interviewed Manager A and asked if they were aware of the requirement for GFI outlets near plumbing fixtures. Manager A stated they were unaware but would have the outlet upgraded.	N 514		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the bath and toilet areas had a safe water temperature affecting 4 of 4 residents residing in the facility. The water temperature at 2 of 2 faucets registered at 121° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency #0WJ011, dated 02/16/2021. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 8 residents within the client groups of irreversible dementia/Alzheimer's, advanced aged, physically disabled, developmentally disabled, emotionally disturbed/mental illness, terminally ill and traumatic brain injury.	N 617		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015287	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA TWO		STREET ADDRESS, CITY, STATE, ZIP CODE 8040 W APPLETON AVENUE 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
N 617	Continued From page 2 On 11/01/2024 at approximately 10:00 AM, Surveyor tested the water temperature at the kitchen faucet located on the eastern exterior wall of facility kitchen. The temperature was 121° F. On 11/01/2024 at 10:10 AM, Surveyor tested the water temperature at the resident's bathroom sink faucet located on the southwest side of facility. The temperature was 121° F. On 11/01/2024 at approximately 1:30 PM, Surveyor interviewed Manager A and asked if there was a procedure in place for routinely testing the water temperatures in resident restrooms. Manager A confirmed the staff routinely tested the water temperature. Manager A expressed surprise that the water temperatures were too high and stated they would have it turned down.	N 617		