

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/17/2024
NAME OF PROVIDER OR SUPPLIER JEFFERSON CREST III YELLOW ROSE		STREET ADDRESS, CITY, STATE, ZIP CODE 8717 W PALMETTO AVE MILWAUKEE, WI 53225		
(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 09/16/2024, Surveyor conducted a standard licensing survey and 2 complaint surveys at Jefferson Crest III Yellow Rose, a CBRF located in Milwaukee, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. Two complaints were unsubstantiated. Census: 5	N 000		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility was inspected by the local fire authority or certified fire inspector for 2 of 2 years reviewed. There were no documented fire inspections for calendar years 2022 or 2023. Findings include: On 09/16/2024 at 10:00 AM, Surveyor asked Manager A for the facility's documented fire inspections. Manager A stated that s/he would have to email them to Surveyor as they were at the office. On 09/17/2024 at 12:00 PM, Manager A emailed a facility fire inspection dated 10/14/2021.	N 530		

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

TITLE

(X6) DATE

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N 530	Continued From page 1 On 09/17/2024 at 1:00 PM, Surveyor interviewed Manager A via phone. Manager A stated that the documented fire inspections for calendar years 2022 and 2023 were missing and the fire inspector that facility used had retired and moved. Manager A acknowledged that there was no way to get a copy, but the facility would schedule a fire inspection within the next month.	N 530			