Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014403	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL CARE ADULT FAMILY HOME	5829 N 60TH STREET 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
M 000	INITIAL COMMENTS On 05/16/2024, Surveyor conducted a desk review for Royal Care Adult Family Home. One deficiency was identified. One deficiency was a repeat violation (see Statement of Deficiency ZY0311, dated 07/21/2022).	M 000		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review, the licensee did not ensure the biennial report and license fee were submitted to the department within Based on record review, the licensee did not ensure the biennial report and license fee were submitted to the department within 30 days prior to the license expiration date. This is a repeat deficiency. See Statement of	M 122		

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

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M 122	Continued From page 1 Deficiency ZY0311, dated 07/21/2022. Findings include: On 12/26/2023, the department sent a notice to Licensee A informing them the license for Royal Care Adult Family Home, would expire on 02/28/2024. The notice indicated the biennial report and license fee were due to the department by 01/29/2024. On 02/05/2024, the department sent a second notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 03/29/2024, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 02/05/2024, the department received a confirmation of delivery. On 02/05/2024, the department sent a third notice to Licensee A by certified letter, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 03/29/2024, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 02/11/2024, the certified letter was returned to the department as unclaimed. On 04/11/2024, the department sent a fourth notice to Licensee A by certified mail, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 03/29/2024, the	M 122		

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M 122	Continued From page 2 Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 04/13/2024, the department received a confirmation of delivery. On 05/16/2024, Surveyor reviewed department records and found no evidence a biennial report and license fees were received from the provider. The license expired on 02/28/2024.	M 122		