STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014682	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UCC LATINAS UNIDAS	1123 S 6TH STREET MILWAUKEE, WI 53204

(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 09/09/2025, Surveyor completed an abbreviated survey at UCC Latinas Unidas. As a result, 5 deficiencies were identified. Census: 14	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees	N 239		

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

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N 239	Continued From page 1 obtained all department approved training as required. Caregiver C did not have training in first aid and choking within 90 days after starting employment. Caregiver D, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 08/29/2025, at 12:45 PM, Surveyor reviewed staff records and identified the following: First Aid and Choking Caregiver C was hired 03/04/2021. Surveyor did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 08/29/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. Medication Administration The record for Caregiver D, hired 10/14/2024, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 08/29/2025, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for medication administration. On 09/09/2025, at 2:30 PM, Surveyor interviewed	N 239		

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N 239	Continued From page 2 Director A and Residential Manager B. Director A confirmed all staff were required to pass medications. Director A reported the assistant of quality assurance was responsible for ensuring all staff had the required trainings. Director B reported they had someone who recently became certified to teach the CBRF classes and they would ensure staff had trainings as required.	N 239		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in 2023 or 2024 and to date in 2025. Findings include: On 08/29/2025, at 11:15 AM, Surveyor requested to review safety files. Surveyor did not review evidence of other evacuation drills for 2023, 2024 and to date in 2025. On 08/29/2025, at 1:20 PM, Surveyor interviewed Director A. Director A reported the maintenance director had the documentation for the safety records, but s/he was gone for the day, and they had been unable to get ahold of her/him. Surveyor requested the information to be sent to her/him by 09/02/2025 at 12:00 PM.	N 526		

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N 526	Continued From page 3 On 09/02/2025, at 12:11 PM, Surveyor did not review any evidence other evacuation drills were completed for 2023, 2024 and to date in 2025. On 09/09/2025, at 2:30 PM, Surveyor interviewed Director A and Residential Manager B. Director A reported they had been unable to find the documentation.	N 526		
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 arrange for an annual fire inspection for 2 of 2 years reviewed (2023, 2024, and to date in 2025). Findings include: On 08/29/2025, at 11:15 AM, Surveyor requested to review safety files. Surveyor did not review evidence of a fire inspection conducted in 2023, 2024 and to date in 2025. On 08/29/2025, at 1:20 PM, Surveyor interviewed Director A. Director A reported the maintenance director had the documentation for the safety records, but s/he was gone for the day, and they had been unable to get ahold of her/him. Surveyor requested the information to be sent to her/him by 09/02/2025 at 12:00 PM.	N 530		

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N 530	Continued From page 4 On 09/02/2025, at 12:11 PM, Director A emailed Surveyor and reported s/he was unable to obtain the fire detection inspections due to the company which competed the inspections was "no longer with us". Director A reported the owner was out of state until 09/05/2025. Director A reported s/he would forward when s/he received copies of the reports. On 09/08/2025,at 4:48 PM, Director A emailed Surveyor and reported they were not able to receive the reports from the company which completed the safety reports.	N 530		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire detection system to be inspected for 2 of 2 years (2023 and 2024). Findings include: On 08/29/2025, at 11:15 AM, Surveyor reviewed facility safety code documentation. The fire alarm was inspected 05/28/2025. There was no documentation indicating the fire system had been inspected in 2023 and 2024. On 08/29/2025, at 1:20 PM, Surveyor interviewed	N 538		

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N 538	Continued From page 5 Director A. Director A reported the maintenance director had the documentation for the safety records, but s/he was gone for the day, and they had been unable to get ahold of her/him. Surveyor requested the information to be sent to her/him by 09/02/2025 at 12:00 PM. On 09/02/2025, at 12:11 PM, Director A emailed Surveyor and reported s/he was unable to obtain the fire detection inspections due to the company which competed the inspections was "no longer with us". Director A reported the owner was out of state until 09/05/2025. Director A reported s/he would forward when s/he received copies of the reports. On 09/08/2025, at 4:48 PM, Director A emailed Surveyor and reported they were not able to receive the reports from the company which completed the safety reports.	N 538		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the sprinkler system was	N 558		

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N 558	Continued From page 6 inspected for 2 of 2 calendar years (2023, 2024, and to date in 2025). Findings include: On 08/29/2025, at 11:15 AM, Surveyor reviewed facility safety code documentation. The fire alarm was inspected 05/28/2025. There was no documentation indicating the sprinkler system had been inspected in 2023, 2024 and to date in 2025. On 08/29/2025, at 1:20 PM, Surveyor interviewed Director A. Director A reported the maintenance director had the documentation for the safety records, but s/he was gone for the day, and they had been unable to get ahold of her/him. Surveyor requested the information to be sent to her/him by 09/02/2025 at 12:00 PM. On 09/02/2025, at 12:11 PM, Director A emailed Surveyor and reported s/he was unable to obtain the sprinkler inspections due to the company which competed the inspections was "no longer with us". Director A reported the owner was out of state until 09/05/2025. Director A reported s/he would forward when s/he received copies of the reports. On 09/08/2025, at 4:48 PM, Director A emailed Surveyor and reported they were not able to receive the reports from the company which completed the safety reports.	N 558		