STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015016	A. BUILDING: _____ B. WING _____	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHIO HOUSE	3309 S 112TH STREET WEST ALLIS, WI 53227

(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 03/31/2026 with information gathered through 04/01/2026, Surveyor conducted a standard survey at Ohio House, a Community-Based Residential Facility (CBRF) in West Allis, WI. Three deficiencies were identified. Census: 7	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and	N 387		

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

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N 387	Continued From page 1 agreement with the plan for 1 of 3 residents (Resident 1). Findings include: On 03/31/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 -Resident 1 was admitted on 04/20/2022. -Resident 1 had an activated healthcare power of attorney (POA). -Resident 1's ISP, dated 05/20/2025, was not signed by his/her POA. On 03/31/2026, at approximately 11:47 AM, Surveyor interviewed Residential Services Supervisor (RSS) B. RSS B confirmed Resident 1's ISP, dated 05/20/2025, was not signed or dated by his/her POA. RSS B reported s/he did not follow up with Resident 1's POA to obtain his/her signature. RSS B reported s/he forgot to have Resident 1's POA sign Resident 1's ISP.	N 387		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the	N 393		

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N 393	Continued From page 2 resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 2) reviewed was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. Findings include: On 03/31/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted on 02/18/2026. -Resident 2's record did not contain evidence of a completed resident evacuation assessment. On 03/31/2026, at approximately 11:03 AM, Surveyor interviewed Residential Services Supervisor (RSS) B. RSS B confirmed Resident 2's resident evacuation assessment was not completed. RSS B reported s/he was responsible for completing the resident evacuation assessment. RSS B reported s/he did not realize Resident 2's resident evacuation assessment was not completed.	N 393		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the	N 481		

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N 481	Continued From page 3 intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. The facility needed cleaning and some repairs. This had potential to affect 7 of 7 residents. Findings include: The facility is licensed as a Class AA (ambulatory) facility for up to 8 residents with programs in emotionally disturbed/mental illness. On 03/31/2026, at approximately 12:27 PM, Surveyor conducted a tour of the facility with Residential Program Manager (RPM) A and observed the following: -Kitchen cabinet missing drawer. -Living room had missing/cracked flooring throughout. -Stairwell wall facing living room was bubbling and peeling off consistent with water damage. -Door and door frames throughout facility showed significant scratches. -Walls throughout home contained numerous dark scuff and scratch marks. -Walls throughout home showed significant signs of scraping.	N 481		

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N 481	Continued From page 4 -Front entrance door transition strip contained dirt build-up and rust. -Front entrance door and door frame showed significant scratches. -Front entrance screen door handle was broken (did not latch). -Front entrance screen door closer was broken (hanging). -Front entrance screen door contained dirt build-up. -First floor bathroom sink vanity was bubbling and peeling off consistent with water damage. -First floor bathroom sink vanity doors were caved in and unable to open. -First floor bathroom had missing/cracked flooring. -First floor bathroom tub contained dirt build-up. -First floor bathroom walls showed significant signs of scraping. -First floor bathroom walls contained numerous dark scuff and scratch marks. -First floor bathroom doors and door frames showed significant scratches. -Second floor bathroom had missing flooring. -Second floor bathroom walls showed significant signs of scraping.	N 481		

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N 481	Continued From page 5 -Second floor bathroom window was missing curtain. -Second floor bathroom tub contained dirt build-up. -Second floor ceiling vent was caked with dust. -Stairwell stairs to second floor had discoloration throughout. -Basement stairwell stairs had discoloration and missing non-slip stair treads. -Kitchen refrigerator was missing two door shelf rack bar rails. -Rear exit doors and door frames showed significant scratches. -Two blue recyclables bins near rear exit had dirt build-up. On 03/31/2026, at approximately 1:39 PM, Surveyor interviewed Residential Program Manager (RPM) A. RPM A confirmed there were homelike environment concerns throughout the facility. RPM A reported s/he would ensure the above-mentioned homelike environment issues were addressed.	N 481		