

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE		STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 09/24/2024, Surveyors conducted a standard survey, verification visit and 2 complaint investigations at JC Villa One in Milwaukee. Four deficiencies were identified. Two complaints were unsubstantiated. Under statutory Provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 7	{N 000}		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 clothes dryer in the residential laundry room had vent tubing of rigid material which was clean and maintained. The facility's clothes dryer was equipped with flexible foil vent tubing which was not attached to the dryer. Findings include: On 09/24/2024 at approximately 11:30 AM, Surveyors toured the facility accompanied by Assistant Director. The laundry area was on the first floor and contained one clothes dryer. The clothes dryer was equipped with a flexible foil	N 488		

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: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE		STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 488	Continued From page 1 accordion style vent tubing, which had become unattached from the dryer and was venting inside the facility laundry room. On 09/24/2024 at approximately 1:30 PM, Surveyors interviewed Director A who reported they were unaware the dryer tubing was not rigid and unattached from the dryer. Director A stated s/he would have it replaced and reattached immediately.	N 488		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were clean and free from odors. Three of 4 double occupancy resident rooms had a pungent urine odor (Residents 7, 8, 9, 11, 12, and 13). Finding include: The facility is a Class CNA (non-ambulatory) Community Based Residential Facility and serves up to 8 adults. The facility serves residents with primary diagnoses including dementia, developmentally disabled, mental illness, physically disabled, terminally ill, traumatic brain injured and advanced aged residents. On 09/24/2024, at approximately 11:30 AM, Surveyors toured the facility and observed the following: Upon entering the facility, Surveyors noted a	N 489		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE		STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 489	Continued From page 2 pungent odor consistent with urine. During tour of facility the urine odor was more pronounced in resident rooms, in Resident 7 and 8's shared room, Residents 9 and 11's shared room, and Residents 12 and 13's shared room. Example 1: Resident 7 and Resident 8's shared bedroom -The room had a pungent urine odor. -The windowsill contained several dead fly carcasses. -The floor was 50 % covered in a mixture of what appeared to be clean and soiled clothing. -There was a used incontinence pad laying just inside the door's threshold. Example 2: Resident 9 and Resident 11's shared bedroom -The room had a pungent urine odor. -The floor was 40% covered in a mixture of what appeared to be clean and soiled clothing. -The closet door was off the runner and laying half in and half out of the closet. -The floor contained scattered debris consistent with trash. Example 3: Resident 12 and Resident 13's shared bedroom -The room had a pungent urine odor. -There was a used incontinence brief laying on the floor. -The floor was 50 % covered in a mixture of what appeared to be clean and soiled clothing. Example 4: East bathroom -The trash contained 1 used incontinence brief and container had no cover. On 09/24/2024, at approximately 1:30 PM, Surveyors interviewed Director A. Resident 11	N 489		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE		STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 489	Continued From page 3 was reported to have behaviors and would refuse take showers. Director A confirmed the home had a urine odor and would be taken care of by the end of day. Surveyors inquired about cleaning schedule for the facility. Director A reported the home was supposed to receive a deep clean once per week and the floors washed every shift.	N 489		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected at least every 3 years for 1 of 1 furnace. The licensee was not able to provide documented evidence of a furnace inspection since the facility was last surveyed on 04/21/2021. Findings include: On 09/24/2024, Surveyors conducted a review of safety records. There was no gas furnace	N 504		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE			STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 504	Continued From page 4 inspection included. On 09/24/2024, at approximately 1:30 PM, Surveyors interviewed Director A and requested the latest furnace inspection. Director A confirmed s/he was unable to find a record of the furnace inspection but might be able to recover proof of payment from the licensee. Director A reported s/he would send the documentation if it was located within 24 hours. As of 09/25/2024 at 3:30 PM, no further documentation was received.	N 504			
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 inspection by the local fire authority or certified fire inspector and retain the report for 2 of 2 years requested for review (2022 and 2023). Findings include: On 09/24/2024, Surveyors reviewed safety records for the provider. There were no fire inspections included in documentation for 2022 and 2023. Surveyors requested fire inspections for 2022 and 2023 from Director A. On 09/24/2024 at approximately 1:30 PM, Surveyors interviewed Director A. Director A confirmed s/he was unable to recover a copy of	N 530			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015286	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/24/2024
NAME OF PROVIDER OR SUPPLIER JC VILLA ONE		STREET ADDRESS, CITY, STATE, ZIP CODE 8030 W APPLETON AVE 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 530	Continued From page 5 the inspections because their usual fire inspector had retired, and they were unable to find a copy in their facility's records. Director A was unable to recall if the inspections were conducted. Surveyor asked Director A if they had a system in place to ensure the facility was meeting fire inspection requirements. Director A stated, "We are going with a new company, it just needs to be put in place. The annual inspection would be conducted in the future.	N 530		