

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER HIL FLEETFOOT		STREET ADDRESS, CITY, STATE, ZIP CODE 1316/1318 FLEETFOOT DR WAUKESHA, WI 53186		
(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 01/14/2026 with information gathered through 01/15/2026, Surveyor conducted an abbreviated licensing survey at HIL Fleetfoot, a CBRF in Waukesha, WI. One deficiency of Chapter DHS 83 was identified. Census: 7	N 000		
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 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 safe, clean, comfortable, and homelike. Two of the facility's bathrooms were not kept clean and homelike. One bedroom contained excessive dust and cobwebs. Findings include: Observation: On 01/14/2026 at approximately 9:40 AM, Surveyor toured the 2nd floor of the home. This floor contained two full baths, which were both utilized as shared space for the residents.	N 481		

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: 0013201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER HIL FLEETFOOT		STREET ADDRESS, CITY, STATE, ZIP CODE 1316/1318 FLEETFOOT DR WAUKESHA, WI 53186		
(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 481	Continued From page 1 In the 1st bathroom, Surveyor observed: - A built-in metal medicine cabinet that had extreme breakdown of the surface and paint with a speckled rust like appearance. The cabinet stored deodorant, body spray, toothbrushes, and toothpaste. - A light blue skid-proof shower mat in the bottom of the bathtub. Along one side of the mat, there was discoloration and buildup of an orange, brown, and black, mildew or mold-like substance. In the 2nd bathroom, Surveyor observed: - A built-in metal medicine cabinet that had moderate breakdown of the surface and paint with speckled and scratched rust like appearance. The cabinet stored one bottle of perfume. - A light blue skid-proof mat in the bottom of the bathtub. Spread across over 50% of the surface of the mat, was a discoloration and buildup of an orange, brown, and black mildew or mold-like substance. - A bathtub and shower with 3 caulk lines that had a buildup of an orange and black mildew or mold-like substance. Surveyor observed 6 bedrooms on the 2nd floor of the home. One of the bedrooms contained 2 twin beds and was set up to serve 2 residents. The room was only occupied by 1 resident at the time of the survey. In the bedroom, Surveyor saw excessive dust, lint, and cobweb type substances built up along the edge of the room. Most of the buildup was on the carpet, some areas spread in thin layers, and some areas where it was heavy and clumped together. Interviews:	N 481		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER HIL FLEETFOOT		STREET ADDRESS, CITY, STATE, ZIP CODE 1316/1318 FLEETFOOT DR WAUKESHA, WI 53186		
(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 481	Continued From page 2 On 01/14/2026 at approximately 12:00 PM, Surveyor interviewed Regional Director (RD) A and House Manager (HM) B about the condition of the 2nd floor bathrooms, and the double bedroom. HM B explained that there is routine cleaning in the home, however, deep cleans usually took place on the weekends. HM B stated they would get the bathrooms and the bedroom cleaned up. HM B stated the vacuum was broken and they were replacing it, which would address the concern in the bedroom. RD A stated the company had been pacing themselves through "capital projects" to complete larger maintenance tasks for the home and make appropriate updates. RD A stated they would order new shower mats and would discard the old ones. RD A stated they'd put in maintenance requests for the concerns requiring higher attention.	N 481		