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
	0010246	A. BUILDING: _____ B. WING _____	R 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE ASSISTED LIVING APARTMENT	121 S FIFTH STREET EVANSVILLE, WI 53536

(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
{U 000}	INITIAL COMMENTS On 09/18/2025, Surveyor conducted a verification visit. One deficiency was identified. Census: 9	{U 000}		
U 292	89.54 REPORTING OF CHANGES A certified residential care apartment complex operator shall report to the department any change which may affect its compliance with this chapter, including change in the residential care apartment complex ownership, administration, building or continued operation, 30 days prior to making the change. The department may require that the facility reapply for certification when any of these changes take place. This Rule is not met as evidenced by: Based on record review and interview, the certified Residential Care Apartment Complex (RCAC) provider did not report to the Department when there was a change in ownership. On 09/18/2025, at approximately 10:30 AM, Surveyor reviewed the Department record with Assistant Administrator A. The Department record listed Licensee C as the current owner of the RCAC. Assistant Administrator A stated that the company had been sold to Licensee D. Surveyor commented that this concern had been discussed during the previous survey on 04/29/2025 and the provider was informed that the new letter of corporation would need to be submitted to the Department so that the Department record could be updated accordingly.	U 292		

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

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U 292	Continued From page 1 Assistant Administrator A stated that the Surveyor's guidance had been forwarded to Licensee C and Licensee D as s/he does not have access to that documentation. Assistant Administrator A informed Licensee D was out of the country and would not be returning for two weeks.	U 292		