

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/02/2024
NAME OF PROVIDER OR SUPPLIER URBAN LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2765 N 15TH ST MILWAUKEE, WI 53206		
(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
M 000	INITIAL COMMENTS On 12/02/2024, Surveyor conducted a standard licensing survey, complaint investigation and verification visit at Urban Living, an AFH located in Milwaukee, WI. As a result of the survey, _ violations of Chapter DHS 88 were issued. The complaint was unsubstantiated. One violation from previous Statement of Deficiency (SOD) IOJB12 dated 02/24/2021 was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed. Census: 2	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE