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
	0016797	A. BUILDING: _____ B. WING _____	R-C 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON HEIGHTS MANOR II	10620 W GREENWOOD TERRACE MILWAUKEE, WI 53224

(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 08/13/2025, Surveyor conducted a verification visit at Washington Heights Manor II. As a result, 4 previous deficiencies were corrected, and 2 deficiencies were recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 6 and Resident 7) Individual Service Plans (ISP) updated annually or on changes and signed by required parties. Resident 6's ISP was due to be reviewed in July 2025. Resident 7's ISP was not signed by her/his legal representative. This is a repeat deficiency. See Statement of	{N 389}		

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

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{N 389}	Continued From page 1 Deficiency (SOD) 1YX214, dated 08/06/2024. Findings include: On 08/13/2025, at 12:15 PM, Surveyor reviewed resident files and observed the following: Resident 6 was admitted on 06/28/2024. Resident 6's ISP was dated 07/28/2024. Resident 6's ISP was due to be reviewed in July 2025. Resident 7 was admitted on 06/12/2023. Resident 7 had an activated healthcare power of attorney (POA). Resident 7's ISP was dated 07/10/2025. Resident 7's ISP was signed by Resident 7, Registered Nurse (RN) J, and Lead Caregiver K. Resident 7's ISP was not signed by Resident 7's POA. On 08/13/2025, at 1:00 PM, Surveyor interviewed Lead Caregiver K. Lead Caregiver K reported RN J completed resident ISPs and the meetings. Lead Caregiver K reported s/he would ensure resident ISPs were signed and updated as required.	{N 389}		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances and cleaning compounds were securely stored in 1 of 1 area. Toxic substances were stored on the medication	{N 499}		

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{N 499}	Continued From page 2 cart. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) 1YX211, dated 12/14/2021, and SOD 1YX214, dated 08/06/2024. Findings include: On 08/13/2025, at 11:30 AM, Surveyor toured the facility. Surveyor observed the medication cart. The medication cart was stored in the kitchen area between 2 shelving areas. On top of the medication cart was a can of Lysol disinfectant spray and a container of Member's Mark disinfecting wipes. Surveyor observed Lead Caregiver K throughout the house and not within the area of the medication cart. Surveyor observed residents moving freely throughout the facility. On 08/13/2025, at 1:00 PM, Surveyor interviewed Lead Caregiver K. Lead Caregiver K confirmed the code requirement. Lead Caregiver K reported s/he moved the toxic substances to a locked cabinet and would ensure all chemicals were securely stored when not in use.	{N 499}		