Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	0017330		C 10/15/2024

NAME OF PROVIDER OR SUPPLIER
INNOVATIVE LIVING CENTER 1

STREET ADDRESS, CITY, STATE, ZIP CODE
2646 N 50TH ST
MILWAUKEE, WI 53210

(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 08/30/2024 with information gathered through 10/15/2024, Surveyor conducted 3 complaint investigations. As a result, 1 deficiency was identified. The complaints were unsubstantiated.	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure they complied with the department's request for information about the operation of the adult family home. Findings include: The home was licensed as an adult family home on 03/14/2019, to serve up to 4 residents within the client groups: irreversible dementia/Alzheimer's, advanced aged, public funding, and developmentally disabled. On 08/30/2024 at 9:00 AM, Surveyor attempted to conduct a licensing visit at the facility. Surveyor knocked repeatedly on both the front and back entrance and received no answer. On 08/30/2024 at approximately 9:00 AM, Surveyor attempted to call the listed facility phone number and did not receive an answer. There was no answering service to leave a message. On 08/30/2024 at approximately 9:00 AM,	M 204		

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

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M 204	Continued From page 1 Surveyor attempted to call Licensee A's phone number and was unable to leave a message due to voice mailbox being full. On 08/30/2024, at 11:00 AM, Surveyor left the facility premises. Between 9:00 AM and 11:00 AM, no one returned to the home. On 09/13/2024, the department sent a certified letter to the primary e-mail address and to the mailing contact email listed in the facility records. Both were returned as undeliverable email addresses. On 09/13/2024, the department then sent 3 certified letters via United States Postal Service (USPS) to the facility address, Licensee A's address, and the post office (P.O.) box listed as the mailing address. The letter requested the licensee to contact the department within 5 business days of receipt to update contact information. The letter stated if they no longer wished to be licensed as an adult family home, they should notify the department in writing. The department received confirmation of delivery for the letter sent to the facility. Licensee A did not contact the department to update contact information or notify the department of closure. On 10/15/2024 at 12:00 PM, Surveyor made a second attempt to conduct a licensing visit at the facility. Surveyor knocked on the front door and did not receive a response. Surveyor was able to peer inside the front windows, which were now without window blinds and no furniture in the facility. The home appeared to be vacated. As of 10/23/2024, the Licensee A has not contacted the department.	M 204		