STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA OF GREENFIELD	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 01/29/2026, Surveyor completed a complaint investigation at Villa of Greenfield. As a result, 1 deficiency was identified. The complaint was substantiated. Census: 37	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not document investigations when there was an allegation of abuse for 1 of 1 incident. There was an allegation of abuse between Resident 1 and Caregiver B.	N 158		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA OF GREENFIELD	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 158	Continued From page 1	N 158		

This deficiency is being cited for a third time. See Statement of Deficiency (SOD) YQT412, dated 10/21/2022, SOD YQT413, dated 03/24/2023.

Findings include:

On 01/20/2026, the Department received a complaint alleging concerns with abuse.

Record Review

On 01/26/2026, at 11:15 AM, Surveyor requested investigation records. Surveyor was provided with Resident 1's record. Resident 1's observations notes indicated the following:

Written by Caregiver B - "01/18/2026 at 10:00 AM [Resident 1] was in the dining room doorway smoking a cigarette with the door wide open, I asked [her/him] to step out and close the door, due to no smoking being allowed in the building as well as [her/him] making the other residents in the dining room cold, [s/he] then stated that the smell of bleach from the floor being mopped needed to basically be aired out. I asked [her/him] a second time to step to the other side of the courtyard to have [her/his] cigarette, [s/he] refused so I took [her/his] cigarette. [Resident 1] then stated [s/he] was calling the police, stating that I assaulted [her/him] and I was going to jail. [Resident 1] then stepped out so I was able to close the door and smoked another cigarette. When [s/he] came back inside [s/he] went to different staff asking them to confirm [s/he] was assaulted as [s/he] said [s/he] needed a witness."

On 01/27/2026, at 7:00 AM, Surveyor reviewed a police report, dated 01/18/2026, which indicated, "[Resident 1] reported s/he was shoved by one of the workers at the facility. [Officer] spoke with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	C 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA OF GREENFIELD	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 158	Continued From page 2 [Caregiver B] who stated [Resident 1] was not following the rules and was smoking with the door open and was not willing to put it out or close the door. [Caregiver B] denies pushing [Resident 1] with the door and this statement was also verified with a witness ..." Interviews On 01/26/2026, at 1:30 PM, Surveyor interviewed Executive Director (ED) A. ED A reported s/he became aware of the situation after the police arrived. ED A reported s/he spoke with the police officer on the phone who unfounded the abuse allegation. ED A reported s/he did not have documentation of an investigation due to the police completed the investigation. ED A reported s/he spoke to the people involved in the situation but did not document the investigation.	N 158		