STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	**4049 N 69TH ST MILWAUKEE, WI 53216**

(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 02/26/2025, Surveyor conducted a verification visit and 1 complaint investigation at Coreys Place 1 in Milwaukee. Five deficiencies were identified Two of 5 were repeat violations. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 03	{M 000}		
{M 106}	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on record review, observation, and interview, the licensee did not submit a revised program statement to the licensing agency for approval 30 days before implementing a change. The facility was serving 2 residents who utilized adaptive equipment for ambulation. The facility	{M 106}		

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
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	4049 N 69TH ST MILWAUKEE, WI 53216

(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 106}	Continued From page 1 license was for ambulatory residents only. This is a repeat deficiency. See Statement of Deficiency (SOD) LU1B11, dated 05/17/2023. Findings include: The Adult Family Home (AFH) is licensed to serve up to 4 ambulatory individuals with a primary diagnoses that include: emotionally disturbed/mental illness, traumatic brain injury, irreversible dementia/Alzheimer's, advanced aged, and developmentally disabled. On 02/26/2025, at approximately 7:00 AM, Surveyor conducted a tour and observed Resident 1 and Resident 4. Surveyor noted Resident 1 walked with the assistance of a walker and Resident 4 walked with the assistance of a cane. Surveyor noted the front of the home had a ramp so Resident 1 and Resident 4 could easily enter and exit the home. On 02/26/2025, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated, "Both residents are able to ambulate without a device, but they prefer to use one. I updated the program statement after the last survey, but I didn't know I had to report it to the state." Surveyor shared the license amendment process with Administrator A who said they would take care of it.	{M 106}		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	**4049 N 69TH ST MILWAUKEE, WI 53216**

(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 276	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure a home like environment for 3 of 3 residents residing in the home (Residents 1, 3, and 4). There were electronic video monitoring cameras mounted in the living room and kitchen. Findings include: On 02/25/2025, at approximately 9:30 AM, Surveyor observed 3 cameras in the facility. There was a camera located at the southeast and southwest corners of the living room, and a camera in the southwest corner of the kitchen. On 02/25/2025, at approximately 10:15 AM, Surveyor interviewed Administrator A and Licensee B who stated the cameras were not operational adding, they thought cameras were allowed provided the guardian had signed giving permission to record. Licensee B confirmed the camera's had been installed about a year ago.	M 276		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover.	M 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	4049 N 69TH ST MILWAUKEE, WI 53216

(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 328	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents' beds (Residents 1, 3, and 4) were provided with a washable mattress pad. Three of 3 resident beds included a waterproof plastic mattress covering with no washable mattress pad. Findings include: On 02/25/2025, at approximately 9:15 AM, accompanied by Licensee B, Surveyor toured the facility and observed the following: -Resident 1's bed contained a plastic mattress cover with no washable mattress pad. -Resident 3's bed contained a plastic mattress cover with no washable mattress pad. -Resident 4's bed contained a plastic mattress cover with no washable mattress pad. On 02/26/2025, at approximately 11:15 Surveyor interviewed Administrator A regarding the requirement for washable mattress pads when a mattress is covered in plastic. Administrator A confirmed the mattress pads were missing and said they would be ordered and used in the future.	M 328		
{M 332}	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A	{M 332}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	4049 N 69TH ST MILWAUKEE, WI 53216

(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 332}	Continued From page 4 fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the licensee did not ensure 2 of 2 fire extinguishers observed in the home were in readily usable condition and inspected annually by an authorized dealer or the local fire department. This is a repeat deficiency. See Statement of Deficiency (SOD) LU1B11, dated 05/17/2023. Findings include: On 02/25/2025 at approximately 9:30 AM, Surveyor toured the facility's physical environment. Surveyor observed 2 fire extinguishers, which were tagged with an inspection date of 05/2023. On 02/25/2025, at approximately 9:40 AM, Surveyor interviewed Licensee B. Licensee B stated they thought the inspections requirement was every 2 years, and they would address the concern immediately.	{M 332}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017721	A. BUILDING: _____ B. WING _____	R 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREYS PLACE 1	4049 N 69TH ST MILWAUKEE, WI 53216

(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 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents' medical records (Resident 1, Resident 3, and Resident 4) were kept in a secure location within the home. Findings include: On 02/25/2024, at approximately 9:15 AM, Surveyor arrived to conduct a verification visit. Surveyor observed the provider did not have resident records on site. Surveyor asked Licensee B for resident records for review. No records were provided at that time for review. On 02/25/2025, at approximately 9:15 AM, Surveyor interviewed Licensee B. They confirmed that Administrator A kept all the records, and they would be arriving to the facility soon. Administrator A arrived onsite and stated the resident records were kept offsite to ensure employees did not steal and copy the forms.	M 482		