STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015155	A. BUILDING: _____ B. WING _____	C 01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BURLEIGH HOUSE	**8221 W BURLEIGH MILWAUKEE, WI 53222**

(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 01/12/2026, Surveyor completed an abbreviated and complaint survey. Complaint was unsubstantiated. Three deficiencies were identified. Census: 8	N 000		
N 191	83.13(3)(d) Posting activity schedule. The CBRF shall post all of the following: Activity schedule as required under s. DHS 83.38(1)(c). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a current activity schedule was posted in the facility. This had the potential to affect 8 of 8 residents in the facility. Findings include: On 01/12/2026 between approximately 9:10 AM and 12:30 PM, Surveyor toured the facility. Surveyor observed an activity schedule for November 2025. On 01/12/2026, at approximately 12:30 PM, Surveyor interviewed Interim Director A and Program Manager B. Interim Director A and Program Manager B confirmed the activity schedule was for November 2025. Interim Director A was responsible for updating activity schedules but reported s/he was behind on posting updated activity schedules.	N 191		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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

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N 389	Continued From page 1 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 staff interview, 1 of 1 resident's (Resident 1's) individual service plan (ISP) was not updated to address Resident 1 having a representative (rep) payee. Findings include: On 01/12/2026 at approximately 11:00 AM, Surveyor reviewed Resident 1's records. Resident 1 was admitted to the facility on 08/19/2024. Resident 1's ISP, with a review date of 09/19/2025 did not indicate Resident 1 had a rep payee. On 01/12/2026 at approximately 9:30 AM, Surveyor interviewed Resident 1. Resident 1 confirmed the provider was Resident 1's rep payee, up until November 2025. As of November 2025, Resident 1's family member became Resident 1's rep payee. On 01/12/2026 at approximately 12:30 PM,	N 389		

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N 389	Continued From page 2 Surveyor interviewed Interim Director A and Program Manager B. Interim Director A confirmed the provider was Resident 1's rep payee. Program Manager B reported the provider was Resident 1's rep payee from November 2024 to October 31, 2025. As of November 1, 2025, Resident 1's family member was appointed as Resident 1's rep payee. Program Manager B confirmed Resident 1's ISP was not updated to reflect Resident 1's current rep payee. Program Manager B disclosed the director should have updated the ISP. Once the ISP was updated, the ISP should have been reviewed by Compliance Coordinator C to ensure compliance. Once Compliance Coordinator C reviewed the ISP, the ISP would then be reviewed by the resident for approval and signature.	N 389		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable, and homelike environment. This had the potential to affect 8 of 8 residents in the facility. Findings include: The facility was licensed on 06/12/2014 as an ambulatory community based residential facility	N 481		

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N 481	Continued From page 3 (CBRF) with a max capacity of 8 residents. The CBRF is licensed to care for residents with diagnoses related to emotionally disturbed/mental illness. On 01/12/2026 between approximately 9:15 AM and 12:00 PM, Surveyor toured the facility with Interim Director A. During the tour, the following was observed: -The living room located on the main floor had 1 floor register located on the east wall. The floor register was covered in substance consistent with dust. (Photo 1). The television stand located in the living room had three glass shelves. The shelves were covered in substance consistent with dust. -The bathroom located on the main floor appeared to have water damage, based on the paint blister that was observed near the shower area. (Photo 2). Paint was peeling off the wall near the blistered paint. -Debris and food were observed on the dining room floor, under the dining room table. (Photo 3). The baseboard around the entire room was covered in thick, black substance. The black substance was sticky to the touch. -The kitchen, located on the main floor, had a floor register located on the south wall, near the kitchen table. The floor register was covered in substance consistent with dust. Above the floor register, a brown substance was observed on the wall. (Photo 4). Paint on the kitchen cabinets was peeling off. (Photo 5). The ceiling above the stove contained a substance consistent with food or grease splatter. Inside of the lower cabinet near the stove, where pans and clean dishes	N 481		

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N 481	Continued From page 4	N 481		

were stored, contained a black substance consistent with dirt. Surveyor was able to wipe off the black substance with a paper towel. (Photo 6). Debris was observed scattered throughout the kitchen floor. The baseboard around the entire room was covered in a thick, black substance, which was sticky to the touch.

- The foyer located on the second floor had a small alcove near the bathroom. The alcove consisted of debris, plastic wrapper, and dirt. A bottle of toothpaste was observed sitting in the alcove. (Photo 7).

-Resident 1's and 2's bedroom, located on the second floor had a strong odor consistent with urine. The wood flooring was visibly stained in what appeared to be the walkway of entering and exiting the bedroom. (Photo 8). Debris was observed throughout the bedroom.

-The living room located on the second floor consisted of 2 sofa chairs. One of the 2 sofa chairs had 2 rips in the seat cushion. (Photo 9).

On 01/12/2026, at approximately 11:30 AM, Surveyor interviewed Interim Director A. Interim Director A acknowledged the above environmental concerns. Interim Director A reported a work order was placed to have the kitchen cabinets updated. Interim Director A could not recall when the work order was placed or when the cabinets would be updated. Interim Director A stated he/she would work with Residents 1 and 2 about the need for their laundry to be completed. As Surveyor completed the survey, Surveyor observed staff cleaning up the debris located on the floor in the kitchen and dining room.