STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018687	A. BUILDING: _____ B. WING _____	R-C 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST HOMES 75 LLC	1467 S 75TH ST WEST ALLIS, WI 53214

(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 09/09/2025, Surveyor conducted a verification survey and 1 complaint investigation. Eighteen of 18 previous deficiencies were found corrected. One new deficiency was identified. One complaint was unsubstantiated. Census: 11 Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or their legal representative, facility staff, and case	N 387		

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
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N 387	Continued From page 1	N 387		

management team, signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 3 of 3 residents reviewed (Residents 5, 6, and 7).

Findings include:

On 09/09/2025, Surveyor reviewed resident records and identified the following:

-Resident 5 was admitted on 01/30/2025. Resident 5's ISP, dated 04/08/2025, included a blank signature page of parties involved in developing his/her ISP. Resident 5 had a court appointed guardian and was enrolled in a Managed Care Organization (MCO) Program. Resident 5, guardian, facility staff, and the MCO case management team did not sign his/her ISP.

-Resident 6 was admitted on 08/16/2025. Resident 6's ISP, dated 09/01/2025, included a blank signature page indicating no parties were involved in developing his/her ISP. Resident 6 was their own decision maker and was enrolled in an MCO. Resident 6, facility staff, and the MCO case management team did not sign his/her ISP.

-Resident 7 was admitted on 03/31/2025. Resident 7's ISP, dated 09/09/2025, included a blank signature page indicating no parties were involved in developing his/her ISP. Resident 7 was their own decision maker and was enrolled in an MCO. Resident 6, facility staff, and the MCO case management team did not sign his/her ISP.

On 09/09/2025, at approximately 1:00 PM, Surveyor interviewed Licensee E who confirmed none of the ISPs reviewed contained signatures of parties involved in the planning process. Licensee E reported Administrator A was

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N 387	Continued From page 2 responsible for writing the ISPs and ensuring the appropriate parties were involved and sign the ISPs. Licensee E stated, "We will need to come up with a system to ensure everyone is included in signing off on the service plans."	N 387		