STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	**9025 W CONGRESS ST MILWAUKEE, WI 53225**

(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 11/15/2023, Surveyor completed 3 complaint investigations at Congress Place. Three of 3 complaints were substantiated. Census: 6	N 000		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observations and interviews, the provider did not ensure food in a basement refrigerator/freezer was stored under sanitary conditions to prevent food borne illnesses. The refrigerator/freezer was observed to be dirty, contained spoiled food, and expired food. Findings include: On 09/15/2023 at approximately 4:00 p.m.,	N 452		

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
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 452	Continued From page 1 Surveyor observed 1 refrigerator in the basement near the deep freezer. The refrigerator had a separate freezer located on top. Surveyor did not observe a thermometer in the refrigerator or freezer. The top shelf of the refrigerator contained the following: - Two shriveled green peppers. - A package of shredded cheddar cheese with a use by date 07/11/2023. The contents were observed wet and stuck together. - A 45-ounce container of margarine with a best by date of 05/23/2022. - A package of shredded cheddar cheese with a best by date of 05/03/2023. The contents were observed to be covered with a white substance. - Two 16-ounce containers of cottage cheese with an expiration date of 02/17/2023. The refrigerator was observed to have an unknown, dried brown liquid on the bottom shelf and under the 2 crisper drawers. (Photo 3). The shelf above the crispers contained: (Photo 4). - A shriveled green pepper. - A yellow plastic bag contained a cabbage with yellow, wilted leaves. (Photo 5). - A clear plastic bag contained a spoiled, green pepper with furry, blackened areas, consistent with mold, around the pepper. (Photo 6). Refrigerator door: On a shelf was a jar of minced garlic. The contents were observed to be brown and dry. The freezer above the refrigerator contained: - A plastic package of corn on the cob. Each side of the enclosed package had visible black, areas	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 452	Continued From page 2 consistent with mold, on the ends of the cobs. (Photo 6). Surveyor observed a jar of peanut butter on a shelf next to the refrigerator with a best buy date of 10/09/2020. On 11/15/2023 at approximately 4:00 p.m., Surveyor interviewed Licensee D and Administrator E and informed them of the findings. Administrator E reported 3rd shift staff were primarily responsible for rotating food items and monitoring dates, but all staff were responsible for cleaning and monitoring the food storage. Administrator E reported s/he was responsible for ensuring the food at the facility was safe. Surveyor asked how often Administrator E is in the facility. Administrator E answered 2-3 times a week. Surveyor reminded Administrator E the responsibilities of the administrator include the supervision of the daily operation of the CBRF. Surveyor asked Administrator E if being in the facility 2-3 times a week was enough. Administrator E answered no and planned to increase visits.	N 452		
N 500	83.45(4) Pest control. Pest control. The CBRF shall implement safe, effective procedures for control and extermination of insects, rodents and vermin. This Rule is not met as evidenced by: Based on observation, interviews, and record review, the provider did not implement an effective procedure for control and extermination of insects, including bed bugs. The provider had employed a pest control company for	N 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 3	N 500		

approximately 3 years. The pest control company made frequent recommendations to reduce bed bug activity. Licensee D did not implement the recommendations.

Findings include:

On 08/14/2023, 08/15/2023, and 08/30/2023, the department received 3 complaints related to an alleged infestation of bed bugs and residents getting bit.

On 09/15/2023, at approximately 3:00 p.m., Surveyor conducted a tour of the facility. Surveyor observed 3 of 6 beds did not have a mattress cover or bed bug containment cover on the bed or box spring.

INTERVIEWS:

Resident 1:
On 09/15/2023, at approximately 3:30 p.m., an interviewed Resident 1. Resident 1 reported s/he was admitted to the facility 08/02/2023. Resident 1's bed was observed with no bed bug containment cover on the mattress and the box spring. Resident 1 reported s/he was bit by bed bugs right after admission and the bites continued to get worse.

Guardian H:
On 10/05/2023 at approximately 4:20 p.m., Surveyor interviewed Guardian H. Guardian H reported Resident 1 was being bit and having symptoms (itching) right after admission. On 08/05/2023, Guardian H saw Resident 1 in the facility and verified Resident 1 had bites on legs. On 08/08/2023, Resident 1 saw Physician I who confirmed the bites were from bed bugs and scabies. Topical medication was prescribed for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 4	N 500		

relief. On 09/22/2023, Resident 1 saw Physician J who confirmed Resident still had bed bug bites and scabies.

Family Member G:
On 10/04/2023 at approximately 2:00 p.m., Surveyor interviewed Family Member G. Family Member G was aware of the bed bugs and commented the provider was slow to getting things done regarding the bed bugs. Family Member G reported Resident 2 felt the home was inhabitable.

On 11/09/2023, at approximately 3:25 p.m., Surveyor interviewed Person F. Person F stated s/he had been providing monthly service or treatment for pest control for over 2 years. Surveyor asked if any recommendations were made after treatment. Person F stated s/he wrote the recommendations on the invoice and spoke to Licensee D in person or by phone. Person F stated Licensee D did not follow recommendations, and the staff needed to wash resident clothes. Person F reported s/he recommended to Licensee D to use bed bug containment covers on all mattresses and box springs; wash resident clothes often; checking clothes and bags when a new resident moved in, daily vacuuming and disposal of a mattress or box spring based on Person B's recommendation after a treatment. Person F stated s/he had observed bed bugs on Resident 3.

Caregiver A:
On 11/14/2023 at approximately 4:30 p.m., Surveyor interviewed Caregiver A. Caregiver A commented bed bugs had been a problem for at least 2 years and s/he was scared after seeing how bit up Resident 1 was. Caregiver A reported they deep cleaned the room when residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 5	N 500		

move out. Caregiver A stated they cleaned the room, so it is "show room" ready. Caregiver A stated when a new resident moved in, the staff put away their belongings. Caregiver A confirmed staff did not inspect the belongings or wash their clothing. Surveyor asked if Caregiver A was told by Licensee D or Administrator E to go through a new resident's belongings and wash clothing. Caregiver A answered no. Caregiver A stated resident clothing was washed twice weekly and added s/he sees bed bugs on clothes. Caregiver A commented that Person F would recommend replacing a mattress and box spring and Licensee D would replace a mattress but not the box spring. Surveyor asked how often Licensee D was in the facility. Caregiver A stated Licensee D was seldom in the facility unless something needed to be fixed. Surveyor asked how often Administrator E is in the building. Caregiver A stated, "not often."

Caregiver B:
On 11/14/2023 at approximately 4:55 p.m., Surveyor interviewed Caregiver B. Caregiver B was aware of the bed bugs. Caregiver B reported when a resident moved out they clean the room, wash the bedding, and wipe down the room, and sometimes Licensee D or Administrator E would replace the mattress and box spring. Surveyor asked what you do when a new resident arrives. Caregiver B confirmed they did not go through and inspect a new resident's belongings or wash their clothing when they moved in. Caregiver B reported residents' clothing was washed twice weekly. Caregiver B added s/he thinks Licensee D should get rid of the furniture due to the bed bugs.

Caregiver C:
On 11/14/2023 at approximately 5:10 p.m.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 6 Surveyor interviewed Caregiver C. Caregiver C was aware of bed bugs and stated pest control had been coming for 2 plus years. Caregiver C stated Resident 1 was bit head to toe right after admission to the facility. Caregiver C stated the home needs a heat treatment to treat the bed bugs. Caregiver C reported when a resident is discharged, the room was deep cleaned to make it "show room ready," and bedding was washed. Caregiver C stated Licensee D did not get rid of beds, s/he breaks them down and takes the mattress and box spring to the basement. Surveyor asked if Caregiver C was told by Licensee D or Administrator E to go through a new resident's belongings and wash clothing. Caregiver C answered no. Caregiver C reported residents' clothing was washed twice weekly or more if soiled. Caregiver C stated s/he had seen bed bugs on the residents who lived on the 2nd floor and has also seen bed bugs crawling on residents when eating at the kitchen table. On 11/15/2023, at approximately 5:00 p.m., Surveyor interviewed Licensee D and Administrator E. Licensee D reported the bed bug infestation began around the end of 2020, but it was not an ongoing problem. Licensee D stated there was no policy regarding bed bugs and strategies they would follow to ensure the facility did not get infested and to treat infestations. Licensee D reported Person F had told Licensee D to implement a policy. Licensee D reported there was no policy for staff regarding handling belongings of new residents. Licensee D added new residents clothing or belongings were not checked or washed "right away." Licensee D stated Person F informed Licensee D what the findings were after each treatment and exactly what was treated. Licensee D stated s/he received the invoices. Licensee D reported s/he	N 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 7	N 500		

read the recommendations on the invoices. Surveyor asked if Licensee D has implemented the recommendations written on the invoices. Licensee D confirmed s/he had not implemented all of the recommendations from Person F. Licensee D added bed bug containment covers had been ordered.

According to WebMD, to get rid of bedbugs do the following:
- Wash your bedding, curtains, and clothing in hot water and dry them on the highest dryer setting. Put stuffed animals, shoes, and other items that can't be washed in the dryer and run it on high for 30 minutes or more.
- Use a stiff brush to scrub mattress seams to remove bedbugs and their eggs before vacuuming.
- Vacuum your bed and the area around it every day, including windows and molding. Afterward, put the vacuum cleaner bag in a plastic bag and place it in the garbage outdoors right away.
- Put a tightly woven, zippered cover on your mattress and box springs to keep bedbugs from entering or escaping. Bedbugs can live several months without feeding. So, keep the cover on your mattress for at least a year.
- Repair cracks in plaster and glue down peeling wallpaper to get rid of places bedbugs can hide.
- Get rid of clutter around your bed and move your bed away from your walls and other furniture.
(Source: The WebMD website, Bedbugs, July 18, 2023, https://www.webmd.com/skin-problems-and-treatments/bedbugs-infestation (retrieval date - October 4, 2023).)

On 11/14/2023, Surveyor reviewed Pest Control invoices dated 11/10/2022, 08/04/2023,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 500	Continued From page 8 09/07/2023, 09/21/2023, 10/05/2023, and 11/06/2023. The invoices identified the following recommendations were in writing: -11/10/2022: Bed bug covers needed in bedrooms, daily washing of clothes needed in bedroom, daily vacuum, and checking new resident clothes and bags before moving in. -08/04/2023: Upper bedroom inspected. Large amounts of fecal matter on box spring. Recommended disposal of box spring. -09/07/2023: Bed bug covers needed in bedrooms, daily washing of clothes needed in bedroom, daily vacuum, and checking new resident clothes and bags before moving in. -09/21/2023: Bed bug covers needed in bedrooms, daily washing of clothes needed in bedroom, daily vacuum, and checking new resident clothes and bags before moving in. Bed bug activity seen in Resident 3's room on sheets and box spring. Recommendation, "Must remove box spring, it is full of dead bed bugs." -10/05/2023: Bed bug covers needed in bedrooms, daily washing of clothes needed in bedroom, daily vacuum, and checking new resident clothes and bags before moving in. -11/06/2023: Bed bug covers needed in bedrooms for all box springs and mattresses., daily washing of clothes needed in bedroom, daily vacuum, and checking new resident clothes and bags before moving in. Summary: The provider has employed a pest control company for approximately 3 years. The pest control company made frequent recommendations to reduce bed bug activity. Licensee D was aware of the recommendations and did not implement the recommendations.	N 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 636	Continued From page 9	N 636		
N 636	83.59(1)(f) Exit passageways, stairways: width maintained All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit passageways and stairways to outside exits shall be at least 36 inches in width and maintained clear and unobstructed at all times. Exit passageways and stairways to outside exits shall be at least 32 inches in width in facilities licensed on or before the effective date of this section. In existing large facilities, the minimum corridor width shall be at least 4 feet. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure a designated emergency exit to the outside was clear and unobstructed. The hall passageway to the door on the east side of the building was obstructed with garbage containers and at the bottom of the stairs was a large yellow mop bucket and large white container. This had the potential to affect 6 of 6 residents in an emergency. Findings include: Congress Place is an 8 bed, Class ANA (Nonambulatory) facility which serves residents who may be of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness and/or receives public funding. On 09/15/2023, at approximately 3:00 p.m., Surveyor observed the exits located on the first	N 636		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	9025 W CONGRESS ST MILWAUKEE, WI 53225

(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 636	Continued From page 10	N 636		

floor. According to department records, the 2 designated emergency exits were indicated on the facility floor plan, (titled Fire Escape and Evacuation Plan) the front door located on the north side of the facility and a door on the east side of the building near the stairs to go to the basement.

Surveyor observed the exit passageway to the door on the east side of the building was obstructed. On the hallway landing there were 2 large, uncovered garbage containers next to the north wall. From the landing, there were steps to maneuver to reach the door. At the bottom of the steps, a large yellow mop bucket and large white bucket were in front of the door along the east wall. The location of the mop bucket and white container only allowed the exit door to open approximately half-way. (Photo 1) To the left of the exit door was a door leading to the basement. The door was propped open with a snow shovel and a bag of charcoal. (Photo 2)
Because of the items in front of the exit door not allowing the exit door to open fully, and the items to the left of the exit door, there was not a clear passageway to exit the facility.

On 11/15/2023 at approximately 4:00 p.m., Surveyor interviewed Licensee D and Administrator E and informed them of the obstructed designated emergency exit door on the east side of the building. Licensee D stated that exit was not an emergency exit. Licensee D was not aware the door on the east side of the building was a designated emergency exit on the floor plan. Administrator E stated s/he had told staff multiple times the basement door is not to be propped open and obstructed. Moving forward, Administrator E stated s/he would remind staff to keep exit passageways

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013291	A. BUILDING: _____ B. WING _____	C 11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGRESS PLACE	**9025 W CONGRESS ST MILWAUKEE, WI 53225**

(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 636	Continued From page 11 unobstructed and Licensee D was in the process of planning to add an additional exit ramp on the west side of the building.	N 636		