

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013291	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/09/2024
NAME OF PROVIDER OR SUPPLIER CONGRESS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 12/09/2024, Surveyor conducted a complaint investigation and 2 verification visits at Congress Place, a CBRF located in Milwaukee, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. Three violations were repeat violations from previous Statement of Deficiency (SOD) 8BFE11 and SOD Q9FI11. Ten violations from previous Statement of Deficiencies (SOD) 8BFE11 and Q9FI11 were corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Cha. 50, a \$200 revisit fee is being assessed. Census: 7	N 000		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident 's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.	N 427		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 427	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a daily activity program to meet the interests and capabilities of residents. There were no activities provided for residents. This is a repeat violation from previous Statement of Deficiency (SOD) 8BFE11 dated 06/01/2023. Findings include: On 12/09/2024 at 9:00 AM, Surveyor arrived at the facility. On 12/09/2024 at 9:15 AM, Surveyor observed there were 3 residents in the living room, but no activities were conducted. On 12/09/2024 at 9:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated that there is an activity calendar, but not many activities are offered. Caregiver B stated, "They just do their thing." On 12/09/2024 at 9:20 AM, Surveyor interviewed Resident 1. Resident 1 reported that no activities are offered and stated, "We don't do that here." On 12/09/2024 at 10:00 AM, Surveyor observed there were 4 residents in the living room, but no activities were conducted. On 12/09/2024 at 10:15 AM, Surveyor interviewed Resident 2. Resident 2 stated, "We don't really do that, I have never seen or done any activities." Surveyor asked Resident 2 if s/he would participate if activities were offered? Resident 2 stated, "Maybe, depends on what we	N 427		

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N 427	Continued From page 2 would do." On 12/09/2024 at 10:20 AM, Surveyor observed there were 3 residents in the living room, but no activities were conducted. On 12/09/2024 at 10:40 AM, Surveyor interviewed Resident 3. Resident 3 stated, "Activities? No. We don't do that stuff here." Surveyor asked Resident 3 if s/he would join if offered, and Resident 3 stated, "I might, if I know what it was." On 12/09/2024 at 11:00 AM, there were 3 residents in the living room, but no activities were conducted. On 12/09/2024 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement and reported that activities should be offered based on interest.	N 427		
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.	N 452		

If continuation sheet 4 of 6

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N 481	Continued From page 4 intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the living environment was safe, clean, comfortable and homelike. The housing for the dishwasher was coming out of the kitchen cabinet, there was a hole in the ceiling of the common bathroom on main level. This is a repeat violation from previous Statement of Deficiency (SOD) 8BFE11 dated 06/01/2023. Findings include: On 12/09/2024 at 9:00 AM, Surveyor toured the environment. OBSERVATIONS: The window screen in the kitchen was very dirty, difficult to see through to the outside. The entire dishwasher was coming out of the cabinet in the kitchen. The range hood and filter were very greasy and dirty, possibly creating a fire hazard. There was a hole in the ceiling of the first floor bathroom above the toilet. Resident 1 stated, "when it leaks, water drops on my head when I'm trying to use the stupid toilet." Resident 1's door did not work properly. The hinges were loose and the door had to be lifted up in order to close and latch the door.	N 481			

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N 481	Continued From page 5 The heating register in Resident 4's bedroom was dusty and needed to be cleaned. The ceiling fan in Resident 4's room was very dusty. Resident 4 stated that sometimes s/he notices that his/her clothes have dust on them from possibly the ceiling fan or the heating register on the wall. In the upstairs common bathroom used by residents, there was a hole in the wall approximately 3 inches by 4 inches. In the upstairs common bathroom used by residents, there were approximately 30 tiles missing from the wall. The couch in the upstairs living room used by residents had ripped cushions. On 12/09/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated s/he was aware of the environmental concerns and that they would be addressed as soon as possible. Administrator A showed Surveyor a list of concerns that needed to be addressed.	N 481		