Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018042	A. BUILDING: _____ B. WING _____	C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENNYE RESIDENTIAL CARE FACILITY LLC	4547 N 66TH ST MILWAUKEE, WI 53218

(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 10/18/2024, Surveyor conducted a standard survey and 1 complaint investigation. One deficient practice was identified. One complaint was unsubstantiated. Census: 3	M 000		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have the gas furnace inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace in the facility. The furnace was due to be inspected approximately 20 months prior to the survey. Findings include: On 10/18/2024, Surveyor reviewed the most recent furnace inspection, dated 01/28/2020. The furnace was due to be inspected 01/28/2023. On 10/18/2024, at 11:00 AM, Surveyor interviewed Licensee A regarding safety records. Licensee A confirmed the furnace inspection had not been done. Licensee A confirmed they had overlooked this requirement.	M 290		

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