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
	0011162	A. BUILDING: _____ B. WING _____	R-C 06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELL CARE	**2506 N 56TH ST MILWAUKEE, WI 53210**

(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 06/23/2026, Surveyor completed a verification visit, complaint investigation, and standard survey at Well Care. As a result, 6 of the previous 7 deficiencies were corrected. One deficiency was recited. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 4's and Resident 5's ISPs were not signed by each resident's guardian, licensee or the managed care organization (MCO). This is a repeat deficiency. See Statement of Deficiency (SOD) T98B11, dated 05/09/2023.	{M 406}		

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

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{M 406}	Continued From page 1 Findings include: On 06/23/2026, at 1:40 PM, Surveyor reviewed resident files and identified the following: -Resident 4 was admitted to the facility on 09/27/2008. Resident 4 was enrolled in a managed care organization and was his/her own person. Resident 4's ISPs dated 09/27/2025 and 03/07/2026 were not signed. Resident 4's ISPs were not signed by Resident 4, Licensee A, Co-Owner B, or the MCO. -Resident 5 was admitted to the facility on 09/19/2024. Resident 5 was enrolled in a managed care organization and had a guardian. Resident 5's ISPs, dated 03/19/2025, 09/19/2025, and 03/19/2026 were not signed by Resident 5's guardian, Licensee A, Co-Owner B, or the MCO. On 06/23/2026, at 2:45 PM, Surveyor interviewed Co-Owner B. Co-Owner B reported s/he was unaware of the code requirement which required residents, guardians, and the MCO to be involved in the ISP process. Co-Owner B reported s/he did not obtain signatures for the ISP as the MCO care plans, and the behavior support plans contained signatures from all parties. Surveyor provided Co-Owner B with the Department code requirement. Co-Owner B reported s/he would ensure ISPs would be signed.	{M 406}		