

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/10/2025
NAME OF PROVIDER OR SUPPLIER PRIMROSE ON 19TH ST B		STREET ADDRESS, CITY, STATE, ZIP CODE 1628 NORTH 19TH ST MILWAUKEE, WI 53205		
(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 03/10/2025, Surveyor conducted at standard licensing survey and complaint investigation at Primrose On 19th Street B, a CBRF located in Milwaukee, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. The complaint was unsubstantiated. Census: 5	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment appropriate for residents. There were holes in Resident 1's bedroom wall, the emergency lighting was hanging by wires. Findings include: On 03/10/2025 at 10:00 AM, Surveyor toured the physical environment. OBSERVATIONS: There was a kitchen cupboard door detached from the cabinet due to the hinge being broken.	N 481		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019061	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/10/2025
NAME OF PROVIDER OR SUPPLIER PRIMROSE ON 19TH ST B			STREET ADDRESS, CITY, STATE, ZIP CODE 1628 NORTH 19TH ST MILWAUKEE, WI 53205		
(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 481	Continued From page 1 The emergency lighting on the second floor was detached from the housing and hanging by wires. There were 3 holes in Resident 1's bedroom walls, 1 measuring approximately 3 inches by 3 inches, 1 measuring approximately 2 inches by 2 inches and the 3rd hole measuring approximately 1.5 inches by 1.5 inches. On 03/10/2025 at 10:30 AM, Surveyor interviewed House Manager A. House Manager A stated that Resident 1 sometimes gets angry and hits the walls. House Manager A stated that the holes had been present for about a week and a half. House Manager A stated that the emergency lighting and kitchen cabinet would be fixed as soon as possible.	N 481			