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
	0010101	A. BUILDING: _____ B. WING _____	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNVALE HOME 1	3214 N 39TH ST MILWAUKEE, WI 53223

(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 02/25/2026, Surveyor completed an abbreviated survey at Sunvale Home 1. As a result, 1 deficiency was identified. Census: 0	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 ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 02/25/2026, at 11:10 AM, Surveyor reviewed the home's most recent furnace inspection. The furnace was last inspected on 10/06/2022. The furnace was due to be inspected in October 2025. On 02/25/2026, at 11:20 AM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the furnace was inspected as required by the code. Licensee A reported s/he thought it went by the start of the season of year 3. Licensee A reported s/he would ensure the furnace inspection was completed.	M 290		

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