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
	0019460	A. BUILDING: _____ B. WING _____	R-C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
831 ADULT LIVING FACILITY LLC SITE 2	4447 N 75TH STREET 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 08/26/2024, Surveyor conducted 2 complaint investigations and a verification visit at 831 Adult Living Facility Site 2, an AFH located in Milwaukee, WI. As a result of the investigation, 0 violations of Chapter DHS 88 were issued. Both complaints were unsubstantiated. One violation from previous Statement of Deficiency (SOD) #04ZY11 dated 10/17/2023 was corrected. Under statutory provisions, a $200 revisit fee is being assessed for this follow-up enforcement verification visit. Census: 2	M 000		

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