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
	0013355	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILAN ESTATES	715 MILAN DR SAUKVILLE, WI 53080

(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 03/24/2026, Surveyor conducted an abbreviated survey at Milan Estates. As a result of the survey one (1) deficiency was identified. Census: 15	N 000		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. Findings include: On 03/24/2026 at approximately 2:00 PM, Surveyor requested the annual fire inspection for 2024 and 2025 from Administrator A. Administrator A acknowledged s/he did not have an annual fire inspection for 2024 or 2025 and that the last one completed was in 2023. Administrator A stated s/he had called and the fire department stated they would add him/her to the list. Administrator A stated s/he would follow up and ensure the fire inspection gets completed. The provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector annually.	N 530		

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