STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020820	A. BUILDING: _____ B. WING _____	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY HOUSE	481 S CONCORD AVE WATERTOWN, WI 53094

(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 06/05/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a probationary licensing survey at Victory House, a community-based residential facility (CBRF) located in Watertown, WI. As a result of the survey, 1 deficiency was identified. Census: 0	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 that the CBRF provided a living environment that was clean and homelike. Findings include: On 06/05/2026, Surveyor conducted a probationary licensing survey at the home and observed the below throughout the survey. Surveyor toured the home with Coordinator of Administrative Services (Coordinator) A, and shared his/her observations of all the below as they were made: - At approximately 10:21 a.m., the foyer near the front door on the 483 side of the home had	N 481		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020820	A. BUILDING: _____ B. WING _____	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY HOUSE	481 S CONCORD AVE WATERTOWN, WI 53094

(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	N 481		

several small bits of debris throughout the floor area (Photo 1).

- At approximately 10:23 a.m., the living area and dining area on the 483 side of the home had several small bits of debris throughout the floor area, spiderwebs with spiders along corners of the living area in at least 3 areas, a dead centipede, and several dead insects scattered throughout the floor (Photos 2-10).

- At approximately 10:27 a.m., the window near the dining area on the 483 side of the home had brown substance splatter stains throughout the right side of the window and along the wall to the right of the window. The window stool (flat wooden window base) had several bits of debris on it in addition to a loose screw. The blinds covering that window also had several brown splatter stains along the right side (Photos 11-13).

- At approximately 10:37 a.m., the hallway leading towards the bedrooms on the 483 side of the home had several small bits of debris scattered throughout the floor and a dead fly (Photos 14 and 15).

- At approximately 10:43 a.m., room 2 on the 483 side of the home had several small bits of debris scattered on the floor (Photos 16 and 17).

- At approximately 10:45 a.m., the back bathroom on the 483 side of the home had its electric hand dryer unplugged and face-down on the counter in a position of being inoperable (Photo 18).

- At approximately 10:46 a.m., the central bathroom on the 483 side of the home had a dead insect on the floor and a spiderweb with a spider and bits of debris within the shower base

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020820	A. BUILDING: _____ B. WING _____	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY HOUSE	481 S CONCORD AVE WATERTOWN, WI 53094

(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 2	N 481		

(Photos 19 and 20). The toilet seat was observed with stains consistent in appearance with fecal matter (Photo 21).

- At approximately 10:47 a.m., the hallway leading to the garage on the 483 side of the home had several small bits of debris scattered throughout the floor (Photo 22 and 23).

- At approximately 10:48 a.m., the closet door within room 5 on the 483 side of the home had an approximate quarter-sized hole (Photo 24).

- At approximately 10:53 a.m., the left closet door within room 6 on the 483 side of the home did not seem to open when tested by Surveyor. Surveyor requested Coordinator A test the door. Coordinator A attempted to open the door, and reported s/he was only able to do so when pulling at it from its opposite side (the side opposite to the handle) and lifting/pulling at the same time. Coordinator A confirmed s/he was unable to open it by using its handle.

- At approximately 11:06 a.m., room 6 on the 481 side of the home had several small bits of debris scattered throughout the floor (Photo 25).

- At approximately 11:07 a.m., the closet door within room 5 on the 481 side of the home had 2 holes - one approximately quarter-sized and the other approximately dime-sized (Photo 26). Small bits of debris were observed scattered throughout the floor (Photo 27).

- At approximately 11:13 a.m., the central bathroom on the 481 side of the home had 3 dead flies in the shower base (Photo 28).

- At approximately 11:18 a.m., the living area and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020820	A. BUILDING: _____ B. WING _____	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY HOUSE	481 S CONCORD AVE WATERTOWN, WI 53094

(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 3 dining area on the 481 side of the home had several small bits of debris and dead insects scattered throughout the floor (Photos 29 - 31). One of the windows in this area had small bits of debris along its stool (Photo 32). - At approximately 11:19 a.m., the foyer near the front door on the 481 side of the home had several small bits of debris and several dead insects throughout the floor area (Photos 33 - 35). While observing the above with Coordinator A and upon Surveyor sharing his/her cleanliness concerns of the above areas, Coordinator A was observed to take notes. Coordinator A reported understanding of Surveyor's concerns.	N 481		