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
	0018077	A. BUILDING: _____ B. WING _____	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL REGENT	2850 MENOMENEE RIVER PKWY MILWAUKEE, WI 53222

(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 06/15/2026, Surveyor conducted an abbreviated survey at HIL Regent. As a result, 2 deficiencies were identified. Census: 3	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was clean, well-maintained and a homelike environment for 1 of 1 resident. The bathroom required cleaning and the home required maintenance. Findings include: On 06/15/2026, at 11:39 AM, Surveyor toured the facility and observed the following: - The sink faucet handles were covered in a thick hard white substance. Surveyor was unable to scratch it off by nail but was able to scratch it off by using the tip of a metal thermometer. - The exhaust vent was covered in a thick grayish substance, similar to dust.	M 276		

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

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M 276	Continued From page 1 - The heat vent, located between the shower and toilet, was rusted and pulled away from the wall. On 06/15/2026, at 12:15 PM, Surveyor interviewed Manager A. Manager A acknowledged Surveyor's concern regarding the cleaning and maintenance of the home.	M 276		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2024 and 2025 and to date in 2026. Findings include: On 06/15/2026, at 11:20 AM, Surveyor reviewed the facility safety files. The smoke detectors were testing during fire drills which were as follows: 02/29/2024 08/22/2024 01/05/2025	M 336		

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M 336	Continued From page 2 02/02/2025 03/21/2025 04/16/2025 03/12/2026 Surveyor was unable to locate evidence the smoke detectors were tested monthly in 2024, 2025 and to date in 2026. On 06/15/2026, at 12:15 PM, Surveyor interviewed Manager A. Manager A reported s/he was unaware the smoke detectors needed to be tested monthly. Manager A reported they would ensure smoke detectors were tested monthly.	M 336		