STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020945	A. BUILDING: _____ B. WING _____	C 04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HONEY CREEK HEIGHTS SENIOR LIVING	7400 W GREENFIELD AVE WEST ALLIS, WI 53214

(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 04/13/2026, Surveyors completed a probationary standard survey and a complaint investigation at Honey Creek Heights Senior Living. As a result, 3 deficiencies were identified. One complaint was unsubstantiated. Census: 29	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis (TB), within 90 days before the start of employment for 1 of 2 caregivers reviewed (Caregiver C). Caregiver C was screened for TB 5 days after the start of employment. Caregiver C was screened for	N 220		

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

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N 220	Continued From page 1 communicable diseases 8 days after the start of employment. Findings include: On 04/13/2026, at 10:50 AM, Surveyors reviewed Caregiver C's record. Caregiver C was hired on 10/14/2025. Caregiver's record contained a TB test dated 10/19/2025. Caregiver C's record contained a communicable disease screening dated 10/22/2025. Caregiver C's training record indicated s/he trained with residents on 10/15/2025. On 04/13/2026, at 12:40 PM, Surveyor interviewed Administrator A and Clinical Director B. Administrator A, and Clinical Director B confirmed the code requirement. Clinical Director B confirmed Caregiver C worked on the floor with residents before s/he received her/his screening for TB and communicable diseases.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall	N 239		

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N 239	Continued From page 2 successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver C) obtained all department approved training as required. Caregiver C did not have training in first aid and choking within 90 days after starting employment. Findings include: On 04/13/2026, at 10:50 AM, Surveyors reviewed Caregiver C's record. Caregiver C was hired on 10/14/2025. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 04/13/2026, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. On 04/13/2026, at 12:40 PM, Surveyor interviewed Administrator A and Clinical Director B. Administrator A confirmed the code requirement. Administrator A reported Caregiver C was going to be removed from the schedule	N 239		

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N 239	Continued From page 3 until the training was completed.	N 239		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the temperature of water at fixtures used by residents did not exceed 115° Fahrenheit (F), for 4 of 4 fixtures. Water temperatures at the fixtures tested read 125° F, 120° F, 126.1° F, and 125.8° F. Findings include: On 04/13/2026, at 9:25 AM, Surveyors toured the facility and tested water temperature at random faucets throughout the facility. The following were the readings from those tests: - Floor 3 - Shower Room Sink: 125° F - Floor 4 - Shower Room Sink: 120° F - Resident 1's Bathroom Sink: 126.1° F - Resident 2's Bathroom Sink: 125.8° F On 04/13/2026, at approximately 9:30 AM, Surveyor interviewed Clinical Director (CD) B. CD B confirmed water temperatures at the fixtures	N 617		

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N 617	Continued From page 4 were required to be 115° F or less. S/He immediately messaged the facility's maintenance team to look into the water temperatures which were reading above 115° F. On 04/13/2026, at 9:47 AM, Surveyor interviewed Resident 2. Resident 2 reported the water in her/his apartment was hotter than usual, for approximately a week and a half. On 04/13/2026, at 10:27 AM, Surveyors interviewed Plant Maintenance Leader (PML) D, and the following was reported: Staff located a leaking water valve and while investigating the leak, it was discovered the water heaters had been turned up. PML D was unaware the temperatures at the heaters were turned up. PML D reported a weekly log was kept of water temperatures, and they typically tested them on Mondays. They were working to fix the problem and get the water temperatures at the fixtures corrected.	N 617		