STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015900	A. BUILDING: _____ B. WING _____	C 12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNCAS HOUSE	**429 WEST UNCAS AVENUE MILWAUKEE, WI 53207**

(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 12/12/2024 with information gathered through 12/17/2024, Surveyor conducted a standard survey and complaint investigation at Uncas House, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Three deficiencies identified. Complaint unsubstantiated. Census: 8	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed (Resident 1 and Resident 2) were screened for clinically apparent communicable disease, including tuberculosis (TB), by a physician,	N 302		

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

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N 302	Continued From page 1 physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days or 7 days after admission. Findings include: On 12/12/2024, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 12/10/2020. Resident 1's record did not contain the results of a TB test and a statement showing Resident 1 was free of communicable disease. Resident 2 was admitted on 09/17/2024. Resident 2's record did not contain the results of a TB test and a statement showing Resident 2 was free of communicable disease. On 12/17/2024 at 6:44 PM, Surveyor interviewed Clinical Manager A. Clinical Manager A stated they did not have the documentation of a TB test and statement showing Resident 1 and Resident 2 were free of communicable disease. Clinical Manager A stated s/he would be sure to schedule both residents for new TB skin tests so they had one up to date and on record.	N 302		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The	N 504		

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N 504	Continued From page 2 CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence to show the heating system had been maintained in a safe and properly functioning condition for 1 of 1 furnace. The provider could not find evidence the gas furnace had been serviced at least once in the past 3 years. Findings include: On 12/12/2024, Surveyors requested most recent documentation of the furnace being inspected. No furnace inspection was provided. Operations Director B reported the facility had a gas furnace and s/he was unable to find their most recent inspection. Surveyors requested Operations Director B to send information no later than 12/13/2024 at 5:00 PM. On 12/13/2024, at approximately 4:21 PM, Surveyor received documentation from Operations Director B. No furnace inspection was provided. Operations Director B stated s/he would have to reach out to maintenance to have them request the information. As of 12/17/2024, no additional information was received.	N 504		
N 530	83.47(3) Fire inspection.	N 530		

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N 530	Continued From page 3 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 arrange for an annual inspection by the local fire authority or certified fire inspector for calendar year 2023 and retain the inspection report for 2 years. Findings include: On 12/12/2024, Surveyors reviewed safety records. Surveyor could not locate any annual fire inspection by local fire authority or certified inspector for calendar year 2023. Surveyors requested to review annual fire inspection by local fire authority or certified fire inspector for calendar year 2023. Surveyors requested Operations Director B to send information no later than 12/13/2024 at 5:00PM. On 12/13/2024, at approximately 4:21 PM, Surveyor received documentation from Operations Director B. No annual inspection by the local fire authority was provided. Operations Director B stated s/he would have to reach out to maintenance to have them request the information. As of 12/17/2024, no additional information was received.	N 530		