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
	0012151	A. BUILDING: _____ B. WING _____	C 06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKY RESIDENTIAL FRANKLIN	**8104 S 35TH ST FRANKLIN, WI 53132**

(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 06/22/2026, Surveyor conducted a complaint investigation and standard survey at Sky Residential Franklin. One of 1 complaint was unsubstantiated. One deficiency was identified. Census: 3	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 a living environment that was clean, comfortable, and homelike for 3 of 3 residents. Findings include: The facility is a class CNA non-ambulatory community based residential facility licensed to serve up to 6 residents in the areas of advanced age, irreversible dementia/ Alzheimer's, developmentally disabled, emotionally disturbed/ mental illness, and physically disabled. On 06/22/2026 at 10:00 AM, Surveyor toured the facility and observed the following: Front Door: -The front door was originally white in color but	N 481		

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

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N 481	Continued From page 1 was very grey and discolored, with the bottom approximately 10 inches appearing very scuffed up. - The mat at the entrance appeared very worn out. The mat had bald spots in high use areas where the texture was worn away Bathroom: - The toilet bowl was stained and discolored with a rust colored ring at the water level. - The caulk along the bottom of the toilet had peeled off the left side and was loose on the right side (facing the toilet) - The paper towel dispenser had fallen off / been removed from the wall and was missing. Kitchen: - The kitchen cupboards were originally white and had paint peeling from some areas. - One of the kitchen drawers was missing its hardware. When the drawer was opened it was observed that the bottom of the drawer was missing. On 06/22/2026 at approximately 11:30 AM, Surveyor interviewed House Supervisor A, House Supervisor A stated they were aware of the issues around the facility and had been in communication with the new owners of the facility. House Supervisor A stated the owners were in the process of hiring a maintenance person who, when hired, would be tasked with having the facility cleaned up.	N 481		