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
	0014252	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANITOBA GROUP HOME	3018 SOUTH 9TH STREET MILWAUKEE, WI 53215

(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 08/06/2026, Surveyor conducted a complaint investigation and verification visit at Manitoba Group Home. As a result, 6 deficiencies were corrected and 1 deficiency was recited. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
{N 423}	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Schedule II medications were in separately lock compartments within the locked medication cabinet for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). The boxes which contained the Schedule II medications were not locked. This is a repeat deficiency. See Statement of Deficiency (SOD) EOE711, dated 04/08/2026. Findings include: On 08/05/2026, at 10:30 AM, Surveyor observed the medication filing cabinets and observed the	{N 423}		

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

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{N 423}	Continued From page 1 following: Resident 1 had a black box in her/his medication drawer. The box contained a hasp and a keyed padlock. The pad lock was laying next to the lock box on the bottom of the drawer. The box contained 2 medication cards of clonazepam 1 milligram (mg) tablets for 8:00 AM and 8:00 PM. Resident 2 had a black lock box in her/his medication drawer. The lock box contained a keyed lock, which was not engaged. The box contained 2 medication cards of lorazepam 1 mg tablets for AM and PM. Resident 3 had a lock box in her/his medication drawer. The lock box contained a hasp and a keyed padlock. The padlock was not engaged. The box contained 3 medication cards of lorazepam 1 mg tablets for 8:00 AM, 1:00 PM and 8:00 PM. On 08/05/2026, at 11:30 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Program Manager A reported they had trained the staff to ensure when they administer a Scheduled II medication to ensure the lock boxes were reengaged. Program Manager A reported s/he would educate the staff to ensure the Schedule II medications were securely stored.	{N 423}		