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
	310053	A. BUILDING: _____ B. WING _____	C 09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT MANOR PARK PALMER H	3023 S 84TH ST WEST ALLIS, WI 53227

(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 09/23/2026, Surveyor conducted a complaint investigation and standard survey at Village at Manor Park Palmer House. One of 1 complaint was substantiated. One deficiency was identified. Census: 82	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the Department within 3 working days of a serious injury for 1 of 1 resident (Resident 1). Resident 1 sustained a left ankle fracture and the incident was not reported to the department. Findings include: On 09/10/2026, the department received a complaint that a resident had sustained a fracture while in the facility and the incident was not investigated. On 09/23/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/20/2024, with diagnoses including Rheumatoid arthritis, unspecified, Alzheimer's disease with	N 165		

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

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N 165	Continued From page 1 late onset, History of falling and Muscle weakness. Resident 1's progress notes, dated 08/10/2026, identified Resident 1 was sent to the emergency room due to left leg and ankle pain and returned to the facility with a diagnosis of a closed left ankle fracture. Resident 1 was sent back to the hospital due to non-weight bearing status. Surveyor reviewed the facility electronic file and found no self-report was sent in by the facility. On 09/23/2026 at 4:00 PM, Surveyor interviewed Licensee A. License A stated s/he usually fills out self-reports, but was not aware that this incident needed to be reported. Licensee A confirmed Resident 1 was not readmitted due to the change in transfer status.	N 165		