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
	0019256	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENEE'S ASSISTING LIVING CENTER	**6615 N 85TH ST MILWAUKEE, WI 53224**

(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
M 000	INITIAL COMMENTS On 06/10/2025, Surveyor conducted a standard survey and a complaint investigation at Renee's Assisting Living Center. One deficiency was identified. One complaint was unsubstantiated. Census: 4	M 000		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was completed prior to admission for 4 of 4 residents reviewed. Resident 1, Resident 2, Resident 3, and Resident 4's service agreements were not signed prior to admission. Resident 1 had resided in the facility for 318 days with no signed service agreement. Resident 2 had resided in the facility for 82 days with no signed service agreement.	M 384		

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

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M 384	Continued From page 1 Resident 3 had resided in the facility for 682 days with no signed service agreement. Resident 4 had resided in the facility for 678 days with no signed service agreement. Findings include: On 06/10/2025 at 1:15 p.m., Surveyor reviewed resident records and identified the following: Example 1: Resident 1 Resident 1 was admitted on 04/24/2024. Resident 1's record did not contain a signed service agreement. Resident 1's face sheet identified Resident 1 had a guardian. Example 2: Resident 2 Resident 2 was admitted on 10/01/2024. Resident 2's record did not contain a signed service agreement. Resident 2's face sheet identified Resident 2 had a guardian. Example 3: Resident 3 Resident 3 was admitted on 07/19/2023. Resident 3's record did not contain a signed service agreement. Resident 3's face sheet identified Resident 3 had a guardian. Example 4: Resident 4 Resident 4 was admitted on 09/11/2023. Resident 4's record did not contain a signed service agreement. Resident 4's face sheet identified Resident 4 had a guardian. On 06/10/2025 at 1:45 p.m., Licensee A confirmed Resident 1, Resident 2, Resident 3, and Resident 4 all had guardians. On 06/10/2025 at 1:48 p.m., Surveyor requested Resident 1's service agreement. Licensee stated,	M 384		

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M 384	Continued From page 2 "I did not do the service agreement for [Resident 1] or the other residents. I am going to need to reach out to the guardians." Licensee A reported s/he did not do the service agreements for any of the residents. Licensee A reported being aware of the requirement.	M 384		