STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012752	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWAY HOUSE	**2780 N MENOMONEE RIVER PKWY , MILWAUKEE, Wisconsin, 53222**

(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) COMPLETION DATE
N0000	Initial Comments On 09/15/2026, Surveyor completed a verification visit and standard survey at Parkway House. As a result, 8 deficiencies were identified. One of the 8 deficiencies was a repeat violation (see Statement of Deficiencies (SOD) NVVZ11, dated 10/06/2021 and SOD NVVZ12, dated 08/04/2022). Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. Census: 7	N0000		
N0223	Employee records maintained and current. 83.18(1) A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure 2 (House Manager B and Caregiver D) of 3 employee records were maintained. House Manager B's and Caregiver D's record did not contain evidence of completed annual training. Findings Include: On 09/15/2026 at approximately 11:00 AM, Surveyor	N0223		

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

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N0223	Continued from page 1 reviewed staff records. The following was identified: House Manager B was hired on 06/15/2023. House Manager B's record did not contain evidence of completed annual training in 2024 in topics related to: client group, resident rights, first aid, and preventing and reporting abuse. House Manager B's record did not contain evidence of completed annual training in 2025 in topics related to: standard precautions, client group, resident rights, preventing and reporting abuse, and fire safety. Caregiver D was hired on 09/13/2023. Caregiver D's record did not contain evidence of completed annual training in 2024 in topics related to: client group, resident rights, first aid, and preventing and reporting abuse. House Manager B's record did not contain evidence of completed annual training in 2025 in topics related to: standard precautions, client group, resident rights, preventing and reporting abuse, and fire safety. On 09/15/2026 at approximately 11:00 AM, as Surveyor reviewed House Manager B's record, Surveyor interviewed House Manager B. House Manager B confirmed receiving annual training in topics related to standard precautions, client group, medications, resident rights, preventing and reporting abuse, fire safety, emergency procedures, and first aid in 2024 and 2025. House Manager B disclosed Supervisor C conducted monthly training for all staff in the above topics, as well as additional topics. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged House Manager B and Caregiver D did not have evidence of completed annual training on the above topics. Licensee A reported he/she would have a conversation with Supervisor C about the missing documentation.	N0223		
N0230	Orientation 83.19 Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of	N0230		

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N0230	Continued from page 2 resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure 1 (Caregiver E) of 3 staff reviewed received orientation in the required topics: (2) Prevention and reporting of resident abuse, neglect, and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible, (4) Emergency and disaster plan and evacuation procedures, (5) Community Based Residential Facility (CBRF) policies and procedures, (6) Recognizing and responding to resident changes of condition. Findings include: The provider is licensed as a Class AS (semi-ambulatory) facility to care for 8 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, developmentally disabled and emotionally disturbed/mental illness. On 09/15/2026, the facility census was 7. The following definition of Wis. Admin. Code § DHS 83.02 is as follows: Wis. Admin. Code § DHS 83.02(22) "Employee" means any person who works for a CBRF or for an entity that is affiliated with the CBRF or that is under contract to the CBRF, who is under direct control of the CBRF or corporation affiliated with the CBRF and who receives compensation subject to state and federal employee withholding taxes. On 09/15/2026 at approximately 11:00 AM, Surveyor reviewed Caregiver E's record. Caregiver E was hired on 09/17/2025. Caregiver E's record contained a "New Employee House Orientation" check list. The check list contained 4 columns. One column was for the date, the second column was designated for the	N0230		

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N0230	Continued from page 3 caregiver's initials, the third column was designated for the trainer's initials, and the fourth column was the "subject matter to be discussed/shown." Caregiver E's orientation checklist only contained the date and Caregiver E's initials. Caregiver E's orientation checklist did not contain the trainer's initials and/or signature that indicated Caregiver E received orientation in the following topics: prevention and reporting resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver E's orientation checklist was incomplete and did not verify Caregiver E completed orientation prior to working alone within the facility. Licensee A reported the staff who trained the caregiver should have initialed/signed the orientation checklist to indicate if Caregiver E completed orientation.	N0230		
N0387	Service plan development: parties involved 83.35(3)(b) Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not have the resident's legal representative and care team sign the Individual Service Plan (ISP) acknowledging their involvement in, understanding of, and agreement with the plan for 3 of 3 residents (Resident 1, Resident 2, and Resident 3) reviewed.	N0387		

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N0387	Continued from page 4 Resident 1's, Resident 2's, and Resident 3's legal guardian did not sign the ISPs acknowledging their involvement in, understanding of, and agreement with the plan. Findings include: On 09/01/2026 at approximately 12:00 PM, Surveyor reviewed resident's records. The following was identified: Resident 1 was admitted on 09/10/2014. Resident 1's record indicated Resident 1 had a legal guardian and was enrolled in a managed care organization. Resident 1's record contained 2 ISPs dated 07/01/2025 and 07/17/2026. Both ISPs did not contain signatures from Resident 1's legal guardian and/or Resident 1's care team. Resident 2 was admitted on 05/24/2023. Resident 2's record indicated Resident 2 had a legal guardian and was enrolled in a managed care organization. Resident 2's record contained 2 ISPs dated 07/01/2025 and 07/10/2026. Both ISPs did not contain signatures from Resident 2's legal guardian and/or Resident 2's care team. Resident 3 was admitted on 04/01/2014. Resident 3's record indicated Resident 3 had a legal guardian and was enrolled in a managed care organization. Resident 3's record contained 2 ISPs dated 07/21/2025 and 07/10/2026. Both ISPs did not contain signatures from Resident 3's legal guardian and/or Resident 3's care team. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the above ISPs did not contain the required signatures. Licensee A reported hiring a nurse consultant. The nurse consultant is responsible for completing ISPs, based on information shared by the facility staff. The nurse then provides the ISP to Supervisor C. Supervisor C is responsible for sharing the completed ISPs and ensuring the required signatures are obtained. Licensee A disclosed Supervisor C meets with resident's care teams and legal representatives about twice a year: in the middle of the year and at the end of the year.	N0387		

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N0389	Service plans updated annually or on changes 83.35(3)(d) Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 (Resident 1) of 3 residents reviewed had an updated individual service plan (ISP) when there was a change in her/his needs. Resident 1's ISP was not updated when Resident 1 began using a walker to assist with ambulation. Findings include: On 09/15/2026 at approximately 10:00 AM, Surveyor complete a tour of the community based residential facility. As Surveyor toured the home, Surveyor observed Resident 1 ambulating with a 2 wheeled walker. On 09/15/2026 at approximately 12:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/10/2014. Resident 1's record contained 2 ISPs dated 07/01/2025 and 07/17/2026. Both ISPs did not indicate Resident 1 used a walker to assist with ambulation. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported hiring a nurse consultant. The nurse consultant was responsible for completing and updating ISPs, based on information shared by the facility staff. The nurse then provides the ISP to Supervisor C for review. Licensee A disclosed he/she would have a conversation with Supervisor C about the need to	N0389		

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N0389	Continued from page 6 review ISPs for accuracy.	N0389		
N0481	Environment safe, clean, and comfortable 83.43(1) 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. The ramp located at the front door needed repair, kitchen needed cleaning, blinds needed to replaced, and toilet seats were broken. Findings include: On 09/15/2026 between approximately 10:00 AM and 10:30 AM, Surveyor toured the facility with House Manager B. The following was identified: Kitchen: Brown splattered liquid was observed on the ceiling near the stove and around the ceiling vent. Living Room: The window near the front door was observed to have 2 blinds. The slats on the blinds were observed to be broken or bent. The blinds were also observed to have a build-up of grey matter, which was consistent with dust. Men's Bathroom: Black substance, consistent with mold was observed around the top of the tub area. One of the 2 mounting bolts on the toilet seat was not attached to	N0481		

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N0481	Continued from page 7 the toilet. Surveyor was able to move the toilet seat off the toilet. The shower caddy hanging from a hook located in the shower area was observed to contain red substance, consistent with rust. Half Bath: Paint was observed to have chipped off the wall, located above the sink, but under the mirror. The wall behind the toilet was observed to be peeling off the wall. Women's Bathroom: One of the 2 mounting bolts on the toilet seat was not attached to the toilet. Surveyor was able to move the toilet seat off the toilet. Ramp: The ramp located at the front door was observed to be disconnected from the landing, located at the front door. While Surveyor was walking on the ramp, the opposite end would rise from the ground. The transition piece at the end of the ramp did not extend the width of the ramp. On 09/15/2026 as Surveyor toured the home with House Manager B, Surveyor interviewed House Manager B. House Manager B disclosed the ramp has been in its current state since he/she was hired in 2023. House Manager B stated the toilet seats have been broken for "a while." House Manager B reported Licensee A was made aware of both issues from multiple employees. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the above concerns. Licensee A reported calling someone to address the splatter in the kitchen as he/she noticed the splatter on 09/15/2026. Licensee A disclosed he/she would remove the blinds as curtains were in place. Licensee A stated he/she would have someone look at the ramp and issues in the bathrooms.	N0481		

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N0530	Fire inspection. 83.47(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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection for 2 (2025 and 2026) of 2 years reviewed. Findings include: On 09/15/2026 at approximately 1:00 PM, Surveyor reviewed the provider's life safety records. The provider's life safety records indicated a completed fire inspection was conducted on 09/01/2024. Surveyor observed no evidence of a completed fire inspection on or before 09/01/2025 and 09/01/2026. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported he/she contacted the local fire department while Surveyor was reviewing the life safety records to obtain evidence of 2025's completed fire inspection, however, Licensee A was informed that the local fire department no longer conduct fire inspections and has not conducted fire inspections for assisted living facilities within the provider's area for the past "couple" years. Licensee A was provided with contact information for a local fire inspector who completes fire inspections. Licensee A stated he/she would schedule a fire inspection as soon as possible.	N0530		
N0613	Bath and toilet areas: privacy. 83.55(4)(a) Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or shower room is accessed only from a resident room that is occupied by one person. All door locks shall be operable from both sides. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the provider did	N0613		

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N0613	Continued from page 9 not ensure 2 of 3 residents' bathroom doors had locks to ensure privacy. The men's bathroom and women's bathroom were equipped with a lock that did not function properly. Findings include: On 09/15/2026 between approximately 10:00 AM and 10:30 AM, Surveyor toured the facility with House Manager B. Surveyor observed the men's bathroom and women's bathroom to be equipped with a lockable doorknob. Surveyor tested the locks on the doorknobs for the men's bathroom and women's bathroom. Surveyor was able to open both bathroom doors while the locks were in the lock position. Surveyor interviewed House Manager B as Surveyor tested both doorknobs. House Manager B acknowledged both doorknobs did not lock, and Surveyor was able to open the door while both doorknobs were in the lock position. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A was not aware the locks did not work and was informed by House Manager B about the locks upon his/her arrival to the home on 09/15/2026. Licensee A stated he/she would have both locks addressed.	N0613		
N0617	Bath and toilet areas: water temperature 83.55(6)(b) The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the provider did not ensure the temperature of water at fixtures used by residents did not exceed 115 degrees Fahrenheit (F) in 2 of 3 residents' bathrooms.	N0617		

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N0617	Continued from page 10 The women's bathroom measured at 121.3 degrees F. The men's bathroom measured at 122.9 degrees F. This requirement is being cited for the third time. See Statement of Deficiencies (SOD) NVVZ11, dated 10/06/2021 and SOD NVVZ12, dated 08/04/2022. Findings include: The provider is licensed as a Class AS (semi-ambulatory) facility to care for 8 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, developmentally disabled and emotionally disturbed/mental illness. On 09/15/2026 between approximately 10:00 AM and 10:30 AM, Surveyor toured the facility with House Manager B. The following was identified: The water temperature at 1 of 1 sink in the women's bathroom measured at 121.3 degrees F. As Surveyor measured the water temperature, Surveyor asked House Manager B if the facility had a thermometer that was used to check the water temperature. House Manager B confirmed a thermometer was in the home and provided this Surveyor with the digital thermometer that was used to check the water temperature. Surveyor used the provider's digital thermometer to check the water temperature in the women's bathroom, and the water temperature was measured at 123.4 degrees F. The water temperature at 1 of 1 sink in the men's bathroom measured at 122.9 degrees F. On 09/15/2026 at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the water temperature and stated he/she would address the water temperature.	N0617		