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
	0016620	A. BUILDING: _____ B. WING _____	R-C 04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 VILLARD STREET MANOR	5277 N 29TH STREET APT 1 MILWAUKEE, WI 53208

(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 04/20/2026, Surveyors conducted a verification visit at 1 Villard Street Manor. As a result, 2 of the previous 3 deficiencies were corrected, 2 deficiencies were recited for a second time for a total of 2 citations. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 2	{M 000}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, and well-maintained homelike environment for 2 of 2 residents in the home. Resident 2's and Resident 4's bedrooms contained grey matter similar to dust on multiple walls and baseboards and broken window blinds. One kitchen cabinet was missing a drawer. This is a repeat deficiency. See Statement of Deficiency (SOD) RL3E11, dated 10/29/2025. Findings include: On 04/20/2026, at approximately 9:30 AM,	{M 276}		

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

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{M 276}	Continued From page 1 Surveyors toured the facility and observed the following: Living Room -The blinds on the window contained broken blind slats. Resident 2's bedroom: -The door trim contained chipped paint and black and brown matter similar to dust. -The blinds on the window above the bed contained broken blind slats. - Multiple walls and baseboards contained grey matter similar to dust. Resident 4's bedroom: -The surface of the door and trim contained black and brown matter similar to dirt. -The blinds on the window above the bed contained broken blind slats. - Multiple walls and baseboards contained grey matter similar to dust. Unoccupied bedroom: -The upper window pane contained white paint like substance covering approximately 75% of the window. -The wall below the window contained cracks in the drywall. -The paint and drywall were broken/chipped off on the interior corner. -The baseboards in the room were full of black and brown stains similar to dirt and dust. -One outlet cover was cracked and missing pieces. Kitchen: -The baseboards in the kitchen were full of grey matter similar to dust. -The lower cabinet unit contained an empty space	{M 276}		

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{M 276}	Continued From page 2 where the drawer should have been. Medication Closet: -The medication closet door contained several holes on the front of the door. Common Bathroom - One wall contained a missing grab bar and holes. - Paint on the ceiling around the shower was missing. On 04/20/2026, at approximately 9:55 AM, Surveyors interviewed Licensee A. Licensee A reported s/he made some repairs to the facility after receiving SOD RL3E12. Licensee A reported s/he replaced window blinds approximately one month prior. Licensee A reported residents continue to damage window blinds. Licensee A confirmed the facility required more repairs and new paint.	{M 276}		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received a variety of food which met their individual preferences and maintained resident health for 2 of 2 residents (Resident 2 and Resident 4). There was a limited amount of food readily available in the refrigerator	M 470		

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M 470	Continued From page 3 and freezer. This is a repeat deficiency. See Statement of Deficiency (SOD) LWDS14, dated 02/27/2024 Findings include: On 04/20/2026, at approximately 9:30 AM, Surveyor observed the refrigerator, which contained 2 cartons of eggs, 15 single serve yogurts, a container of whipped cream, approximately 10 single serve pudding cups, a pitcher or orange juice, a container of butter, and two to-go containers of food. The freezer contained 2 bags of hashbrowns, 3 bags of frozen vegetables, and 2 boxes of frozen desserts. Surveyors did not observe any fresh fruit or vegetable options for residents. On 04/20/2026, at approximately 9:45 AM, Surveyor interviewed Resident 4. Resident 4 reported more food was located in a second refrigerator and deep freezer in apartment 2 and/or the basement. Apartment 2 is adjacent to facility. On 04/20/2026, at approximately 9:55 AM, Surveyors interviewed Licensee A. Licensee A reported apartment 2 was a certified home. Licensee A reported groceries were purchased once a month for the facility. Licensee A reported there was a chest freezer in the basement. Licensee A reported s/he would ensure food was purchased at more frequent intervals for the facility and would include fresh fruits and vegetable options for residents.	M 470		