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
	0020978	A. BUILDING: _____ B. WING _____	08/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY VISION COMMUNITY LIVING LOWER	9707 W ROCHELLE AVENUE 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 07/30/2026 with information gathered through 08/07/2026, Surveyor conducted a self-report review at Victory Vision Community Living Lower North, an Adult Family Home (AFH) in Milwaukee, WI. One deficiency identified. Census: 2	M 000		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of services the licensee would provide to meet the assessed needs for 1 of 1 resident (Resident 1) reviewed. Resident 1's Individual Service Plan (ISP) did not identify what Resident 1's needs were for managing his/her anxiety. Findings include: On 07/13/2026, the Department received a self-report from Licensee A, reporting the following: "Incident Description: At 5:31 AM [Caregiver B] called [Licensee A] to inform [him/her] that [Resident 1's] alarm was going off in [his/her] room at 5:00 AM, but [s/he] never responded or came out to get ready for work.	M 412		

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

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M 412	Continued From page 1	M 412		

[Caregiver B] then went to get the spare key to unlock [his/her] bedroom door after knocking for several minutes with no response, as [s/he] slept with [his/her] door locked. When entering the room, [Caregiver B] explained that [s/he] could not open the bathroom door in [Resident 1's] room because it felt too heavy. [Caregiver B] then noticed a note on [Resident 1's] bed, and [s/he] ran out to call [Licensee A], who instructed [Caregiver B] to call 911. The police arrived shortly after 5:31 AM as they were at the home when [Licensee A] arrived. The police completed an onsite investigation and the [medical examiner] and transport [sic] called to examine and remove the body from the home. The [medical examiner] and police informed [Licensee A] that [Resident 1] hung [him/herself] in [his/her] bathroom by tying a shirt around the doorknob and [his/her] neck and leaned forward to cut off [his/her] airway. The death was labeled a suicide by hanging."

On 07/30/2026, Surveyor reviewed Resident 1's record and identified the following:

-Resident 1 was admitted to the provider's home on 07/08/2024 with diagnosis of schizoaffective disorder, bi-polar type.

-Resident 1's ISP, dated 05/24/2026, documented the following: "Behavior Patterns. Misc. Behavior: Resident's needs/preferences - To continue to monitor change in condition and report as necessary to the care manager and provider. Frequency of service and service performed - Behavior patterns, as needed. Resident's desired goals & outcomes - It is the goal for [Resident 1] to decrease [his/her] anxiety and to be able to work through any possible [post-traumatic stress disorder] that [s/he] may be

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M 412	Continued From page 2 having for any given reason. Service provider responsibilities - To monitor and report as necessary. Measurable goals outcomes and review." Resident 1's ISP did not identify what Resident 1's needs were for managing his/her anxiety. On 07/30/2026, at approximately 12:05 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was responsible for the creation of ISPs. Licensee A reported that Resident 1 had high anxiety. Licensee A confirmed Resident 1's ISP did not identify what Resident 1's needs were for managing his/her anxiety. Licensee A stated moving forward s/he would ensure residents ISPs provided detailed information.	M 412		