STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020945	A. BUILDING: _____ B. WING _____	R-C 09/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HONEY CREEK HEIGHTS SENIOR LIVING	7400 W GREENFIELD AVE WEST ALLIS, WI 53214

(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 09/09/2026, Surveyor conducted a verification visit at Honey Creek Heights Senior Living for Statement of Deficiency (SOD) 6ZHJ12 and N7NX12. Three deficiencies were identified. One of 3 deficiencies were repeat deficiencies identified in SOD N7NX11, dated 06/03/2026: 83.63(2)(a) Construction, addition, remodeling plans. One complaint was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 31	{N 000}		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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

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N 452	Continued From page 1	N 452		

This Rule is not met as evidenced by:
Based on observations and interviews, the facility did not ensure food was stored and prepared under sanitary conditions for the prevention of foodborne illnesses. The facility did not label and date packaged foods.

Findings include:

On 06/25/2026, the Department received a complaint alleging food is not labeled in the facility kitchen.

On 09/09/2026, at 11:20 a.m., Surveyor toured the facility kitchen and observed the following:

Kitchen Refrigerator:

One opened, plastic gallon of tartar sauce- undated.
One opened, plastic gallon of French dressing- undated.
One opened, plastic 3.5-pound container of whipped butter- undated.
One opened, 32-fluid-ounce boxed beef broth- undated.
One opened, 16-ounce container of Ken's steak house salad dressing- undated.
One opened, 32-ounce plastic container of Lactaid French Vanilla creamer- undated.

According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and

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N 452	Continued From page 2 time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23) On 09/09/2026, at 11:28 a.m., Surveyor interviewed Dietary Supervisor (DS) E who stated s/he knew food should be sealed and dated once opened. On 09/09/2026, at 12:55 p.m., Surveyor interviewed Clinical Director (CD) F, who stated, "The kitchen is a work in process. [Administrator A] has a policy about dating food." CD F stated the kitchen had been tagged in the past by the State. On 09/09/2026, at 1:05 p.m., Administrator A provided Surveyor with a dietary compliance quick guide. The section titled, "After an item is opened for use," it read, "Immediately cover/seal the item and label it as required. Include the open date and/or the discard/use-by date based on the product, manufacturer instructions, and facility policy. Do not rely on memory. If a required date is missing or cannot be verified, do not serve the food until a supervisor determines it is safe."	N 452		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by:	N 490		

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N 490	Continued From page 3 Based on observation and interview, the provider did not ensure all toilets and bathing areas were clean and in good working order. The community shower/bathrooms on the 2nd floor had toilet paper holders that were inoperable. Surveyor observed the toilet paper on the bathroom sink. The sink was loose and separating away from the wall, and the window blinds were broken and bent. The community shower/bathrooms on the 4th floor had toilet paper holders that were inoperable and hanging down the wall. Surveyor observed the toilet paper on the sink, out of reach from the toilet. The window blinds were on the floor, and the window was not covered. Findings include: On 09/09/2026 at approximately 11:50 a.m., Surveyor toured the provider's facility with Plant Maintenance Leader (PML) D. Surveyor observed the following: The 2nd floor community shower/bathrooms had toilet paper holders that were inoperable. Surveyor observed two rolls of toilet paper on the grab bar, next to the toilet. The sink was loose and separating away from the wall, approximately 1/4th of an inch. The window blinds were broken and bent. PML D confirmed residents resided on the 2nd floor and used the 2nd floor community shower/bathrooms. The 4th floor community shower/bathrooms had toilet paper holders that were inoperable. Surveyor observed the toilet paper holder hanging halfway down the wall. It appeared to be secured by one of two screws. Surveyor observed	N 490		

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N 490	Continued From page 4 the toilet paper on the sink, out of reach from the toilet. The window blinds were on the floor, and the window was not covered. PML D confirmed residents resided on the 4th floor and used the 4th floor community shower/bathrooms. On 09/09/2026 at 12:05 p.m., Surveyor interviewed Housekeeper G and asked why the toilet paper was on the grab bars and not in the toilet paper dispenser. Housekeeper G stated that the toilet paper dispenser was rusted and broken. S/He stated s/he could not get it open to replace the toilet paper. On 09/09/2026 at 12:11 p.m., Surveyor interviewed PML D, who stated, "I don't know about these things if people do not tell me about them. I am floating between buildings, so I need staff to keep me informed." On 09/09/2026 at 2:45 p.m., Surveyor informed Executive Director A and Clinical Director (CD) F of survey findings. CD F stated, "Whether you are in the building every day or not, at this point, we all need to take responsibility for our roles." CD F stated maintenance requests should have been put in for those concerns.	N 490		
{N 682}	83.63(2)(a) Construction, addition, remodeling plans New and remodeled. Plans for all new construction, additions, and remodeling projects for CBRFs shall be approved by the department before beginning construction, except under sub. (4) (b). This Rule is not met as evidenced by: Based on observation, interview, and record	{N 682}		

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{N 682}	Continued From page 5	{N 682}		

review, the provider did not obtain a plan review and approval from the Department (Office of Plan Review and Inspection, also referred to as OPRI) prior to starting construction. The provider was remodeling bathrooms on the 1st floor, 5th floor, and 6th floor.

This is a repeat deficiency. See Statement of Deficiency N7NX11, dated 06/03/2026.

Findings include:

On 09/09/2026, at 10:10 a.m., Surveyor entered the facility and observed the 1st floor common area bathrooms were out of order. The signs on the men's and women's bathrooms read, "Restrooms out of order."

On 09/09/2026, at 10:25 a.m., Surveyor interviewed Administrator A and Project Manager (PM) C, who reported construction was still on hold since last survey in June. PM C reported everything was on hold with the city. They were still waiting on the permits necessary to do the work.

On 09/09/2026, at 10:43 a.m., PM C forwarded an email to surveyor that contained a building improvement and maintenance proposal revised on 07/24/2026 outlining code compliance corrections needed. The end of the document read, "This work is necessary to address existing deficiencies identified through DHS and State inspections and to bring Honey Creek Heights into compliance with the heightened standards required of a licensed CBRF facility. While many of these deficiencies originated before Pennant acquired the property, they must now be corrected to satisfy current regulatory requirements and support continued operations

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{N 682}	Continued From page 6 under the facility's new licensure classification." The document was signed/approved by PM C on 08/21/2026. Wis. Admin. Code § DHS 83.02(44) defines "Remodeling" as: means to make over or rebuild a portion of a building, structure or room, thereby modifying its structural strength, fire hazard character, exiting, heating and ventilating systems, electrical system, fire alarm, and fire protection systems, call system, internal circulation or use as previously approved by the department. Construction of interior walls shall be considered remodeling. Remodeling does not include minor repairs necessary for the maintenance of a building such as replacing like components of existing systems, redecorating existing walls or replacing floor finishes. At 1:35 p.m., Surveyor toured the facility with Plant Maintenance Leader (PML) D, who explained the building had 7 floors. Each floor had 20 resident rooms; 1 resident room was utilized as a medication room, a dining room and a shower room. Each resident room contained a bathroom. Surveyor observed resident rooms under construction on the 5th, 6th and 7th floors. PML D stated, "We can lock down the 5th, 6th and 7th floors because they are empty and under construction. You need a code to get onto the floors." On the wall next to the elevator on the 6th floor, Surveyor observed an orange sign which stated, "City of West Allis [Wisconsin] Code Enforcement Department ...Stop work ...Inspector notes: work without proper plumbing or electrical permits, building occupancy permits also required ... date posted 4/28/2026 ..."	{N 682}		

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{N 682}	Continued From page 7 On 09/09/2026, at 1:48 p.m., Surveyor interviewed PML D, who stated, "Nothing has changed with our construction situation since State's last visit unfortunately." On 09/09/2026, at 1:50 p.m., Surveyor interviewed Administrator A and PM C, who acknowledged the code requirements. PM C reported the initial work was supposed to be cosmetic only and contractor took it upon themselves to go further, which ultimately required permits. They were unaware the contractors had started construction without obtaining the appropriate permits. PM C confirmed construction was stopped while all appropriate permits were gathered.	{N 682}		