STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015053	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURTIS CENTER	344-346 S CURTIS ROAD 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
E 000	INITIAL COMMENTS An unannounced, onsite recertification survey was conducted on 2/3/2026 at Curtis Center in West Allis, WI. The agency is out of compliance with the Wisconsin Administrative Code DHS (Department of Health Services) 105.14 for Adult Day Care Centers. Current enrollment: 61 Total square footage: 2,855 Total maximum participants per square footage allowed: 57 Current maximum capacity requested: 50	E 000		
E 210	105.14(7)(d)3.a-f. MEDICATIONS: CAREGIVER ADMINISTRATION REQS Caregiver administered medications shall be stored, obtained, and assembled for the participant. The caregiver is responsible for ensuring the correct medication, in the correct dose, at the correct time is administered to the correct participant. Medications administered by a caregiver shall meet all of the following conditions: a. A written order from the prescribing practitioner shall be in the participant's record. b. A listing of current medications with the dosage, frequency, and route of administration shall be in the participant's record. c. Over-the-counter and prescription medications shall remain in the original labeled containers and be stored in a locked, safe place. d. Non-licensed caregivers shall consult with the prescribing practitioner or pharmacist about each medication to be administered. e. Written information describing side effects and adverse reactions of each medication shall be kept in the participant's record. f. The administration of medications shall	E 210		

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

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E 210	Continued From page 1 be documented in the participant's permanent record to include the name of the medication, dosage, method of administration, date and time administered, and name of the caregiver who administered the medication. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to obtain written orders for medication for 1 (Participant #5) of 6 participants receiving medication at the facility and failed to store medications according to indication (insulin in refrigerator) in 1 of 1 medication rooms. Findings: A review of the facility's Policy titled, "Medication Administration Manual," last reviewed 4/7/2025, revealed "Medication requiring refrigeration must be stored in a locked container in the refrigerator." A review of Participant #5's medication administration record revealed they were to receive insulin (medication for blood sugar) twice a day while at the facility. There was no evidenceof a physician order indicating dose, side effects, route or adverse reactions of the medication in patient's record or in the medication binder. During an interview on 02/03/2026 at 1:06 PM, RN (Registered Nurse) G stated, "we don't have a physician order, her's was old and we are working on getting an updated order."	E 210		

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E 210	Continued From page 2 During an observation of the medication room on 02/03/2026 at 10:10 AM, observed Participant #5's insulin pen in the locked medication drawer - not in the refrigerator. The pen was labeled "keep refrigerated."	E 210		
E 244	105.14(8)(b)3. WATER SUPPLY: TEMPERATURES The ADCC shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140 degrees Fahrenheit. The temperature of hot water at plumbing fixtures used by residents may not exceed the range of 110 to 115 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the temperature of the hot water at the plumbing fixtures used by participants to not exceed 115 degrees F (Fahrenheit) in 3 of 3 bathrooms observed (Bathroom #1, Bathroom #2 and Bathroom #3) and 1 sink in the front room. Findings Include: During an observation on 02/03/2026 at 10:30 AM, the temperature of the hot water coming from the facility's sinks measured as: Bathroom #1 was 139.4 degrees F. Bathroom #2 was 138.6 degrees F. Bathroom #3 was 139.4 degrees F. Front room sink was 138.6 degrees F. During an interview on 2/3/2026 at 10:30 AM the above findings were confirmed by Owner Operations Director A.	E 244		

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Z 001	Continued From page 3	Z 001		
Z 001	Initial Comments An unannounced onsite recertification survey was conducted on 2/3/2026 at Curtis Center in West Allis, WI. The agency is in compliance with regulations for Wisconsin Administrative Code DHS Chapters 12 and 13. A total of 4 personnel files were reviewed.	Z 001		
L 000	Initial Comments An unannounced onsite recertification survey was conducted on 2/3/2026 at Curtis Center in West Allis, WI. The agency is in compliance with the Federal Regulations 42 CFR 441.301 Home and Community Based Services benchmarks/requirements. No citations issued.	L 000		