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 |
|---|---|---|---|
| | 0019460 | A. BUILDING: _____ B. WING _____ | C 10/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| 831 ADULT LIVING FACILITY LLC SITE 2 | 4447 N 75TH STREET MILWAUKEE, WI 53218 |

| (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<br><br>On 10/17/2023, Surveyor conducted 1 complaint investigation at 831 Adult Living Facility Site 2. One complaint was substantiated. One deficiency was identified.<br><br>Census: 2 | M 000 | | |
| M 436 | 88.07(2)(a) SERVICES<br><br>The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure services identified in resident's Individual Service Plan (ISP) were provided for 1 of 2 residents who required 24-hour, 2:1 supervision. On 10/03/2023, at 2:20 a.m., Resident 1 eloped from facility while under the supervision of 2 caregivers (Caregiver C and Caregiver D).<br><br>Findings include:<br><br>On 10/09/2023, the Department received a complaint alleging a resident had eloped from the facility.<br><br>On 10/17/2023, Surveyor reviewed Resident 1's record and identified the following:<br><br>-Resident 1 was admitted on 09/22/2023. | M 436 | | |

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

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| **831 ADULT LIVING FACILITY LLC SITE 2** | **4447 N 75TH STREET MILWAUKEE, WI 53218** |

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| M 436 | Continued From page 1<br><br>-Resident 1 was diagnosed with fetal alcohol syndrome, reactive attachment disorder, conduct disorder, Tourette's syndrome, anxiety disorder, mood disorder and other disorders of psychological development.<br><br>-Resident 1's Individual Service Plan (ISP), dated 09/22/2023, identified, "Two staff required 24/7 coverage to provide supervision and redirection to avoid and prevent elopement."<br><br>On 10/17/2023, Surveyor reviewed an Incident Report dated 10/04/2023, written by Licensee A which stated, "Staff did not protect the health and safety of the resident and allowed [Resident 1] to elope with 2:1 coverage."<br><br>On 10/17/2023, at 2:20 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 always required two caregivers to prevent elopement. Licensee A stated there had been 2 staff assigned to Resident 1 on the night s/he eloped and that all staff would go through re-training to ensure Resident 1 was not able to elope in the future. | M 436 | | |