STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015849	A. BUILDING: _____ B. WING _____	C 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES'S HOUSE	8030 W SHERIDAN AVE 2E 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 On 02/21/2024, Surveyor concluded a standard survey, and a complaint investigation at James's House. Four deficiencies were identified. One complaint was substantiated. Census: 2	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver E) completed 8 hours of annual training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents served in the facility. Lead Caregiver E's file did not include resident rights training and 8 hours of annual training for the years 2023 and 2024. Findings include: On 02/14/2025 at 10:54 a.m., Surveyor reviewed	M 246		

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

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M 246	Continued From page 1 staff roster. Caregiver E had a hire date of 06/04/2017. On 02/14/2025 at 12:50 p.m., Surveyor, reviewed Caregiver E's file. The following was identified: Caregiver E's record did not contain evidence of 8 hours of continuing education for the years 2023 and 2024. On 02/14/2025 at 1:59 p.m., Surveyor interviewed Director of Operations (DOO) C who confirmed Caregiver E's file did not include 8 hours of annual training for the years 2023 and 2024. DOO C stated, "If those spaces aren't signed out, they aren't done."	M 246		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by:	M 334		

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M 334	Continued From page 2 Based on observation and interview, the provider did not ensure a smoke detector was installed and working in 1 of 5 required locations. The smoke detector on the ceiling of the living room/family room did not have a cover or a battery. Findings include: On 02/14/2025 at 9:35 a.m., Surveyor toured the facility with Lead Caregiver D. Surveyor observed the smoke detector on the ceiling of the living room/family room did not have a cover or a battery On 02/14/2025 at 9:40 a.m., Surveyor asked Lead Caregiver D about the smoke detector. "I don't know why it doesn't have a cover and a battery. I will talk to [Director of Operations (DOO) C]." On 02/14/2025 at 2:05 p.m., Surveyor interviewed DOO C who confirmed the smoke detector needed to be replaced.	M 334		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to	M 424		

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M 424	Continued From page 3 update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was updated with changes for 1 of 1 resident. Resident 3's ISP did not include a description of the interventions staff were to provide to address verbal and physical aggression and property destruction. Resident 3 had repeated incidents of verbal and physical aggression and property destruction. The ISP was not updated to address additional interventions for staff and caregivers when behaviors occurred. Findings include: On 09/23/2024, the Department received a complaint alleging the provider did not implement the necessary directions to assist residents with behavior management. The provider was aware of residents' behavioral concerns and had not provided residents the support and interventions s/he needed. On 02/20/2025 at 10:00 a.m., Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the facility on 01/15/2023 with diagnoses including anxiety disorder, borderline intellectual functioning, delusional disorders, major depression and	M 424		

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traumatic brain injury. Resident 3's move-out date was 09/09/2024. Resident 3 had a guardian.

-Admission assessment, dated 01/04/2023, under Mental Health, read, "Agitated/hostile, and disruptive behavior that may be injurious to others." Frequency of disruptive behavior symptoms. "Several times a week."

-Resident 3's ISP, dated 06/13/2024, identified the following:

-Mental health. "Angry, agitated/hostile, uncooperative, insomniac, self-injurious behavior, and disruptive behavior that may be injurious to others."
-Frequency of disruptive behavior symptoms. "At least daily (several times a day)."
-Psychosocial. "Interacts with others. Difficulty engaging and interacting. Wandering. Uncooperative. Member suffers from Insomnia [sic] and anxiety and will constantly scream out at random times, physically aggressive towards [sic] staff and residents, property destruction, [sic] Member threatens to jump out of a second story window. Member kicks holes in walls, take doors off of [sic] the hinge, [sic] Member will also use regular household items as weapons towards staff ang [sic] other members. Member will also attempt to walk around the home without clothing."
-Dementia Queuing. "Memory deficit. Failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required. Verbal disruption. Yelling, threatening, excessive profanity, sexual references [sic]"
-The ISP stated, "The narrative ... [Resident 3] has outburst [sic] that lead to violent behaviors. Staff will continue to support [Resident 3] during

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the violent outburst [sic]. Activities of Daily Living (ADLs). [Resident 3] requires staff to assist with all personal cares. Goal. [Resident 3] will have structured meaningful activities as a part of his/her daily schedule. Objective. [Resident 3] will have daily activities planned for his/her designed to meet his/her individual needs. Target date for completion of or review of goal: 01/13/2025. Strategies. Granny's Houses INC daily activity schedule. Provider(s) responsible for helping achieve goal. Granny's Houses INC."

Resident 3's ISP did not include a description of the interventions staff were to provide to address verbal and physical aggression and property destruction.

On 02/14/2024 at 11:51 a.m., Surveyor received Resident 3's behavior logs dated 01/27/2024 to 08/12/2024. The following was identified:

Property Destruction
-05/03/2024. Resident 3 began yelling in his/her room and punching his/her walls. S/He blocked his/her door with his/her bed.
-05/27/2024. Resident 3 tried to leave the facility without staff. S/He became angry and started breaking things in his/her room.
-05/28/2024. Resident 3 made a weapon out of his/her bedrails. Staff took the weapon. Resident 3 got mad and kicked his/her door in.
-6/10/2024. Resident 3 broke the TV because it was on a channel s/he didn't want to watch.

Verbal Aggression
-05/10/2024. Resident 3 got verbally aggressive with housemate. S/He didn't like his/her housemate looking at him/her.
-5/15/2024. Resident 3 wrote on his/her window in tissue, "Help. I'm being kidnapped." Staff took it

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down and cleaned his/her window.
-05/17/2024. Resident 3 got mad at staff because staff didn't have a cigarette to give him. S/He got loud and started cussing.
-07/14/2024. Resident 3 made signs out of paper, that said, "Help. Someone is killing [sic]" and glued it to his/her window.
-08/04/2024. Resident 3 got mad at staff because s/he was asked to take a shower due to his/her smell. S/He slammed his/her door and started screaming.

Physical Aggression
-05/21/2024. Resident 3 blocked his/her door with his/her bed and dresser. S/He yelled and hit the walls.
-05/30/2024. Resident 3 got mad at housemate who is too close to him. S/He kicked his/her housemate and went to his/her room.
-07/18/2024. Resident 3 blocked his/her door with his/her dresser and bed. Staff talked to him/her until s/he calmed down. S/He then opened his/her door.

Other
-6/04/2024. Resident 3 had three cups of urine in his/her room. Staff emptied all of them.
-6/20/2024. Staff found two cups of urine under Resident 3's bed
-8/12/2024. Resident 3 had two cups of urine in his/her room.

Interviews
On 02/14/2025 at 10:38 a.m., Surveyor interviewed Lead Caregiver (LCG) D, who stated, "Working with [Resident 3] was an uphill battle. [Resident 3] was destructive with property damage and verbally aggressive. Sometimes s/he would take off out of the facility and staff would just let him/her walk off his/her aggression.

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M 424	Continued From page 7 Whichever staff was getting along best with him/her would follow him/her." Surveyor asked Lead Caregiver D if following the resident was in the ISP. Lead Caregiver D stated, "No. We just did it." On 02/14/2025 at 11:40 a.m., Surveyor interviewed Director of Operations (DOO) C. S/He confirmed s/he provided Resident 3's complete file. Surveyor requested older ISPs, before 06/13/2024. DOO C stated, "No, that's all we have. All our paperwork got wet in the flood at the office." On 02/21/2025 at 4:15 p.m., Surveyor interviewed Director of Operations (DOO) C and Administrator B. DOO C stated, "When [Resident 3] would go through his/her behaviors, the staff would just stand there until s/he was through. S/He would throw urine against the wall. We stayed close so s/he knew s/he was safe." Surveyor asked what other interventions were in place to address verbal and physical aggression and property destruction. DOO C stated, "We thought we did pretty good with the behavioral documentation. I guess we could have taken notes during the meetings with the MCO." On 02/21/2025 at 4:45 p.m., Surveyor interviewed Former Care Manager (FCM) F who stated s/he became Resident 3's care manager just after Resident 3 was placed with provider. FCM F stated, "The provider says their client group is emotionally disturbed and mental illness. I observed the staff doing bare minimum for those residents. The staff was not the best at redirecting. It didn't seem like they had a solid plan of care in place for [Resident 3] when I was with him/her."	M 424		

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M 514	Continued From page 8	M 514		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not maintain an up-to-date separate personnel record for 1 of 1 caregiver (Lead Caregiver D). Lead Caregiver D's file did not include name and address; social security number; date of birth; beginning date of employment; job-related experience and training; educational qualifications; job description: documentation of successful training requirements, the results of screening for communicable disease and complete background check. Findings include: On 02/14/2025 at 10:54 a.m., Surveyor reviewed staff roster. Lead Caregiver D had a hire date of 11/11/2024. On 02/14/2025 at 1:05 p.m., Surveyor reviewed Lead Caregiver D's file. Lead Caregiver D's file did not include name and address; social security number; date of birth; beginning date of employment; job-related experience and training;	M 514		

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M 514	Continued From page 9 educational qualifications; job description: documentation of successful training requirements, the results of screening for communicable disease and complete background check. On 02/14/2025 at 1:58 p.m., Surveyor interviewed Director of Operations (DOO) C who confirmed Lead Caregiver D's file did not include name and address; social security number; date of birth; beginning date of employment; job-related experience and training; educational qualifications; job description: documentation of successful training requirements, the results of screening for communicable disease and complete background check. DOO C stated the home office had flooded, and the company lost most of their documentation. DOO C stated, "That's all we have for his/her file."	M 514		