STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019266	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORELL MANOR LLC	6429 DURAND AVE MOUNT PLEASANT, WI 53406

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M 000	INITIAL COMMENTS On 02/11/2025, with information gathered through 02/17/2025, Surveyor conducted a standard survey and a complaint investigation at Morell Manor LLC, an Adult Family Home (AFH) in Mount Pleasant, WI. Nine deficiencies were identified. Complaint substantiated. Census: 2	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers (Caregiver B and Caregiver C) were screened for illness detrimental to residents. Caregiver B's and Caregiver C's records did not contain documentation of being screened for illness detrimental to residents.	M 232		

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

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M 232	Continued From page 1 Findings include: On 02/11/2025, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: -Caregiver B was hired on 02/19/2024. Caregiver B's employee record did not contain documentation s/he was screened for illness detrimental to residents. -Caregiver C was hired on 03/01/2024. Caregiver C's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain documentation of being screened for illness detrimental to residents. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure staff are screened for illness detrimental to residents.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.	M 244		

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M 244	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers (Caregiver B and Caregiver C) received training within 6 months after starting to provide care related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. Findings include: On 02/11/2025, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: -Caregiver B was hired on 02/19/2024. Caregiver B's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. -Caregiver C was hired on 03/01/2024. Caregiver C's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B and Caregiver C did not have training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents within 6 months of hire. Licensee A stated s/he was not aware of this requirement.	M 244		

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M 346	Continued From page 3	M 346		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 2 had not been evaluated for evacuation for calendar year 2024 using the Department's form. Findings include: The home was licensed as an ambulatory adult family home caring for up to 4 residents in the client groups of traumatic brain injury, correctional clients, advanced aged, developmentally disabled, terminally ill, emotionally disturbed/mental illness, physically disabled and irreversible dementia/Alzheimer's. On 02/11/2025, Surveyor reviewed Resident 2's record. Resident 2's record indicated the following: -Resident 2 was admitted to the provider's home on 02/08/2023. Resident 2's record did not contain evidence of an evacuation assessment for calendar year 2024 using the Department's form.	M 346		

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M 346	Continued From page 4 On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have an annual evacuation for Resident 2 for calendar year 2024. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents were evaluated annually for evacuation time, using the Department's form.	M 346		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) reviewed received a health exam to identify health problems within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 02/11/2025, Surveyor reviewed Resident 2's record and identified the following:	M 380		

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M 380	Continued From page 5 -Resident 2 was admitted to the provider's home on 02/08/2023. Resident 2's record did not include evidence of a health exam prior to or within 7 days after admission. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 did not have an admission health exam. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents receives an admission health exam.	M 380		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed service agreements specified the following: the names of the parties to the agreement, the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. Findings include: On 02/11/2025, Surveyor reviewed Resident 1's and Resident 2's records and identified the following:	M 386		

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M 386	Continued From page 6 -Resident 1 was admitted to the provider's home on 08/29/2024. Resident 1's service agreement did not specify the following: the names of the parties to the agreement, the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. -Resident 2 was admitted to the provider's home on 02/08/2023. Resident 2's service agreement did not specify the following: the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's service agreement did not specify the following: the names of the parties to the agreement, the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. Licensee A confirmed Resident 2's service agreement did not specify the following: the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. Licensee A stated moving forward s/he will ensure residents service agreement includes this information.	M 386		
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	M 424		

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M 424	Continued From page 7 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 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 1 of 1 resident (Resident 2) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 02/11/2025, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the provider's home on 02/08/2023 and had a legal guardian. Resident 2's ISP was dated 07/14/2024. There was no evidence Resident 2's ISP was reviewed and updated after 07/14/2024. At minimum, Resident 2's ISP should have been reviewed and updated in January 2025. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A	M 424		

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M 424	Continued From page 8 stated s/he was the one who completed the ISP updates. Licensee A confirmed s/he was aware Resident 2's ISP should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Licensee A stated moving forward s/he will ensure residents ISPs are reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 2 in 2024. Findings include: On 02/11/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 02/08/2023. Resident 2's record did not contain an annual health exam for Resident 2 in 2024. On 02/17/2025 at approximately 10:31 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was awaiting a response from Community Care, Inc regarding the summaries of Resident 2's annual visits.	M 456		

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M 456	Continued From page 9 Cross Reference: M0380 DHS 88.06(2)(a) - Admission-Health Exam	M 456		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer vent made of rigid venting was attached to the dryer. Findings include: The provider is licensed to serve clients with diagnoses of physically disabled, developmentally disabled, emotionally disturbed/mental illness, terminally ill, traumatic brain injury, correctional clients, advanced aged and irreversible dementia/Alzheimer's. On 02/11/2025, at approximately 5:36 PM, Surveyor conducted a tour of the facility and	M 570		

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M 570	Continued From page 10 observed the following: -The dryer vent made of rigid venting was not attached to the dryer. On 02/11/2025, at approximately 5:36 PM, Surveyor interviewed Licensee A. Licensee A confirmed the rigid venting was not attached to the dryer. Licensee A stated s/he would have the maintenance person attach the rigid venting to the dryer.	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) received his/her guaifenesin extended-release (ER), Xifaxan, tramadol ER, multivitamin, vitamin d, fluticasone, melatonin, calcium citrate, amitriptyline, Metamucil, and lorazepam tablets as prescribed. Resident 1 had a total of 283 doses of medication not administered between 11/01/2024 and 02/11/2025. Findings include:	M 582		

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M 582	Continued From page 11 On 02/11/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 08/29/2024. Resident 1 had diagnoses including attention deficit disorder, anxiety, arthritis, asthma, bladder incontinence, cerebral vascular accident, chronic sinusitis, cirrhosis, depression, acid reflux, hepatitis, hepatic encephalopathy, hearing impairment, hypertension, left hemiplegia, mitral valve disease, myalgia, psychosis, seizure disorder, spinal stenosis, tinnitus and traumatic brain injury. Resident 1 needed assistance with medication administration from staff. Resident 1 medication administration record (MAR), dated 11/01/2024 to 11/30/2024, had a total of 53 chart codes listed as "D" which indicated the medication was not in the facility. Resident 1's November 2024 MAR stated Resident 1 was prescribed the following medications: -Guaifenesin (ER) 600 milligrams (mg) take 1 tablet by mouth 2 times daily. -Xifaxan 550 mg take 1 tablet by mouth 2 times daily. Resident 1's November 2024 MAR had chart code D, not in facility, entries on the following dates: -Guaifenesin extended-release (ER) 600 milligrams (mg) tablet on 11/01/2024-11/13/2024 at 8:00 AM (13 entries). -Guaifenesin extended-release (ER) 600 milligrams (mg) tablet on 11/01/2024-11/13/2024	M 582		

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M 582	Continued From page 12	M 582		

at 8:00 PM (13 entries).
-Xifaxan 550 mg tablet on 11/01/2024-11/14/2024 at 10:00 AM (14 entries).
-Xifaxan 550 mg tablet on 11/01/2024-11/13/2024 at 10:00 AM (13 entries).

Resident 1's MAR, dated 12/01/2024 to 12/31/2024, had a total of 72 chart code D = not in facility.

Resident 1's December 2024 MAR stated Resident 1 was prescribed the following medications:

-Tramadol ER 200 mg take 1 tablet by mouth every morning.
-Multivitamin take 1 tablet by mouth daily.
-Vitamin D 400 international unit (IU) take 1 tablet by mouth daily.
-Fluticasone 50 mcg instill 1 spray in each nostril 2 times daily.
-Calcium Citrate 250 mg take 2 tablets by mouth 2 times daily.
-Melatonin 5 mg take 1 tablet by mouth every night at bedtime.

Resident 1's December 2024 MAR had chart code D = not in facility entries on the following dates:

-Tramadol ER 200 mg tablet on 12/14/2024-12/31/2024 at 8:00 AM (18 entries).
-Multivitamin tablet on 12/21/2024-12/31/2024 at 8:00 AM (11 entries).
-Vitamin D 400 IU tablet on 12/21/2024-12/31/2024 at 8:00 AM (11 entries).
-Fluticasone 50 mcg spray on 12/01/2024 and 12/30/2024-12/31/2024 at 8:00 AM (3 entries).
-Calcium Citrate 250 mg tablet on 12/21/2024-12/31/2024 at 8:00 AM (11 entries).

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-Calcium Citrate 250 mg tablet on 12/24/2024-12/31/2024 at 4:00 PM (8 entries).
-Melatonin 5 mg tablet on 12/21/2024-12/22/2024 and 12/24/2024-12/31/2024 at 8:00 PM (10 entries).

Resident 1's MAR, dated 01/01/2025 to 01/31/2025, had a total of 80 chart code D = not in facility.

Resident 1's January 2025 MAR stated Resident 1 was prescribed the following medications:

-Tramadol ER 200 mg take 1 tablet by mouth every morning.
-Multivitamin take 1 tablet by mouth daily.
-Vitamin D 400 international unit (IU) take 1 tablet by mouth daily.
-Calcium Citrate 200 mg take 2 tablets by mouth 2 times daily.
-Melatonin 5 mg take 1 tablet by mouth every night at bedtime.
-Amitriptyline 50 mg take 1 tablet by mouth every night at bedtime.

Resident 1's January 2025 MAR had chart code D = not in facility entries on the following dates:

-Tramadol ER 200 mg tablet on 01/01/2025-01/13/2025 at 8:00 AM (13 entries).
-Multivitamin tablet on 01/01/2025-01/13/2025 at 8:00 AM (13 entries).
-Vitamin D 400 IU tablet on 01/01/2025-01/13/2025 at 8:00 AM (13 entries).
-Calcium Citrate 200 mg tablet on 01/01/2025-01/13/2025 at 8:00 AM (13 entries).
-Calcium Citrate 200 mg tablet on 01/01/2025-01/12/2025 at 4:00 PM (12 entries).
-Melatonin 5 mg tablet on 01/01/2025-01/12/2025 at 8:00 PM (12 entries).

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MORELL MANOR LLC	6429 DURAND AVE MOUNT PLEASANT, WI 53406

(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 582	Continued From page 14	M 582		

-Amitriptyline 50 mg tablet on 01/09/2025-01/12/2025 at 8:00 PM (4 entries).

Resident 1's MAR, dated 02/01/2025 to 02/28/2025, had a total of 78 chart code D = not in facility.

Resident 1's February 2025 MAR stated Resident 1 was prescribed the following medications:

-Tramadol ER 200 mg take 1 tablet by mouth every morning.
-Metamucil sugar-free packets take 1 pack by mouth daily.
-Multivitamin take 1 tablet by mouth daily.
-Vitamin D 400 international unit (IU) take 1 tablet by mouth daily.
-Xifaxan 550 mg take 1 tablet by mouth 2 times daily.
-Lorazepam 0.5 mg take 1 tablet by mouth 2 times daily.
-Calcium Citrate 200 mg take 2 tablets by mouth 2 times daily.
-Melatonin 5 mg take 1 tablet by mouth every night at bedtime.

Resident 1's February 2025 MAR had chart code D = not in facility entries on the following dates:

-Tramadol ER 200 mg tablet on 02/01/2025-02/11/2025 at 8:00 AM (11 entries).
-Metamucil sugar-free packet on 02/01/2025-02/10/2025 at 8:00 AM (10 entries).
-Multivitamin tablet on 02/01/2025-02/10/2025 at 8:00 AM (10 entries).
-Vitamin D 400 IU tablet on 02/01/2025-02/09/2025 at 8:00 AM (9 entries).
-Xifaxan 550 mg tablet on 02/01/2025-02/04/2025 at 10:00 AM (4 entries).
-Xifaxan 550 mg tablet on 02/01/2025-02/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019266	A. BUILDING: _____ B. WING _____	C 02/17/2025

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M 582	Continued From page 15 at 10:00 PM (2 entries). -Lorazepam 0.5 mg tablet on 02/08/2025-02/10/2025 at 8:00 AM (3 entries). -Lorazepam 0.5 mg tablet on 02/08/2025-02/09/2025 at 8:00 PM (2 entries). -Calcium Citrate 200 mg tablet on 02/01/2025-02/09/2025 at 8:00 AM (9 entries). -Calcium Citrate 200 mg tablet on 02/01/2025-02/09/2025 at 4:00 PM (9 entries). -Melatonin 5 mg tablet on 02/01/2025-02/09/2025 at 8:00 PM (9 entries). Resident 1 had a total of 283 doses of medication not administered between 11/01/2024 and 02/11/2025. On 02/11/2025 at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed chart code D indicated medication was not in facility, so staff did not administer Resident 1's medication. Licensee A stated s/he had contacted Resident 1's case manager regarding insurance not covering Resident 1's medication and was told Resident 1 is responsible to pay for any medications not covered by his/her insurance. Licensee A stated Resident 1's insurance did not cover medications and Resident 1 could not afford to pay for them.	M 582		