STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012958	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JERICHO INC	2912 N 37TH ST MILWAUKEE, WI 53210

(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 08/08/2023, Surveyor completed a complaint and standard survey at House of Jericho INC. One of 1 complaint was unsubstantiated. Three deficiencies were identified. One of the three deficiencies was a repeat deficiency (See SOD KOON11, dated 06/21/2018 and KOON12, dated 03/21/2019). Census: 4	M 000		
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 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 3 (Residents 1, 2, and 3) of 4 resident individual service plans (ISPs) was reviewed and/or updated every 6 months in 2022.	M 424		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012958	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JERICHO INC	2912 N 37TH ST MILWAUKEE, WI 53210

(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 424	Continued From page 1 This requirement is being cited for a third time. See Statement of Deficiencies (SODs) KOON11, dated 06/21/2018, and KOON12, dated 03/21/2019. Findings include: Example 1: On 08/04/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/30/2019. Surveyor reviewed Resident 1's ISP, dated on 11/10/2021, 06/07/2022, and 02/08/2023. At minimum, Resident 1's ISP should have been reviewed on or before 12/07/2022. Example 2: On 08/04/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/16/2020. Surveyor reviewed Resident 2's ISP, dated on 11/10/2021, 06/07/2022, and 02/08/2023. At minimum, Resident 2's ISP should have been reviewed on or before 12/07/2022. Example 3: On 08/04/2023, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 02/16/2017. Surveyor reviewed Resident 3's ISP, dated on 11/10/2021, 06/07/2022, and 02/08/2023. At minimum, Resident 3's ISP should have been reviewed on or before 12/07/2022. On 08/04/2023 at approximately 8:30 a.m., Surveyor interviewed Licensee A. Licensee A reported he/she was responsible for ensuring each ISP was reviewed and/or updated every 6 months. Licensee A could not confirm if he/she completed Resident 1's, 2's, and 3's ISPs on or before 12/07/2022. On 08/04/2023 at 12:29 p.m., Surveyor received	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012958	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JERICHO INC	2912 N 37TH ST MILWAUKEE, WI 53210

(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 424	Continued From page 2 an e-mail correspondence from Licensee A that stated, "I was able to confirm that I did not complete the ISP in December of 2022, my records show June 2022 only."	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 medication storage area was securely stored. The medication cabinet in the kitchen was not locked. Findings include: On 08/04/2023 at approximately 8:30 a.m., Surveyor conducted an onsite tour. Surveyor observed 1 of 1 mediation cabinet located in the adult family home's kitchen. Surveyor observed Licensee A open the medication cabinet without the use of a key. On 08/04/2023 at approximately 8:30 a.m., Surveyor interviewed Licensee A. Licensee A	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012958	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JERICHO INC	2912 N 37TH ST MILWAUKEE, WI 53210

(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 458	Continued From page 3 affirmed the medication cabinet was not locked. Licensee acknowledged the medication cabinet should have remained locked when not in use.	M 458		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation of successful completion of annual training for 1 (Caregiver B) of 3 caregivers reviewed was maintained. Caregiver B's record did not contain evidence indicating he/she completed annual training related to health, safety and welfare of residents, resident rights, and treatment appropriate to residents. DHS 88.04(5)(b) states, "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." Findings include: On 08/04/2023, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 10/31/2011. Caregiver B's record did not contain documentation indicating Caregiver B completed annual training in 2021 related to health, safety	M 530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012958	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JERICHO INC	2912 N 37TH ST MILWAUKEE, WI 53210

(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 530	Continued From page 4 and welfare of residents, resident rights, and treatment appropriate to residents. On 08/04/2023 at approximately 8:30 a.m., Surveyor interviewed Caregiver B. Caregiver B reported he/she completed the above training via Zoom due to the pandemic. Caregiver B reported Licensee A would have the documents indicating he/she completed the above trainings. On 08/04/2023 at approximately 8:30 a.m., Surveyor interviewed Licensee A. Licensee A acknowledged Caregiver B completed the above trainings. Licensee A could not confirm if he/she received documentation from the trainer indicating Caregiver B completed the above trainings.	M 530		