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	0018211	A. BUILDING: _____ B. WING _____	R-C 06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BMK ADULT LIVING LLC	W4753 POTTER RD ELKHORN, WI 53121

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{M 000}	INITIAL COMMENTS On 06/12/2024, with information gathered through 06/17/2024, Surveyor conducted a standard licensure survey and a verification visit at BMK Adult Living LLC. Eight deficiencies were identified. Two of the 8 deficiencies were repeat violations (see Statement of Deficiency (SOD) Z7JO11 and SOD 863B11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 114}	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	{M 114}		

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

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{M 114}	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff records (Caregiver O, Caregiver P, and Caregiver Q) included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) were not completed at the time of hire. Findings include: On 06/13/2024, Surveyor reviewed Caregiver O's, Caregiver P's, and Caregiver Q's personnel record. Caregiver O was hired originally on 08/09/2023 until 10/11/2023. Caregiver O was rehired on 01/24/2024. Caregiver O's file included the following background information: DOJ report dated 08/09/2023. IBIS letter dated 08/09/2023.	{M 114}		

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{M 114}	Continued From page 2 Caregiver P was hired 12/07/2023. Caregiver P's file included the following background information: DOJ report dated 12/07/2023. IBIS letter dated 12/07/2023. Caregiver Q was hired 04/15/2024. Caregiver Q's file included the following background information: DOJ report dated 04/18/2024. IBIS letter dated 04/18/2024. Caregiver O's, Caregiver P's, and Caregiver Q's record did not contain BIDs. On 06/16/2024 at 11:33 AM, Surveyor emailed Manager C and asked if the provider utilized BID forms. Manager C stated they did. As of 06/17/2024 at 6:00 PM, Surveyor did not receive any additional information.	{M 114}		
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.	M 232		

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M 232	Continued From page 3 This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 3 of 3 employee files reviewed (Caregiver O, Caregiver P, and Caregiver Q), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services. This is a repeat deficiency. See Statement of Deficiency (SOD) 863B11, dated 09/21/2022. Findings include: On 06/13/2024, Surveyor reviewed Caregiver O's, Caregiver P's, and Caregiver Q's record. Caregiver O was hired originally on 08/09/2023 until 10/11/2023. Caregiver O was rehired on 01/24/2024. The record contained a TB screen dated 05/31/2023. His/her file did not contain results from a current TB screening. Caregiver P was hired on 12/07/2023. His/her file did not contain results from a TB screening until 01/03/2024 which was greater than 90 days since s/he had started providing services. Caregiver Q was hired on 04/15/2024. His/her file did not contain results from a TB screening. On 06/15/2024 at 1:57 PM, Surveyor emailed Manager C to inquire about Caregiver Q's TB screen. Manager C stated s/he was getting it completed 06/18/2024. Surveyor observed Caregiver Q provide cares to residents during the onsite survey visit, 06/12/2024.	M 232		

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M 232	Continued From page 4 On 06/16/2024 at 4:50 PM, Surveyor emailed Licensee A and Manager C. Surveyor stated that TB screens had not been conducted as required. As of 06/17/2024 at 6:00 PM, Surveyor did not receive any additional information.	M 232		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe and homelike environment. There was a fire extinguisher blocked by furniture and toxic substances were not in a secure location. Findings include: On 06/12/2024 at 1:00 PM, Surveyor observed the physical environment. OBSERVATIONS: There was a fire extinguisher on the floor of the kitchen. There was a fire extinguisher in the living room blocked by furniture. There were toxic substances in the laundry area	M 276		

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M 276	Continued From page 5 that were not secured. Toxic substances include: Bleach, laundry detergent labeled toxic if swallowed. There were chemicals used for cleaning in the common bathroom used by residents. Chemicals include: Toilet bowl cleaner. On 06/12/2024 at 3:00 PM, Surveyors discussed the above concern with House Manager D. House Manager D acknowledged that cleaning chemicals considered toxic are to be secured. House Manager D acknowledged that fire extinguishers are to be mounted to the wall and the pathway to the fire extinguisher cannot be obstructed.	M 276		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home for 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) 863B11 dated 09/21/2022. Findings include: The licensee can provide cares for up to 4 residents in the client groups: physically disabled,	M 348		

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M 348	Continued From page 6 emotionally disturbed/mental illness, and developmentally disabled. On 06/12/2024, Surveyor reviewed the provider's available semi-annual fire drill for 2023 which documented that a fire drill had been completed 01/12/2023. Surveyor noted that this fire drill was completed to correct previous cited deficiency on 09/21/2022. Surveyors were not provided any other fire drills for 2023. On 06/12/2024, at approximately 2:30 PM, Surveyor interviewed House Manager D. House Manager D stated Surveyors had been provided with all available fire drills. House Manager D verified with Manager C to determine if this required paperwork was stored somewhere else. Manager C informed House Manager D that no additional fire drills had been completed in 2023 after surveyors were on site for the verification visit after the 09/2022 survey. On 06/16/2024 at 4:50 PM, Surveyor emailed Licensee A and Manager C. Surveyor stated that fire drills had not been conducted as required. As of 06/17/2024 at 10:00 AM, Surveyor did not receive a response.	M 348		
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	M 380		

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M 380	Continued From page 7	M 380		

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 5) received a health examination by a physician and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission.

Findings include:

On 06/12/2024, Surveyor reviewed Resident 5's record.

Resident 5 moved into the home 06/04/2024.

Resident 5's record did not contain a health examination or a TB test result.

On 06/12/2024, at approximately 2:10 PM, Surveyors interviewed House Manager D. House Manager D stated all of Resident 5's available paperwork was provided to Surveyor. House Manager D verified with Manager C to determine if this required paperwork was stored somewhere else. Manager C informed House Manager D that the provider had not received this required documentation.

On 06/16/2024 at 4:50 PM, Surveyor emailed Licensee A and Manager C. Surveyor stated that Resident 5's admission health exam and TB screen had not been completed as required.

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M 380	Continued From page 8 As of 06/17/2024 at 10:00 AM, Surveyor did not receive a response.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess the needs and include those needs in Resident 2's Individual Service Plan (ISP). The facility refrigerator is locked from the hours of 9:00 PM to 6:00 AM. There was no documentation indicating Resident 2's need for the refrigerator to be locked. Findings include: On 06/12/2024 at 2:00 PM, Surveyors toured the physical environment. Surveyors observed a locking mechanism on the refrigerator in the kitchen that residents have access to. On 06/12/2024 at 2:15 PM, Surveyor interviewed House Manager D. House Manager D stated that the refrigerator is locked from 9:00 PM to 6:00 AM daily because Resident 2 will go through the refrigerator trying to find something to eat and the food supply would get contaminated if the refrigerator was not locked at that time. House Manager D stated that there is a staff at night, but	M 404		

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M 404	Continued From page 9 that staff stays in the basement, but can respond to call lights if residents need assistance. On 06/12/2024 at 2:30 PM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 03/07/2023. There was no documentation that an assessment was conducted to address Resident 2 seeking food. Resident 2's ISP dated 02/14/2024 did not contain any information about the need to lock the refrigerator at night. There was no documentation that indicated Resident 2 would seek food at any time during a given day. On 06/12/2024 at 3:00 PM, Surveyors discussed the above concern with House Manager D. House Manager D acknowledged that an assessment had not been done to indicate the need to lock the refrigerator at night. House Manager D acknowledged that there was no documentation in Resident 2's ISP regarding the need to lock the refrigerator.	M 404		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.	M 464		

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M 464	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interview, prior to dispensing or administering medications to a resident, the facility did not obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered for 1 of 1 resident (Resident 5). Findings include: On 06/12/2024, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the home, 06/04/2024, with diagnoses including paraplegia, chronic respiratory failure with hypoxia, fibromyalgia, migraines, depression, and anemia. On 06/12/2024, at approximately 2:00 PM, Surveyor reviewed Resident 5's medications which were stored in the med closet: Fluticasone (nasal spray), Fluticasone Propionate and Salmeterol (inhaler), Warfarin, Potassium, Atorvastatin, Baclofen, Duloxetine, Famotidine, Gabapentin, Omeprazole, Preservision, Iron, and Cefpodoxime Proxetil. Resident 5's May 2024 medication administration record documented that the medications had been administered as prescribed. Surveyor was unable to locate a written order from Resident 5's physician stating the provider was permitted to administer Resident 5's medications. On 06/12/2024, at approximately 2:10 PM, Surveyor interviewed House Manager D. House	M 464		

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M 464	Continued From page 11 Manager D stated all of Resident 5's available paperwork was provided to Surveyor. House Manager D verified with Manager C to determine if this required paperwork was stored somewhere else. Manager C informed House Manager D that the provider had not received this required documentation. On 06/16/2024 at 4:50 PM, Surveyor emailed Licensee A and Manager C. Surveyor stated that Resident 5's record did not contain documentation outlining who was responsible for administering Resident 5's medications. As of 06/17/2024 at 10:00 AM, Surveyor did not receive a response.	M 464		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure that 4 of 4 residents had access to food between the hours of 9:00 PM and 6:00 AM. The facility refrigerator	M 556		

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M 556	Continued From page 12	M 556		

in the kitchen that stores food for residents is locked between the hours of 9:00 PM and 6:00 AM. There is no rationale in Resident 1, 2, 3 or 4's Individual Service Plan.

Findings include:

On 06/12/2024 at 2:00 PM, Surveyor observed a locking mechanism on the facility refrigerator. The refrigerator was located in the kithen and residents had access to the kitchen.

On 06/12/2024 at 2:30 PM, Surveyor interviewed Caregiver B. Caregiver B stated that the lock is only used between the hours of 9:00 PM and 6:00 AM daily. Surveyor asked Caregiver B why the refrigerator needed to be locked. Caregiver B stated that Resident 2 will go through the refrigerator to get something to eat and will touch everything in the refrigerator possibly contaminating the food supply. Surveyor asked if there was a rationale in Resident 2's ISP? Caregiver B stated s/he did not think so. Surveyor asked Caregiver B if Resident 2, 3 and 4 had access to food at night. Caregiver B stated no, because the refrigerator is locked. Surveyor asked if there was rationale in any resident ISP to lock the refrigerator. Caregiver B stated s/he did not think so because all residents sleep through the night.

On 06/12/2024 at 2:45 PM, Surveyor reviewed Resident 2's ISP dated 01/14/2024. There was no documentation that Resident 2 accesses the refrigerator at night for food. There was no documentation in Resident 2's ISP that indicated a need to lock the refrigerator at night.