STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019750	A. BUILDING: _____ B. WING _____	C 01/15/2025

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PROMISE SIL LLC	**1806 CREEK RD WEST BEND, WI 53090**

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M 000	INITIAL COMMENTS From 01/14/2025 to 01/15/2025, Surveyor conducted a complaint investigation and standard survey at Promise SIL LLC, an AFH in West Bend. Ten deficiencies were identified. The complaint was unsubstantiated. Census: 4	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 s/he obtained documentation from a physician, registered nurse or physician's assistant indicating 2 of 3 caregivers reviewed had been screened for illness detrimental to residents, including tuberculosis. Licensee A did not have documentation of a communicable disease screen, including tuberculosis test, for Caregiver	M 232		

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

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M 232	Continued From page 1 C or Caregiver D. Findings include: On 01/14/2025 at approximately 10:50 a.m., Surveyor requested employee records for Caregiver B, Caregiver C and Caregiver D from Licensee A. On 01/14/2025 at approximately 1:40 p.m., Surveyor received employee records. Records did not include a communicable disease screen, including tuberculosis test, completed within 90 days prior to hire for Caregiver C or Caregiver D. On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and asked if s/he had a communicable disease screen, including tuberculosis test, on file for Caregiver C and Caregiver D. Licensee A replied, "No," and explained that both caregivers had a tuberculosis test, but Licensee A didn't have record of the tests.	M 232		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head	M 332		

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M 332	Continued From page 2 of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department. The home's fire extinguishers had not been inspected since May 2023. Findings include: On 01/14/2025 at approximately 9:55 a.m., Surveyor toured the provider's home. Surveyor observed 2 of 2 fire extinguishers were last inspected May 2023, greater than 19 months ago. On 01/15/2025 at approximately 2:10 p.m., Surveyor reviewed concern that the home's fire extinguishers had not been inspected in the past year with Licensee A. Licensee A replied, "I'll get that taken care of."	M 332		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector	M 336		

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M 336	Continued From page 3	M 336		

monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure each habitable room had a smoke detector. The home did not have a smoke detector in Resident 1 and Resident 2's shared room.

Findings include:

On 01/14/2025 at approximately 9:00 a.m., Surveyor heard chirping from a smoke detector coming from the bedroom area of the home and the kitchen.

On 01/14/2025 at approximately 9:30 a.m., Surveyor observed Caregiver B change the batteries in the kitchen smoke detector. Surveyor continued to hear chirping from smoke detectors.

On 01/14/2025 at approximately 9:55 a.m., Surveyor toured the provider's home. Surveyor did not observe a smoke detector in Resident 1 and Resident 2's shared room. Surveyor observed a plastic plate on the ceiling, which typically has a smoke detector attached, but no smoke detector.

On 01/14/2025 at approximately 10:00 a.m., Surveyor interviewed Caregiver B. Caregiver B acknowledged the missing smoke detector. Caregiver B did not state how long the smoke detector had been missing but stated s/he was

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M 336	Continued From page 4 waiting for the landlord to provide a new smoke detector to put up in Resident 1 and Resident 2's room. On 01/15/2025 at approximately 2:10 p.m., Surveyor reviewed concern regarding the missing and chirping smoke detector with Licensee A. Licensee A was unaware a smoke detector was missing and stated, "Did [Caregiver B] tell you why it was missing?" Licensee A stated s/he would follow up on the concern.	M 336		
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 residents reviewed was evaluated annually for evacuation time, using the department's form. Resident 4 had not been evaluated for evacuation time, using the department's form, since 05/30/2023. Findings include: On 01/14/2025 at approximately 9:10 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's home on 05/22/2023. Resident 4's record did not include an evacuation assessment.	M 346		

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M 346	Continued From page 5 On 01/14/2025 at approximately 10:50 a.m., Surveyor followed up with Licensee A and requested documentation of Resident 4's evacuation assessment. On 01/14/2025 at approximately 1:30 p.m., Surveyor received an evacuation assessment for Resident 4, dated 05/30/2023, greater than 19 months ago. On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and discussed concern that Resident 4's evacuation assessment, using the department's form, had not been updated in greater than 1 year. Licensee A stated s/he would follow up.	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 2 residents reviewed	M 380		

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M 380	Continued From page 6 had been screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Resident 3 had not been screened for communicable disease within 90 days prior to admission or within 7 days after admission. Findings include: On 01/14/2025 at approximately 9:10 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 09/25/2024. Resident 3's record did not include a communicable disease screen, including tuberculosis test. On 01/14/2025 at approximately 10:50 a.m., Surveyor followed up with Licensee A and requested documentation of Resident 3's communicable disease screen, including tuberculosis test. From 01/14/2025 at approximately 12:20 p.m. to 01/15/2025 at approximately 11:00 a.m., Licensee A provided Surveyor with resident records. Records did not include a communicable disease screen or tuberculosis test for Resident 3. On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and asked if Resident 3 had a communicable disease screen, including tuberculosis test, completed within 90 days prior to admission or 7 days after admission. Licensee A stated s/he did not have a communicable disease or tuberculosis test on file for Resident 3. Licensee A stated s/he was working on establishing a primary care physician for Resident 3 and would work on obtaining a communicable disease screen, including	M 380		

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M 380	Continued From page 7 tuberculosis test.	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 ensure 1 of 2 residents reviewed had an individual service plan (ISP) completed and developed within 30 days after placement. The provider did not have an ISP completed for Resident 3. Findings include: On 01/14/2025 at approximately 9:10 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 09/25/2024. Resident 3's record did not include an ISP. On 01/14/2025 at approximately 10:50 a.m., Surveyor followed up with Licensee A and requested documentation of Resident 3's ISP. From 01/14/2025 at approximately 12:20 p.m. to 01/15/2025 at approximately 11:00 a.m., Licensee A provided Surveyor with resident records. Records did not include an ISP for Resident 3.	M 404		

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M 404	Continued From page 8 On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and discussed concern that s/he had not received an ISP for Resident 3. Licensee A stated s/he did not have an ISP for Resident 3 because s/he completed resident ISPs after residents had resided at the home for 6 months. Licensee A stated s/he was unaware that ISPs should be completed within 30 days.	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order from the resident's physician permitting the provider's staff to administer medications was received before administering medications for 1 of 2 residents reviewed. The provider did not have a written order to administer medications to Resident 3. Findings include:	M 464		

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M 464	Continued From page 9 On 01/14/2025 at approximately 9:10 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 09/25/2024. Resident 3's record indicated the provider's staff administered Resident 3's medications. Resident 3's record did not include a physician order to administer medications. On 01/14/2025 at approximately 10:50 a.m., Surveyor followed up with Licensee A and requested documentation of a physician order for the home's staff to administer medications. From 01/14/2025 at approximately 12:20 p.m. to 01/15/2025 at approximately 11:00 a.m., Licensee A provided Surveyor with resident records. Records did not include a physician order for the home's staff to administer Resident 3's medications. On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and asked if s/he had a physician order permitting the provider's staff to administer Resident 3's medications. Licensee A replied, "No," and explained that s/he was still working on getting a primary care physician for Resident 3.	M 464		
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	M 514		

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M 514	Continued From page 10 following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregiver records reviewed was safeguarded against destruction or loss. The provider did not maintain record of Caregiver C's background checks. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 01/14/2025 at approximately 10:50 a.m., Surveyor requested employee records, including the BID, DOJ and IBIS, for Caregiver B, Caregiver C and Caregiver D. On 01/14/2025 at approximately 1:40 p.m., Surveyor received employee records and noted Caregiver C's record included an IBIS, dated 01/14/2025. The record did not include a BID or DOJ. On 01/15/2025 at approximately 12:00 p.m., Surveyor received Caregiver C's DOJ, dated 01/14/2025, the day of Surveyor's visit to the home. Surveyor did not receive documentation of a BID.	M 514		

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M 514	Continued From page 11 On 01/15/2025 at approximately 2:10 p.m., Surveyor interviewed Licensee A and discussed concern that Caregiver C's record did not include a BID and that the DOJ and IBIS were dated the same day as Surveyor's visit. Licensee A stated s/he had completed background checks upon hire but the records were damaged during an office move so s/he no longer had copies. Cross Reference: Z0010 DHS 50.065(2)(bb) Determine Final Disposition Of Charge	M 514		
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 ensure residents were safeguarded from environmental hazards. The home's water temperature exceeded 120 degrees F. Findings include: On 01/14/2025 at approximately 9:55 a.m.,	M 570		

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M 570	Continued From page 12 Surveyor tested the water temperature of the provider's bathroom located on the main floor. Surveyor's thermometer read a temperature peaking at 123.2 degrees F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). On 01/14/2025 at approximately 10:00 a.m., Surveyor interviewed Caregiver B. Surveyor asked if the provider routinely tested the home's water temperature to ensure safe temperatures. Caregiver B replied, "Yeah. The landlord does." On 01/15/2025 at approximately 2:10 p.m., Surveyor reviewed concern with Licensee A that the home's water temperature exceeded 120 degrees F. Licensee A stated the landlord was taking care of the concern.	M 570		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition	Z 010		

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Z 010	Continued From page 13 of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure every reasonable effort to contact the clerk of courts to determine the final disposition of a charge for a serious crime was made for 1 of 1 caregiver reviewed that had a charge of a serious crime. The provider did not make an effort to determine the final disposition	Z 010		

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PROMISE SIL LLC	**1806 CREEK RD WEST BEND, WI 53090**

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Z 010	Continued From page 14 of Caregiver C's charge of 940.01(1)(a) 1st Degree Intentional Homicide. Findings include: Chapter DHS 50.065(1)(e)1. defines "Serious Crime" as violation of s. 940.19 (3), 1999 stats., a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3., or a violation of the law of any other state or United States jurisdiction that would be a violation of s. 940.19 (3), 1999 stats., or a violation of s. 940.01, 940.02, 940.03, 940.05, 940.12, 940.19 (2), (4), (5) or (6), 940.198 (2), 940.22 (2) or (3), 940.225 (1), (2) or (3), 940.285 (2), 940.29, 940.295, 948.02 (1), 948.025 or 948.03 (2) (a) or (5) (a) 1., 2., or 3. if committed in this state. On 01/14/2025 at approximately 10:50 a.m., Surveyor requested employee records, including the BID, DOJ and IBIS, for Caregiver B, Caregiver C and Caregiver D. On 01/14/2025 at approximately 1:40 p.m., Surveyor received employee records and noted Caregiver C's record included an IBIS, dated 01/14/2025. The record did not include a BID or DOJ. On 01/15/2025 at approximately 12:00 p.m., Surveyor received Caregiver C's DOJ, dated 01/14/2025. The DOJ included a charge, dated 04/17/2015, of 940.01(1)(a) 1st Degree Intentional Homicide. The DOJ did not list the disposition. On 01/15/2025 at approximately 2:10 p.m.,	Z 010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019750	A. BUILDING: _____ B. WING _____	C 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMISE SIL LLC	**1806 CREEK RD WEST BEND, WI 53090**

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Z 010	Continued From page 15 Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he was aware of Caregvier C's charge of 1st degree intentional homicide or if s/he had just learned of the charge given the DOJ was dated 01/14/2025. Licensee A replied, "No. I knew about it." Licensee A explained that s/he had completed Caregiver C's background check upon hire, but lost the records due to an office move, so s/he had completed a new background check on the day of Surveyor's visit. Surveyor asked Licensee A if s/he completed any follow up related to Caregiver C's charge of 1st Degree Intentional Homicide. Licensee A stated s/he was unsure if the charge had been resolved and that s/he was waiting on Caregiver C to produce a letter regarding the charge. Cross Reference: M0514 DHS 88.09(2)(a) Service Provider Record	Z 010		