STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018379	A. BUILDING: _____ B. WING _____	R-C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEES DIRECT CARE	**6755 NORTH 55TH STREET MILWAUKEE, WI 53223**

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{M 000}	INITIAL COMMENTS On 10/08/2024, Surveyors conducted a complaint investigation and verification visit at Tees Direct Care, an Adult Family Home (AFH) in Milwaukee, WI. Three deficiencies identified. Three of three deficiencies are repeat deficiencies from Statement of Deficiency (SOD) #29PB11, dated 03/23/2023. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 134}	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure an incident was reported to the Department for 1 of 1 resident when there was a significant change in a residents status. Resident 2 self-harmed him/herself on 2	{M 134}		

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

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{M 134}	Continued From page 1	{M 134}		

occasions and was taken to the hospital by police and the provider did not report the incidents to the Department.

This is a repeat deficiency from Statement of Deficiency (SOD) #29PB11, dated 03/23/2023.

Findings include:

On 10/08/2024, Surveyors reviewed Department records. Surveyor did not locate evidence the provider submitted any self-reports in 2024.

On 10/08/2024, Surveyors reviewed Resident 2's record. Resident 2 was admitted to the facility on 09/14/2023. Resident 2's incident reports from 05/25/2024 through 09/28/2024 identified Resident 2 had physical and verbal behaviors towards staff and other residents. Resident 2 tried self-harming him/herself on 05/25/2024, 07/03/2024, 08/06/2024 and 08/08/2024.

Surveyor reviewed Resident 2's after visit summary (AVS) dated 05/25/2024-05/28/2024. Resident 2's AVS stated the following:
"-Date of admit: 05/25/2024
-Date of discharge 05/28/2024
-Reason for hospitalization: suicide attempt by strangulation
-Discharge diagnoses: suicide attempt by strangulation
-Hospital course: Per report [s/he] was found by group home staff hanging by the string from a pair of pants, not breathing, and blue in color. Staff cut [him/her] down and [s/he] fell to the ground sustaining a superficial abrasion to the left side of [his/her] face. Patient consistently denied a suicide attempt and instead reported that [s/he] was assaulted by a staff member at [his/her] group home who wrapped the string around

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{M 134}	Continued From page 2 [his/her] neck and hit [his/her] multiple time. Per Family Care and [his/her] guardian [s/he] has a history of making similar allegations against the facility. -Suicide attempt by strangulation: Hemodynamically stable with patent airway, Computed tomography (CT) head and Computed Tomography Angiography (CTA) head/neck with contrast and C-spine reconstruction unremarkable for acute intracranial abnormalities, cervical spine fracture, or blunt vascular injury, consulted psychiatry team, confirmed with Family Care, guardian, facility and patient that [s/he] is okay to return to [his/her] group home, continue home psychiatric medications including Depakote, Abilify, and Geodon, follow up with outpatient psychiatrist." On 10/08/2024, Surveyor reviewed Resident 2's after visit summary (AVS) dated 08/08/2024. Resident 2's AVS stated the following: "-Your Diagnosis is: Suicide attempt -Return to the Emergency Department for thoughts of self-harm or harm of others or if symptoms worsen or for any other concerns. -Additional instructions: Psychiatry felt patient was stable for discharge back to [his/her] facility. No evidence of injury secondary to strangulation today." On 10/08/2024, at approximately 11:30 AM, Surveyors interviewed Caregiver E regarding Resident 2 self-harming themselves. Caregiver E stated s/he did not have any documentation that Licensee A submitted self-reports to the Department when Resident 2 required a hospitalization when s/he had self-harming behaviors resulting in hospitalizartion on 05/25/2024 and 08/08/2024. Surveyors gave until 5:00 PM on 10/08/2024 for Licensee A to send	{M 134}		

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{M 134}	Continued From page 3 evidence of self-reporting. Surveyors did not receive any additional information.	{M 134}		
{M 412}	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. 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) contained a description of services the licensee would provide for 1 of 1 resident. Resident 2 self-harmed him/herself on 2 occasions and was taken to the hospital. Resident 2's ISP did not identify strategies the licensee and caregivers would provide Resident 2 to prevent self-harming behaviors. This is a repeat deficiency from Statement of Deficiency (SOD) #29PB11, dated 03/23/2023. Findings include: On 10/08/2024, Surveyors reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the facility on 09/14/2023 with diagnoses including schizophrenia, other specified depressive episodes, other specified anxiety disorders, borderline personality disorder and developmental disorder of scholastic skills, unspecified.	{M 412}		

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{M 412}	Continued From page 4	{M 412}		

-Resident 2 had a guardian.
-Resident 2's assessment, dated 10/14/2023, did not include an assessment for suicidal ideation.
-Resident 2's incident reports from 05/25/2024 through 09/28/2024 identified Resident 2 having physical and verbal behaviors towards staff and other residents. Resident 2 tried self-harming him/herself on 05/25/2024, 07/03/2024, 08/06/2024 and 08/08/2024.
-Resident 2's record did not include an assessment for suicidal risk.
-Resident 2's Individual Service Plan (ISP), dated 09/28/2023, stated, "Suicidal Tendencies: Resident has suicidal thoughts/tendencies. When upset, when [s/he] requires attention, when member is told no, when member can't get [his/her] point across. Resident's Desired Outcomes: To have proper precautions/care in place to alleviate suicidal thoughts/tendencies, Room proof with no glass, string, sharp objects etc. Bathroom no soaps, liquids, shower gels etc. Measurable goals: Redirect member, assure member [s/he] is loved and give member full attention, give member alternatives to [his/her] thoughts. Also provide member with PRN [(as needed)] medication for behaviors."
Resident 2's incidents of self-harming was not in his/her ISP. There was no BSP (Behavorial Support Plan) in Resident 2's record.

Resident 2's after visit summary (AVS) dated 05/25/2024-05/28/2024. Resident 2's AVS stated the following:
"-Date of admit: 05/25/2024
-Date of discharge 05/28/2024
-Reason for hospitalization: suicide attempt by strangulation
-Discharge diagnoses: suicide attempt by strangulation
-Hospital course: Per report [s/he] was found by

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{M 412}	Continued From page 5	{M 412}		

group home staff hanging by the string from a pair of pants, not breathing, and blue in color. Staff cut [him/her] down and [s/he] fell to the ground sustaining a superficial abrasion to the left side of [his/her] face. Patient consistently denied a suicide attempt and instead reported that [s/he] was assaulted by a staff member at [his/her] group home who wrapped the string around [his/her] neck and hit [his/her] multiple time. Per Family Care and [his/her] guardian [s/he] has a history of making similar allegations against the facility.
-Suicide attempt by strangulation: Hemodynamically stable with patent airway, Computed Tomography (CT) head and Computed Tomography Angiography (CTA) head/neck with contrast and C-spine reconstruction unremarkable for acute intracranial abnormalities, cervical spine fracture, or blunt vascular injury, consulted psychiatry team, confirmed with Family Care, guardian, facility and patient that [s/he] is okay to return to [his/her] group home, continue home psychiatric medications including Depakote, Abilify, and Geodon, follow up with outpatient psychiatrist."

On 10/08/2024, Surveyor reviewed Resident 2's after visit summary (AVS) dated 08/08/2024. Resident 2's AVS stated the following:
"-Your Diagnosis is: Suicide attempt
-Return to the Emergency Department for thoughts of self-harm or harm of others or if symptoms worsen or for any other concerns.
-Additional instructions: Psychiatry felt patient was stable for discharge back to [his/her] facility. No evidence of injury secondary to strangulation today."

On 10/08/2024, at approximately 11:30 AM, Surveyors interviewed Caregiver E. Caregiver E

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{M 412}	Continued From page 6 stated Resident 2 is a 1:1 because of his/her self-harming behaviors and incidents in the past. Caregiver E stated about a month or so ago, the ambulance came because Resident 2 was found with a string around his/her neck and was blue in the face. Caregiver E stated Milwaukee Police, Fire Department and Ambulance responded but when they arrived, Resident 2 seemed okay and they did not take him/her to the hospital. Caregiver E stated whatever is on the electronic charting system is what s/he has access to. Caregiver E stated s/he did not see any assessment completed since 10/14/2023 and ISP completed since 09/28/2023.	{M 412}		
{M 532}	88.09(2)(a)9 HEALTH SCREENING The results of screening for communicable disease. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees (Caregiver D, Caregiver E and Caregiver F) records contained the results of screening for tuberculosis (TB) and communicable disease screening. This is a repeat deficiency. See Statement of Deficiency (SOD) 29PB11, dated 03/23/2023. Findings include: On 10/08/2024, Surveyors reviewed employee records and identified the following: -Caregiver D was hired on 09/03/2024. Caregiver D's record did not include evidence of TB skin test and communicable disease screening.	{M 532}		

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{M 532}	Continued From page 7 -Caregiver E was hired on 04/05/2024. Caregiver E's record did not include evidence of TB skin test and communicable disease screening. -Caregiver F was hired on 08/05/2024. Caregiver F's record did not include evidence of TB skin test and communicable disease screening. On 10/08/2024, Surveyors requested TB skin tests and communicable disease screenings for Caregiver D, Caregiver E and Caregiver F from Licensee A. On 10/08/2024 at approximately 9:00 AM, Surveyors interviewed Licensee A. Licensee A informed Surveyors to leave a list of required documentation needed with Caregiver E and s/he would send documentation via e-mail by 5:00 PM on 10/08/2024. As of 10/08/2024 at 5:00 PM, Surveyors did not receive evidence of a TB skin test and communicable disease screening for Caregiver D, Caregiver E and Caregiver F.	{M 532}		