STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018697	A. BUILDING: _____ B. WING _____	C 09/13/2023

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HELPING HANDS ASSISTED LIVING LLC	2624 19TH STREET RACINE, WI 53403

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M 000	INITIAL COMMENTS On 09/13/2023, Surveyor completed a complaint and standard survey at Helping Hands Assisted Living LLC. One of 1 complaint was unsubstantiated. Thirteen deficiencies were identified. 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 (Caregivers B and C) 2 caregivers were screened for illness detrimental to residents, including tuberculosis (TB), within 90 days before the start of providing service. Caregiver B was screened for illness detrimental to residents more than a year after he/she started to provide services to residents. Caregiver C was providing services to residents without 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 09/13/2023, Surveyor reviewed Caregiver B's record. Caregiver B was hired and started to provide services on 02/28/2022. Caregiver B's result for his/her TB test was dated on 06/05/2023, approximately 1 year and 3 months after starting to provide services. On 09/13/2023, Surveyor reviewed Caregiver C's record. Caregiver C was hired and started to provide services on 12/25/2022. Caregiver C's record contained no evidence of the results of a TB test or statement indicating he/she was free from communicable disease. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed Caregiver B's TB test was completed over a year after he/she started to provide services. Licensee A did not state why Caregiver B did not complete a TB test before he/she started to provide services. Licensee A affirmed Caregiver C did not receive a TB test or a statement indicating he/she was free of communicable disease prior to his/her start date. Licensee A reported he/she asked Caregiver C multiple times; however, acknowledged he/she was responsible for ensuring Caregiver C should have completed a TB test prior to providing care services to residents. Licensee A reported Caregiver C received a TB test on 09/13/2013 and results would be received on 09/15/2023.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider	M 244		

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M 244	Continued From page 2 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 2 (Caregivers B and C) of 2 employees completed all the required initial training, including 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. Caregiver B's record did not include documentation of training, including 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. Caregiver C's record did not include documentation of training, including resident rights and treatment appropriate to residents served. Findings include: The facility is licensed to serve up to 4 residents with emotionally disturbed/mental illness and developmentally disabled. On 09/12/2023, Surveyor conducted a standard	M 244		

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M 244	Continued From page 3	M 244		

survey at Helping Hands Assisted Living LLC. Upon Surveyor's arrival at approximately 9:55 a.m., Surveyor observed Caregiver B in the home alone with the residents. Caregiver B confirmed being the only staff member on site at the time of Surveyor's arrival.

On 09/12/2023 at approximately 9:55 a.m., Surveyor interviewed Caregiver B. Caregiver B denied having any training since his/her date of hire. Caregiver B affirmed he/she had not received training in 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.

On 09/13/2023, Surveyor reviewed Caregiver B's record. Caregiver B was hired and started to provide care on 02/28/2022. Caregiver B's record did not include documentation of 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.

On 09/13/2023, Surveyor reviewed Caregiver C's record. Caregiver C was hired and started to provide care on 12/25/2022. Caregiver C's record did not include documentation of training in resident rights and treatment appropriate to residents served.

On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed Caregiver B and Caregiver C worked alone in the adult family home. Licensee A acknowledged Caregivers B and C did not receive any training since their date of hire. Licensee A stated he/she was struggling financial and sending Caregivers B and C to training would have added an additional cost to his/her finances. Licensee A disclosed he/she did

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M 244	Continued From page 4 reach out a trainer on 09/10/2023 and would have Caregivers B and C attend training within the next week.	M 244		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of the 7 required locations in the home contained a smoke detector. The smoke detector in the living room was missing from the bracket. Findings include: On 09/12/2023 at approximately 10:15 a.m., Surveyor observed the living room. There was a bracket for a smoke detector, but no smoke detector observed on the ceiling in the living room.	M 334		

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M 334	Continued From page 5 On 09/12/2023 at approximately 10:15 a.m., Surveyor interviewed Caregiver B. Caregiver B affirmed no smoke detector was in the living room. Caregiver B reported he/she removed the smoke detector to change the battery. Caregiver B could not recall how long ago he/she removed the smoke detector. Caregiver B located the smoke detector inside of the television stand. While Surveyor was onsite, Caregiver B replaced the battery and placed the smoke detector back on the ceiling. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A disclosed he/she was not aware a smoke detector was not in the living room. Licensee A reported he/she would ensure smoke detectors remained in each required room.	M 334		
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 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 smoke detector was in working order for 2 of 7 smoke detector locations.	M 336		

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M 336	Continued From page 6 Findings include: On 09/12/2023 at approximately 10:15 a.m., Surveyor conducted an onsite tour. While in the adult family home (AFH), Surveyor heard 2 smoke detectors chirping. Surveyor observed the chirping noise coming from Resident 1's bedroom and a vacant resident bedroom. Surveyor informed Caregiver B of the chirping sound coming from the smoke detectors. Caregiver B acknowledged the chirping sound coming from the smoke detectors. Caregiver B reported he/she would address the smoke detectors after Surveyor left the home. Caregiver B stated he/she would purchase "better batteries" for the smoke detectors. On 09/12/2023 at approximately 10:15 a.m., Surveyor interviewed Resident 1 in Resident 1's bedroom. Resident 1 reported he/she just ignores the chirping noise coming from the smoke detector. On 09/13/20223 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A denied being aware of the 2 smoke detectors chirping. Licensee A affirmed Caregiver B changed the batteries in each smoke detector that were chirping.	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	M 346		

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M 346	Continued From page 7 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment for 1 (Resident 2) of 1 resident who resided in the adult family home beyond one year. Resident 2 did not have an annual evacuation assessment completed in 2023. Findings include: On 09/13/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 08/25/2022. Resident 2 was diagnosed with unspecified intellectual disability, schizoaffective disorder, history of aggressive behaviors, autism, attention deficit hyperactivity disorder, fetal alcohol syndrome, and cognitive delay. Resident 2's record contained an initial resident evacuation assessment, dated 08/25/2022. Resident 2's record did not contain an annual evacuation assessment for 2023. Resident 2's annual evacuation assessment should have been completed on or before 08/25/2023. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed Resident 2 was not evaluated in 2023. Licensee A reported he/she was not aware an annual evacuation evaluation should have been completed. Licensee A disclosed he/she would ensure Resident 2's annual evacuation assessment would be completed as soon as possible.	M 346		

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M 348	Continued From page 8	M 348		
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 ensure semi-annual fire drills were conducted with all household members with written documentation of the evacuation time for each drill for 2 of 2 years reviewed. Findings include: The facility was licensed on 12/22/2021 to serve 4 residents in the client groups of emotionally disturbed/mental illness and developmentally disabled. On 09/13/2023 at approximately 1:00 p.m.., Surveyor reviewed the provider's fire drill log for 2022 and 2023. The log provided to Surveyor did not indicate an evacuation. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed the evacuation time was not documented on the fire drill log. Licensee A stated he/she was not aware the evacuation time should have been documented.	M 348		
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	M 404		

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M 404	Continued From page 9 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 an individualized services plan (ISP) was completed for 1 (Resident 1) of 2 residents within 30 days of placement. Resident 1 was admitted on 06/07/2023 and was due to have an ISP completed and developed on or before 07/07/2023. Findings include: On 09/13/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/07/2023. Resident 1's record did not contain an ISP. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A reported he/she was still working on Resident 1's care plan. Licensee A disclosed, "honestly, I am still learning myself and some of this did not make sense to me."	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.	M 464		

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M 464	Continued From page 10 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 obtain a written order from the physician who prescribed the medication specifying who by name or position was permitted to administer the medication, under what circumstances and in what dosage the medication was to be administered for 1 (Resident 1) of 1 resident prior to administration. Findings include: On 09/13/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/07/2023. Resident 1 was diagnosed with anemia, depression, anxiety, migraines, degenerative disc disease, fibromyalgia, and attention deficit disorder. Resident 1's August 2023 and September 2023 medication administration records (MARs) indicated Resident 1 was administered alprazolam 1 milligram (mg), Eliquis 5 mg, atorvastatin 40 mg, Vraylar 1.5 mg, ferrous sulfate 325 mg, gabapentin 800 mg, mirtazapine 40 mg, quetiapine 25 mg, pantoprazole 40 mg, tramadol 50 mg, Lyrica 200 mg, and potassium chloride 20 milliequivalent (MEQ) tablet. on 09/13/2023. Resident 1's record did not include a written order from the prescribing physician specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered prior to administering Resident 1's medication. On 09/12/2023 at approximately 10:15 a.m.,	M 464		

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M 464	Continued From page 11 Surveyor interviewed Resident 1. Resident 1 affirmed staff at the adult family home has administered his/her medication since his/her date of admission. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed not having a written physician order specifying who by name or position was permitted to administer the medication, under what circumstances and in what dosage the medication was to be administered prior to administering Resident 1 medication. Licensee A reported taking Resident 1 to his/her annual physical on 06/23/2023, however failed to obtain a written physician order.	M 464		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 (Residents 1 and 2) of 2 residents' records were maintained in a secure location within the home. Resident 1's and Resident 2's records were kept offsite. Findings include: On 09/12/2023 at approximately 9:55 a.m.,	M 482		

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M 482	Continued From page 12 Surveyor observed there were no resident records in the facility. On 09/12/2023 at approximately 9:55 a.m., Surveyor interviewed Licensee A. Surveyor requested to see Resident 1's and 2's records. Licensee A informed Surveyor that most resident records were kept with him/her offsite. Licensee A reported in June 2023, Resident 1 broke the cabinet that resident records were kept. Licensee A stated he/she had yet to purchase a new file cabinet for the resident records. Licensee A denied being aware that resident records were to remain onsite. Licensee A reported he/she would purchase a file cabinet as soon as possible. Licensee A disclosed he/she had yet to purchase a file cabinet due to a lack of finances.	M 482		
M 504	88.09(1)(d)8 RESIDENT RECORD-ISP The individual service plan required under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 (Resident 2) of 2 residents record contained a current individual service plan (ISP). Resident 2's record did not include an ISP. Findings include: On 09/13/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 08/25/2022. Resident 2's record did not contain an ISP. On 09/13/2023 at 3:32 p.m., Surveyor interviewed	M 504		

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M 504	Continued From page 13 Licensee A. Licensee A reported creating an ISP for Resident 2; however, in June 2023, Resident 2 destroyed the file cabinet that housed Resident 2's record. Resident 2 then destroyed documents that were housed in the file cabinet. Licensee A disclosed he/she has yet to recreate Resident 2's ISP. Licensee A stated he/she would ensure he/she completed Resident 2's ISP as soon as possible.	M 504		
M 506	88.09(1)(d)9 RESIDENT RECORD-RESIDENT RIGHTS The statement indicating the resident's rights and grievance procedures have been explained and copies have been provided to the parties as required under s. HSS 88.06(2)(c)8. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation for 1 (Resident 2) of 2 residents reviewed indicating the resident received a statement stating resident rights had been explained and copies were provided. Findings include: On 09/13/2023, Surveyor reviewed Resident 2's record. There was no signed document which indicated the resident signed a statement stating resident rights had been explained and copies provided. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A reported having a signed document indicating Resident 2 received a copy	M 506		

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M 506	Continued From page 14 and was instructed of his/her rights as a resident. Licensee disclosed in June 2023, Resident 2 destroyed the file cabinet that housed Resident 2's record. Resident 2 then destroyed documents that were housed in the file cabinet. Licensee A stated he/she would ensure another document indicating Resident 2 received a copy and was instructed of his/her rights as a resident would be placed in his/her file.	M 506		
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 the facility was free from hazards. The water temperature in 1 of 1 resident bathroom had a temperature reading that exceeded 115 degrees Fahrenheit (F). The water temperature was 126.3 degrees F. This could have resulted in potential environmental danger for residents. Findings include:	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018697	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 570	Continued From page 15 On 09/12/2023 at approximately 10:15 a.m., during the onsite tour, Surveyor observed 1 of 1 resident bathroom located on the 2nd floor. At approximately 10:15 a.m., Surveyor tested the water temperature at the bathroom sink, utilized by residents. The water temperature was 126.3 degrees F. On 09/12/2023 at approximately 10:15 a.m., Surveyor interviewed Caregiver B. Caregiver B inquired what the water temperature should be for an adult family home. Caregiver B affirmed the water temperature was checked; however, denied that the thermometer was held under the hot water until the thermometer stopped moving. Caregiver B reported he/she would have a conversation with Licensee A to ensure the landlord turns the hot water temperature down. Exposure to hot water us a potential environmental danger for residents. Elderly residents and residents 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-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A acknowledged the temperature as he/she recently purchased a new hot water heater. Licensee A disclosed he/she would address the water temperature.	M 570		

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Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 (Caregiver C) of 2 service providers had background checks included in his/her record. A complete background check consists of the following: -A completed Background Information Disclosure (BID) form. -A report of findings from the Department of Justice (DOJ). -An Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 09/13/2023, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 12/25/2022. Caregiver C's record contained no evidence of a report from the DOJ and IBIS letter from DHS. On 09/13/2023 at 3:32 p.m., Surveyor interviewed	Z 014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Z 014	Continued From page 17 Licensee A. Licensee A reported Caregiver C's report from the DOJ and IBIS letter from DHS was obtained; however, Resident 2 broke the file cabinet that contained the documents in June 2023. Licensee A reported he/she would obtain another copy of Caregiver C's report from the DOJ and IBIS letter from DHS.	Z 014		