

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018635	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/28/2024
NAME OF PROVIDER OR SUPPLIER NIECES CARING HANDS		STREET ADDRESS, CITY, STATE, ZIP CODE 3110 N 11 ST SHEBOYGAN, WI 53083		
(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 03/28/2024, Surveyor conducted a standard survey and one (1) complaint investigation at Nieces Caring Hands. As a result of the survey, seven (7) deficiencies were identified, the complaint was unsubstantiated. Census: 2	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider 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 record review and interview, the provider did not ensure one (1) of 2 staff completed health, safety, and welfare of residents, and treatment appropriate for resident training prior to or within 6 months of hire. Findings include: The provider is licensed to care for up to 4 residents who may have developmental disabilities, traumatic brain injuries, irreversible dementia/Alzheimer's, advanced age and/or physically disabled.	M 244		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 244	Continued From page 1 On 03/28/2024, Surveyor reviewed record for Caregiver (CG) B. CG B was hired on 11/23/2022. CG B's record did not reflect CG B had completed training in health, safety, and welfare of residents, and treatment appropriate for residents. On 03/28/2024 at 1:13 PM, Surveyor interviewed Licensee A. Licensee A stated, "I don't see that paperwork and don't know why not in here," referring to the training documents. The provider did not ensure staff completed required training prior to or within 6 months of hire.	M 244		
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 maintain a record of semi-annual fire drills conducted with all household members. The provider did not have fire drills for 2022 or 2023. Findings include: On 03/28/2024 at approximately 12:15 PM, Surveyor reviewed the provider's records. Surveyor was unable to locate any fire drills being conducted for calendar year 2022 or 2023. On 03/28/2024, at approximately 12:27 PM,	M 348		

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M 348	Continued From page 2 Surveyor interviewed Licensee A about fire drills. Licensee A stated they review the emergency plan when new residents move in. Licensee A confirmed s/he did not have semi-annual fire drills for 2022 or 2023.	M 348		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not include one (1) of 2 residents' (Resident 1's) treatment team in the development of the Individual Service Plans (ISP), and there was no statement of agreement/signatures within the ISP. Findings include: The provider is licensed to care for up to 4 residents who may have developmental disabilities, traumatic brain injuries, irreversible dementia/Alzheimer's, advanced age and/or physically disabled. On 03/28/2024, Surveyor reviewed Resident 1's ISP and observed the page where the team would sign their understanding of agreement with the ISP to be blank with no resident signature, guardian and/or case manager signatures. Resident 1 was admitted on 05/22/2023. On 03/28/2024 at approximately 12:17 PM,	M 420		

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M 420	Continued From page 3 Surveyor interviewed Licensee A regarding Resident 1's ISP being unsigned. Licensee A stated s/he didn't know anyone else needed to sign but will have the ISP's signed going forward.	M 420		
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 2 of 2 (Resident 1 and Resident 2) residents record contained a current individual service plan (ISP). Resident 1 and Resident 2's record did not include an ISP. Findings include: On 03/28/2024, Surveyor requested Resident 1 and Resident 2's record from Manager C. Manager C gave Surveyor Resident 1 and Resident 2's binders. Resident 1 was admitted on 05/22/2023. Surveyor was unable to locate Resident 1's ISP in the record. Resident 2 was admitted on 09/02/2022. Surveyor was unable to locate Resident 2's ISP in the record. On 03/28/2024 at 1:13 PM, Surveyor interviewed Licensee A. Licensee A reported creating an ISP for Resident 1 and Resident 2; however, s/he created a 1 sheet document with preferences in	M 504		

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M 504	Continued From page 4 Resident 1 and Resident 2's record. Licensee A stated s/he can put the ISP in the resident's record, but s/he had the ISP's in a binder s/he kept in his/her possession, which is not in the facility. Licensee A stated s/he would ensure s/he placed Resident 1 and Resident 2's ISP in their resident binders in the facility.	M 504		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that one (1) of 2 residents the provider handles funds for had evidence of having written authorization from the resident and/or legal guardian, to control the resident's funds. Findings include: The provider is licensed to care for up to 4 residents who may have developmental disabilities, traumatic brain injuries, irreversible dementia/Alzheimer's, advanced age and/or physically disabled. On 03/28/2024, Surveyor reviewed Resident 2's record. Surveyor was unable to find documentation authorizing the facility to hold Resident 2's funds. At approximately 1:13 PM, Surveyors interviewed Licensee A asking if the home controlled any resident funds. Licensee A confirmed Resident 2 receives money in the mail	M 510		

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M 510	Continued From page 5 and that s/he holds Resident 2's money. Licensee A acknowledged s/he did not have a written authorization to hold Resident 2's funds. The provider did not ensure written authorization was obtained from the resident or resident's legal representative to control resident funds.	M 510		
M 570	88.10(3)(I) 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 a safe physical environment by ensuring water temperatures did not exceed 115° Fahrenheit (F) at faucets available to residents. Findings include: The provider is licensed to care for up to 4 residents who may have developmental disabilities, traumatic brain injuries, irreversible dementia/Alzheimer's, advanced age and/or physically disabled.	M 570		

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M 570	Continued From page 6 The Bureau of Quality Assurance (BQA) and the Bureau of Assisted Living (BAL) issued, respectively, BQA Memo-98-021 (1998) and DQA publication P-01942 (2017) regarding hot water temperatures. These documents listed hot water temperature thresholds and the harm that hot water temperatures can inflict on consumers with physical or psychological conditions that prevent instant recoil from dangerously hot water. Exposure to hot water is a potential environmental danger for clients. 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). Hot water temperatures at 130 degrees Fahrenheit (F) can scald in 30 seconds. On 03/28/2024 at 11:04 AM, Surveyor tested the water temperature in the kitchen sink and resident bathroom sink located on the first floor of the home. The water temperature in the kitchen sink was 141.8°F and the water temperature in the resident bathroom sink was 143.8°F. At approximately 11:18 AM Caregiver C acknowledge the thermometer read 147.4°F in the resident bathroom sink and 147.4°F at the kitchen sink. On 03/28/2024 at 1:18 PM, Surveyor shared the water temperature with Licensee A. Surveyor and	M 570		

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M 570	Continued From page 7 Licensee A tested the faucet in the resident bathroom and Licensee A confirmed the water temperature was 141.4°F, which was too hot and stated s/he would adjust the water temperature. The provider did not ensure the hot water temperature at the bathroom sink for residents was set at a safe temperature.	M 570		
Y3097	50.06 CERTAIN ADMISSIONS TO FACILITIES Certain admissions to facilities. (1) In this section, incapacitated means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post-hospital care. (2) An individual under sub. (3) may consent to admission, directly from a hospital to a facility, of an incapacitated individual who does not have a valid power of attorney for health care and who has not been adjudicated incompetent under ch. 880, if all of the following apply: (a) No person who is listed under sub. (3) in the same order of priority as, or higher in priority than, the individual who is consenting to the proposed admission disagrees with the proposed admission. (am) 1. Except as provided in subd.	Y3097		

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Y3097	Continued From page 8 2., no person who is listed under sub. (3) and who resides with the incapacitated individual disagrees with the proposed admission. 2. Subdivision 1. does not apply if any of the following applies: a. The individual who is consenting to the proposed admission resides with the incapacitated individual. b. The individual who is consenting to the proposed admission is the spouse of the incapacitated person. (b) The individual for whom admission is sought is not diagnosed as developmentally disabled or as having a mental illness at the time of the proposed admission. (c) A petition for guardianship for the individual under s. 880.07 and a petition for protective placement of the individual under s. 55.06 (2) are filed prior to the proposed admission. (3) The following individuals, in the following order of priority, may consent to an admission under sub. (2): (a) The spouse of the incapacitated individual. (b) An adult son or daughter of the incapacitated individual. (c) A parent of the incapacitated individual.	Y3097		

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Y3097	Continued From page 9 (d) An adult brother or sister of the incapacitated individual. (e) A grandparent of the incapacitated individual. (f) An adult grandchild of the incapacitated individual. (g) An adult close friend of the incapacitated individual. (4) A determination that an individual is incapacitated for purposes of sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one licensed psychologist, as defined in s. 455.01 (4), who personally examine the individual and sign a statement specifying that the individual is incapacitated. Mere old age, eccentricity or physical disability, either singly or together, are insufficient to make a finding that an individual is incapacitated. Neither of the individuals who make a finding that an individual is incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have knowledge that he or she is entitled to or has a claim on any portion of the individual's estate. A copy of the statement shall be included in the individual's records in the facility to which he or she is admitted. (5) (a) Except as provided in par. (b), an individual who consents to an	Y3097			

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Y3097	Continued From page 10 admission under this section may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may and authorize expenditures related to health care to the same extent as a guardian of the estate may, until the earliest of the following: 1. Sixty days after the admission to the facility of the incapacitated individual. 2. Discharge of the incapacitated individual from the facility. 3. Appointment of a guardian for the incapacitated individual. (b) An individual who consents to an admission under this section may not authorize expenditures related to health care if the incapacitated individual has an agent under a durable power of attorney, as defined in s. 243.07 (1) (a), who may authorize expenditures related to health care. (6) If the incapacitated individual is in the facility after 60 days after admission and a guardian has not been appointed, the authority of the person who consented to the admission to make decisions and, if sub. (5) (a) applies, to authorize expenditures is extended for 30 days for the purpose of allowing the facility to initiate discharge planning for the	Y3097			

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Y3097	Continued From page 11 incapacitated individual. (7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center is available for the individual, a functional and financial screen to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial screen under s. 46.283 (4) (g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 employee (Caregiver B). Findings include: On 03/28/2024, Surveyor reviewed staff records for Caregiver B. Caregiver B had a hire date of 11/23/2022.	Y3097		

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Y3097	Continued From page 12 Caregiver B completed a Background Information Disclosure (BID), which indicated s/he lived in Texas within the last three years. The Department of Justice (DOJ) and IBIS background check information report was completed. On 03/28/2024 at 1:13 PM, Surveyors interviewed Licensee A. Licensee A stated some states do not share information and s/he believed Texas to be one of them. Surveyor asked Licensee A if she attempted to gain information from Texas and Licensee A stated s/he had not reached out and acknowledged s/he had not evidence to share with Surveyor. The provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 employee.	Y3097			