STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018600	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE LANE HOUSE INC	1055 HAWTHORNE LN BROOKFIELD, WI 53005

(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 07/09/2024, with information obtained through 07/11/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Hawthorne Lane House Inc, an adult family home (AFH) located in Brookfield, WI. As a result of the survey, 3 deficiencies were identified. Census: 3	M 000		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the home's gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 07/09/2024, at approximately 8:35 a.m., Surveyor toured the home with Licensee A. Upon entering the doorway leading to the furnace, Surveyor observed a sticker on the door that documented the furnace was serviced on 04/01/2021. Licensee A reported that s/he did not have the furnace inspected or serviced since then. Licensee A reported that s/he had tried to call a contracting company earlier but had not yet arranged a date for his/her furnace to be inspected because summer was a busy time for	M 290		

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

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M 290	Continued From page 1 the company. At approximately 10:53 a.m., Surveyor interviewed Licensee A again. Licensee A confirmed s/he did not have any more recent furnace inspections since 04/01/2021 and acknowledged s/he was overdue for one.	M 290		
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 record review and interview, the provider did not have evidence that any of the home's smoke detectors were tested monthly to ensure they were operating. Findings include: The provider is licensed to serve up to 4 residents within the client groups of developmentally disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, advanced aged, and alcohol/drug dependent. On 07/09/2024, at approximately 9:00 a.m., Surveyor requested from Licensee A any evidence s/he had of testing the home's smoke	M 336		

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M 336	Continued From page 2 detectors since 01/01/2023 through the current day. Licensee A reported that s/he checked the smoke detectors about once a month but didn't document any information regarding his/her checks. Licensee A denied that s/he had any evidence of the home's smoke detectors being tested monthly since 01/01/2023.	M 336		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: The provider did not ensure that the individual service plan (ISP) for Resident 1 was reviewed at least once every 6 months since 08/10/2023 by him/her and Resident 1's guardian, and that service needs regarding Resident 1's fall risk and seizure monitoring were included in his/her ISP.	M 424		

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M 424	Continued From page 3 Findings include: On 07/09/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 07/24/2023. Resident 1's general information document indicated that Resident 1 was diagnosed with a seizure disorder. Surveyor reviewed the most recent ISP the provider completed for Resident 1, dated 08/10/2023, which documented his/her seizure disorder but did not contain any information regarding his/her needs related to seizures or interventions implemented by staff as part of his/her seizure monitoring. In reviewing Resident 1's record, Surveyor also observed the following: - An emergency department after-visit summary dated 03/14/2024 which documented that Resident 1 was seen for a head injury, fall, and dizziness. The report documented that Resident 1 received facial sutures as a result of his/her fall. - A progress note entry by Nurse B dated 04/27/2024 which documented, "...Member has had multiple witnessed falls. Facial laceration is healing properly..." - A progress note entry by Nurse B dated 06/10/2024 which documented, "Member had unwitnessed fall 05/25/24 around 1:00 AM..." - A "Fall Risk Evaluation" completed by Licensee A, dated 07/24/2023, which documented a fall risk assessment that concluded that Resident 1 was a high risk for falls. Under the "Safety measures" section of the form, the following was documented: "Monitor due to seizures."	M 424		

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M 424	Continued From page 4 On 07/09/2024, at approximately 9:52 a.m., Surveyor interviewed Licensee A. Regarding Resident 1's emergency room visit, Licensee A reported Resident 1 experienced a fall when s/he was being transferred from his/her van transport to his/her day program. Licensee A reported that it was thought to be possible that Resident 1 experienced a seizure during that transfer which caused his/her fall. When asked about Resident 1's seizures, Licensee A replied that Resident 1 had "a lot" of seizures in a typical week. Licensee A reported that some signs that s/he observed when Resident 1 experiences a seizure include: Resident 1 becoming quiet and not responding to him/her or fellow residents, slowing his/her actions down during an activity (such as when feeding him/herself at the table), and leaning to his/her side. Licensee A reported that Resident 1 may convulse on occasion but this wasn't typical. Licensee A reported that Resident 1 was prescribed an as-needed (PRN) spray for seizures, but this was not meant to be administered for every seizure. Licensee A reported that the spray was only to be administered when Resident 1 experienced more severe seizures, and that signs of a more severe seizure for Resident 1 included him/her snoring or convulsing. Upon reviewing Resident 1's record again, Surveyor did not observe a more recently reviewed ISP than the one dated 08/10/2023. Surveyor did not observe any evidence that the ISP was reviewed by his/her guardian (the last one signed as reviewed by his/her guardian was on 06/22/2023). In Resident 1's most recent ISP, Surveyor did not observe any information regarding his/her fall prevention needs as documented above or seizure monitoring that Licensee A described above.	M 424		

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M 424	Continued From page 5 At approximately 10:07 a.m., Surveyor interviewed Licensee A again. Licensee A reported s/he was unaware that ISPs were to be reviewed every 6 months and that s/he thought it was an annual requirement. Licensee A reported that Resident 1's managed care organization (MCO) updated a care plan for Resident 1 approximately every 6 months and provided Surveyor a copy of Resident 1's MCO care plan dated 03/01/2024. The care plan did not contain any description of services the licensee provided to meet Resident 1's needs, and there was no evidence that it was reviewed by Resident 1's guardian. Licensee A acknowledged these concerns by Surveyor, and reported s/he would work on updating his/her own ISP for Resident 1.	M 424		