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M 000	INITIAL COMMENTS On 10/29/2024, with information obtained through 10/30/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Connected Family Home Care, an adult family home (AFH) located in Waukesha, WI. As a result of the survey, 14 deficiencies were identified. Census: 3	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 that 2 of 2 service providers reviewed completed 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. Caregiver C was not trained in resident rights	M 244		

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

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M 244	Continued From page 1	M 244		

prior to or within 6 months of hire.

Caregiver D did not complete any training prior to or within 6 months of hire. Caregiver D worked shifts alone and administered medications to residents, including insulin for Resident 1.

Findings include:

On 10/29/2024, at approximately 11:00 a.m., Surveyor interviewed Caregiver E. Caregiver E confirmed that staff worked alone per shift.

On 10/29/2024, Surveyor conducted a review of 2 service providers to verify compliance with initial training requirements. Surveyor requested training records from Manager B for Caregivers C and D.

The record for Caregiver C, hired 02/11/2024, did not contain evidence of training in resident rights.

The record for Caregiver D, hired 03/15/2023, did not contain any evidence of training completed by him/her prior to or within 6 months of hire.

On 10/29/2024, Surveyor reviewed Resident 1's medication administration record (MAR) for October 2024. Surveyor observed 3 days in which Caregiver D had initialed off on administering Resident 1's medications, which included insulin. These days included 10/09/2024, 10/14/2024, and 10/23/2024.

At approximately 1:12 p.m., Surveyor interviewed Manager B. Manager B confirmed s/he did not have any evidence of Caregiver C being trained in resident rights. Manager B confirmed s/he did not have evidence of training completed by Caregiver D prior to or within 6 months of hire

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M 244	Continued From page 2 and reported that s/he did not set aside the time to complete training with him/her. Manager B confirmed that staff worked alone per shift, including Caregiver D. Manager B confirmed that Caregiver D administered medications on his/her shifts.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 1 service providers reviewed completed 8 hours of training related to the health, safety, welfare, rights, and treatments of residents every year beginning with the calendar year after the year in which the initial training was received. Caregiver E did not complete any training in 2023. Findings include: On 10/29/2024, Surveyor conducted a review of 1 service provider to verify compliance with continuing education requirements.	M 246		

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M 246	Continued From page 3 The record for Caregiver E, hired 08/16/2021, did not contain any evidence of training completed in 2023. At approximately 12:50 p.m., Surveyor interviewed Manager B. Manager B confirmed that Caregiver E was hired before the home was licensed and had worked with the provider ever since the home was licensed. Per Surveyor's review of Department records, the provider was licensed on 03/02/2022. Manager B confirmed s/he had no evidence that Caregiver E completed training in 2023.	M 246		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.	M 262		

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M 262	Continued From page 4	M 262		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure that for Resident 2, who utilized a 4-wheeled walker for ambulation, the exits from the home were ramped to grade with a hard surfaced pathway and handrails or that interior doors serving his/her bedroom and the resident bathroom had openings of at least 32 inches.

Findings include:

The provider is licensed to serve up to 4 ambulatory individuals in the client groups of developmentally disabled, advanced aged, and physically disabled.

On 10/29/2024, at approximately 11:00 a.m., Surveyor interviewed Caregiver E about residents' needs and abilities. Caregiver E reported that Resident 2 utilized a walker for ambulation and indicated that his/her walker was in the kitchen. Surveyor then observed a 4-wheeled walker in the kitchen. Caregiver E reported that Resident 2 was outside on the patio.

At approximately 11:17 a.m., while touring the environment, Surveyor observed Resident 2 enter the home from the patio. Resident 2, who was seated on the ground of the patio, crawled on his/her hands and knees over the entryway threshold, which was elevated from patio-level, into the home where s/he then used his/her 4-wheeled walker to help him/herself up to a standing position before seating him/herself on the seat of his/her walker. Caregiver E, who was also present, reported that Resident 2 sometimes crawled on the floor/ground to get around. Surveyor interviewed Resident 2, who reported that s/he typically utilized his/her walker both

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M 262	Continued From page 5	M 262		

inside and outside the home to get around. Surveyor then observed Resident 2 scoot him/herself while seated in his/her walker from the kitchen, down the hall, to his/her room.

After this, Surveyor observed the home's 2 exits, which included the front door (Photos 2 and 3) and back door to the patio (Photo 1). The door to the patio was elevated approximately 8" from a landing. The landing was raised approximately 6" off the surrounding brick level of the patio, with no surrounding handrails, and required use of an additional step to get to the cement patio itself. The brick section of the patio, surrounding both the left and right sides of the landing, was raised approximately 4" from the cement patio itself. The front door was also elevated approximately 8" from a landing. The landing required use of an additional step to get to the cement walkway, and was elevated approximately 1' off the ground with no surrounding handrails. The cement walkway, which led from the landing, connected to the home's driveway but was elevated approximately 6" from the level of the driveway, which required residents to step off the walkway onto the driveway (Photo 3).

At approximately 12:09 p.m., Surveyor observed the home's interior doorways. The width of Resident 2's doorway opening was measured by Surveyor as approximately 29.5" (Photo 4). The width of the sole resident bathroom doorway opening was measured by Surveyor as approximately 27.5" (Photo 5).

At approximately 3:10 p.m., Surveyor discussed the home's above accessibility concerns with Licensee A and Manager B. Both reported they were unaware of the accessibility requirements outlined in the regulations.

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M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the home environment was clean and well-maintained. Findings include: On 10/29/2024, Surveyor toured the environment throughout the day and observed the following: - At approximately 11:16 a.m., the oven was observed with stains and built-on food debris on the interior walls, racks, and door (Photos 6 and 7). - At approximately 11:20 a.m., Resident 2's room was observed. In several areas, the vinyl was peeling back from the floorboards creating an uneven surface between them (Photo 8). - At approximately 11:21 a.m., the air vent within Resident 3's room, near the entryway, was observed coated in dust (Photo 9). - At approximately 11:59 a.m., the living room and hallways were observed with several areas where the wood flooring appeared to be wearing away, along with several areas where the the surface coating was peeling off of the floor boards	M 276		

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M 276	Continued From page 7 (Photos 10 and 11). At approximately 3:10 p.m., Surveyor interviewed Licensee A and Manager B regarding the above areas of concern. Both acknowledged Surveyor's concerns.	M 276		
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 the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 10/29/2024, Surveyor reviewed the home's environmental records. There was no evidence of a furnace inspection having been completed. At approximately 12:15 p.m., Surveyor interviewed Manager B. Manager B reported that the last furnace inspection the provider had was from when they were becoming licensed, around September of 2021. Manager B reported that this report had been submitted to the Department as part of the licensing process. On 10/29/2024, Surveyor reviewed the Department's records for the provider. There was no evidence of a furnace inspection having been completed.	M 290		

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M 336	Continued From page 8	M 336		
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 ensure that the home's smoke detectors were tested monthly to ensure their operation. Findings include: On 10/29/2024, Surveyor reviewed the home's environmental records. The last smoke detection testing record was dated 06/01/2024. There was no evidence that the smoke detectors were tested in July, August, or September of 2024. At approximately 12:20 p.m., Surveyor interviewed Manager B. Manager B reported that s/he must have gotten behind in testing the home's smoke detectors.	M 336		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following	M 344		

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M 344	Continued From page 9 placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed were evaluated using the Department's form to determine whether they were able to evacuate the home without any help within 2 minutes. Findings include: On 10/29/2024, Surveyor conducted a review of 2 residents to verify compliance with evacuation evaluation requirements. Surveyor requested evacuation evaluations from Manager B for Residents 1 and 2. There was no evacuation evaluation records for Resident 1, who was admitted on 06/26/2024, or Resident 2, who was admitted on 07/09/2022. At approximately 1:33 p.m., Surveyor interviewed Manager B. Manager B confirmed s/he did not complete evacuation evaluations for Residents 1 and 2.	M 344		
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	M 346		

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M 346	Continued From page 10 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 that 1 of 1 resident reviewed had his/her evacuation time evaluated annually using the Department's form. Resident 2's evacuation time was not evaluated in 2023. Findings include: On 10/29/2024, Surveyor conducted a review of 1 resident to verify compliance with annual evacuation evaluation requirements. Surveyor requested evacuation evaluations from Manager B for Resident 2. There was no evacuation evaluation records for Resident 2, who was admitted to the provider on 07/09/2022. At approximately 1:33 p.m., Surveyor interviewed Manager B. Manager B confirmed s/he did not complete evacuation evaluations for Resident 2.	M 346		
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.	M 404		

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M 404	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed had individual service plans (ISPs) completed within 30 days after their placement. Findings include: On 10/29/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/26/2024. Resident 1's ISP, which was the ISP developed by his/her managed care organization (MCO), was dated 09/01/2024 (approximately 2 months after his/her admission). On 10/29/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/09/2022. The first ISP within Resident 2's record after his/her admission, which was the ISP developed by his/her MCO, was dated 11/01/2022 (approximately 4 months after his/her admission). At approximately 3:10 p.m., Surveyor discussed the above concerns with Licensee A and Manager B. Both reported understanding of Surveyor's concern. Manager B reported the provider solely utilized MCO care plans for residents and that MCO staff typically controlled the care plan reviews.	M 404		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a	M 448		

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resident to health care providers when necessary.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that Resident 1's health was monitored in relation to his/her diabetes.

From 10/01/2024 - 10/29/2024, there were 3 occasions in which staff did not record Resident 1's blood sugar levels, which were directed to be monitored 4x/day. Resident 1's insulin prescription included directions for staff to update his/her medical provider if his/her blood sugar continued to exceed 450 2 hours after being administered 10 units of insulin. On one occasion when this occurred, there was no evidence that staff re-checked Resident 1's blood sugar 2 hours later as directed.

Findings include:

On 10/29/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/26/2024 with diagnoses including type I diabetes mellitus and Alzheimer's dementia. Resident 1's current prescriptions included insulin lispro 100 units/mL with instructions to, "Inject 3 times daily w/ meals...If blood sugar remains over 450 after giving 10 units and after 2 hours, update [medical doctor]..."

Another order within Resident 1's prescriptions included for his/her blood sugars to be checked 4 times daily. Resident 1's current individual service plan (ISP), dated 09/01/2024, also directed for staff to monitor Resident 1's blood sugars 4 times daily.

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M 448	Continued From page 13 Surveyor reviewed Resident 1's medication administration record (MAR) from 10/01/2024 - 10/29/2024, where staff appeared to record Resident 1's blood sugar values. Checks were documented as taking place during Resident 1's mealtime insulin administration and his/her evening insulin administration at 9:00 p.m. Surveyor observed the following: - Missing blood sugar checks on the following 3 dates/times: 10/02/2024 (9:00 p.m.), 10/05/2024 (suppertime), and 10/21/2024 (lunchtime) - One occasion in which Resident 1's blood sugar exceeded 450 - on 10/12/2024 at 12:51 p.m. when his/her blood sugar was recorded as 475. There were no annotations in the MAR indicating whether staff re-checked his/her blood sugar level 2 hours later in order to assess whether his/her medical provider needed to be updated of the occurrence. Resident 1's next blood sugar was taken with his/her suppertime insulin administration at 5:13 p.m. (approximately 4.5 hours after it was 475). Surveyor reviewed Resident 1's observation notes from 10/01/2024 - 10/29/2024. There were no entries that accounted for the above 3 missing blood sugar checks. An entry on 10/12/2024 at 5:45 p.m. noted "...[his/her] sugars where [sic] extremely high during lunch due to the fat [sic] [s/he] had a large breakfast flavored oats, cider, muffins, and fruit. there where [sic] no problems or concerns today [s/he] ate all meals and took all insulin needed." There was no further indication in this entry, or entries around this timeframe, indicating that staff re-checked Resident 1's blood sugar levels 2 hours after the 475 reading was taken.	M 448		

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M 448	Continued From page 14 At approximately 1:45 p.m., Surveyor reviewed the above concerns with Manager B. Manager B acknowledged Surveyor's concerns and reported that s/he wasn't sure if staff were just forgetting to document blood sugar checks.	M 448		
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 that for 2 of 2 residents reviewed, a written order from the residents' medical providers who prescribed their medications specified who by name or position was permitted to administer the medications. Findings include: On 10/29/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/26/2024 with diagnoses including type I diabetes mellitus and Alzheimer's dementia. Resident 1's current individual service plan (ISP), dated 09/01/2024, documented that adult family	M 464		

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	0018788	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONNECTED FAMILY HOME CARE	336 RICHARD STREET WAUKESHA, WI 53189

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M 464	Continued From page 15 home staff and Resident 1's family were responsible for managing Resident 1's medications. Resident 1's electronic record consisted of a medication administration record (MAR), where staff signed off on administering his/her medications. There was no evidence of a medical provider order specifying that adult family home staff were permitted to administer Resident 1's medications. On 10/29/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 07/09/2022 with diagnoses including cerebral palsy and mild neurocognitive disorder. Resident 2's current ISP, dated 05/01/2024, documented that adult family home staff were responsible for managing Resident 2's medications. Resident 2's electronic record consisted of a MAR where staff signed off on administering his/her medications. There was no evidence of a medical provider order specifying that adult family home staff were permitted to administer Resident 2's medications. At approximately 3:00 p.m., Surveyor observed the medication storage area with Manager B, where the medications for Residents 1 and 2 were stored. Manager B confirmed that staff stored, managed, and administered the medications for Residents 1 and 2. Manager B confirmed s/he did not have an order from their medical providers specifying that adult family home staff were permitted to administer their medications.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered	M 466		

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M 466	Continued From page 16	M 466		

by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that the medication administration record (MAR) for Resident 1 included a record of the insulin dosage staff administered to him/her.

For the period reviewed from 10/01/2024 - 10/29/2029, staff did not record the number of insulin units administered to Resident 1, who was prescribed mealtime sliding scale insulin.

Findings include:

On 10/29/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/26/2024 with diagnoses including type I diabetes mellitus and Alzheimer's dementia. Resident 1's current prescriptions included insulin lispro 100 units/mL with instructions to, "Inject 3 times daily w/ meals...Sliding scale: Blood sugar 61-110, give 3 units. Blood sugar 111-150, give 4 units. Blood sugar 151-200, give 5 units. Blood sugar 201-250, give 6 units. Blood sugar 251-300, give 7 units. Blood sugar 301-350, give 8 units. Blood sugar 351-450, give 10 units."

Surveyor reviewed Resident 1's MAR from 10/01/2024 - 10/29/2024. Staff initialed off on administering Resident 1's mealtime insulin but

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M 466	Continued From page 17 did not document the number of units administered to him/her. At approximately 1:45 p.m., Surveyor interviewed Manager B. Manager B confirmed that staff were not recording the number of insulin units administered to Resident 1 with each mealtime dose. Manager B reported s/he would have to follow up to ensure that going forward staff would record Resident 1's administered insulin units.	M 466		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on record review, interview, and observation, the provider allowed residents' freedom of choice related to community food access and snacks to be restricted - which was not identified in residents' individual service plans (ISPs) or the home's program statement. Findings include: On 10/29/2024, at approximately 11:10 a.m.,	M 556		

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Surveyor toured the environment with Caregiver E. While observing the kitchen, Surveyor observed the provider's refrigerator with a lock around the door handles. Caregiver E confirmed that the refrigerator was typically locked due to Resident 2 having a tendency to eat other residents' personal food, and that residents had to request staff to unlock it if they wanted drinks or food from it. Caregiver E reported that the fridge was locked due to there having been a past issue where a previous resident, who was no longer with the provider, complained about Resident 2 eating others' food from the refrigerator. Caregiver E confirmed that several of the home's communal drinks/food items was stored in the refrigerator. Caregiver E denied there being any individual safety concerns related to Resident 2's food consumption, including him/her being a choking risk or eating to the point of making him/herself sick. Caregiver E reported that Resident 2 had a refrigerator in his/her own room where s/he stored his/her own personal snacks and drinks.

At approximately 11:28 a.m., Surveyor observed the refrigerator in Resident 2's room, which was a mini-style refrigerator.

On 10/29/2024, Surveyor reviewed Resident 2's ISP, dated 05/01/2024. The ISP identified that Resident 2 was his/her own legal representative. There was no indication of the need for Resident 2 to have community food/drink access limited documented in his/her ISP.

On 10/29/2024, Surveyor reviewed Resident 1's ISP, dated 09/01/2024. There was no indication of the need for Resident 1 to have community food/drink access limited documented in his/her ISP.

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M 556	Continued From page 19 On 10/29/2024, Surveyor reviewed the provider's program statement, which did not document any routine practice of limiting communal food/drink access. At approximately 2:52 p.m., Surveyor interviewed Manager B. Manager B reported that the kitchen refrigerator was locked due to a past resident and Resident 1 complaining about Resident 2 eating others' personal food from it. Manager B reported that refrigerator access had been limited to residents since approximately January of 2024.	M 556		
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 a safe physical environment with residents safeguarded from environmental hazards from which they were likely to be exposed. The faucet water temperature of the sole resident	M 570		

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M 570	Continued From page 20 bathroom sink reached 129.2° Fahrenheit (F). Findings include: The provider is licensed to serve up to 4 adults in the client groups of developmentally disabled, advanced aged, and physically disabled. On 10/29/2024, at approximately 11:28 a.m., Surveyor tested the water temperature of the sink in the resident bathroom which reached 129.2° F. According to the Wisconsin Department of Health Services, "Exposure to hot water is 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." Sustained contact with water at or above 127° F can result in second or third-degree burns in approximately 1 minute (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017). At approximately 3:10 p.m., Surveyor interviewed Licensee A and Manager B. Both acknowledged Surveyor's concern regarding the hot water temperature and reported they would address it.	M 570		