STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016871	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIDE AND JOY ADULT FAMILY GROUP HOME LLC	2807 DONNA AVE RACINE, WI 53404

(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 08/09/2023, Surveyor completed a verification visit, standard survey, and complaint investigation at Pride And Joy Adult Family Group Home LLC. As a result, 9 deficiencies were identified. Three of 9 deficiencies were repeated deficiencies. See Statement of Deficiency (SOD) 4CVZ12, dated 06/07/2021, and SOD 4CVZ13, dated 11/04/2021. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
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		

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

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M 262	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits were ramped to grade. The rear exit patio door contained a 2-inch rise between the interior floor and the exterior ramp. The rise was 4 inches wide. This rear ramp was not to grade. The ramp contained a rise of ½ inch to 1 ½ inch rise where the ramp transitioned to the concrete driveway. The rise spanned approximately 57 inches in length. Findings include: On 08/07/2023, at 10:00 AM, Surveyor toured the facility and observed the following: The kitchen contained patio doors which led to the rear exit ramp. There was a 2-inch rise between the interior floor and the exterior landing. The rise was 4 inches in width. At the end of the rear exit ramp, where the ramp transitioned to the driveway, there was a rise of the ramp, which ranged from ½ inch to 1 ½ inch and was approximately 57 inches in length. The posted emergency plan identified the patio exit as an emergency exit. Two of 4 residents required canes for mobility. On 08/06/2023, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the code requirement. Licensee A reported s/he was not aware of the rise of the patio door and rear exit ramp. Licensee A confirmed 2 residents required a cane with ambulation.	M 262		

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{M 278}	Continued From page 2	{M 278}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was free of hazards. The dryer vent was not constructed of rigid metal material for 1 of 1 dryer. There was a pile of towels stored within 3 inches of the gas water heater. This is a repeat deficiency. See Statement of Deficiency 4CVZ13, dated 11/04/2021. Findings include: On 08/07/2023, at 10:10 AM, Surveyor toured the basement and observed the following: The dryer vent duct was not constructed of rigid metal material. A pile of towels was stored within 3 inches of the gas water heater. On 08/09/2023, at 2:15 PM, Surveyor interviewed Licensee A regarding the flexible vent. Licensee A reported the rigid vent, originally on the dryer, came unattached approximately 2 months ago. Licensee A reported the maintenance person installed the flexible vent. Licensee A reported s/he would have the rigid vent re-attached. Licensee A reported the staff was in process of	{M 278}		

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{M 278}	Continued From page 3 doing laundry and placed the towels next to the water heater. Licensee A reported s/he would provide training to staff.	{M 278}		
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: Based on record review and interview, the provider did not ensure 3 of 3 residents' individual service plans (ISPs) were updated at least every 6 months and included signatures of the participants. The provider did not ensure 1 of 1 resident's (Resident 5) ISP included identified inappropriate sexual behaviors. Resident 5's ISPs did not indicate Resident 5 had inappropriate sexual behaviors towards fe/males. Resident 5's ISP was reviewed in 01/2023 and 07/2023 and did not contain signatures of those	M 424		

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M 424	Continued From page 4	M 424		

participating in the review.

Resident 3's ISP was not reviewed in 03/2022, 09/2022, and 03/2023. Resident 3's ISP did not contain signatures of those participating in the review.

Resident 6's ISP was not reviewed in 08/2022 and 02/2023. Resident 6's ISP did not contain signatures of those participating in the review.

Findings include:

On 08/07/2023, at 10:15 AM, Surveyor reviewed resident records and identified the following:

Resident 5
Resident 5 was admitted on 01/22/2022. Resident 5's preadmission assessment, dated 01/20/2022, indicated Resident 5 had inappropriate sexual behaviors toward fe/males. Resident 5's current ISP, dated 07/22/2022, did not identify Resident 5 had inappropriate sexual behaviors. Resident 5's ISP review dates documented were 01/22/2022 and 07/22/2022. There was evidence Resident 5's ISP was reviewed in 01/2023 and 07/2023. Resident 5's ISP did not contain signatures of the participants.

Resident 3
Resident 3 was admitted on 12/19/2019. Resident 3's current ISP was dated 09/01/2021. There was no evidence Resident 3's ISPs were reviewed or updated at least every 6 months. At minimum, Resident 3's ISP should have been reviewed and/or updated in 03/2022, 09/2022, and 03/2023. Resident 3's ISP did not contain signatures of the participants.

Resident 6

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M 424	Continued From page 5 Resident 6 was admitted on 02/07/2022. Resident 6's current ISP was dated 02/14/2022. There was no evidence Resident 6's ISPs were reviewed or updated at least every 6 months. At minimum Resident 6's ISP should have been reviewed and/or updated in 08/2022 and 02/2023. Resident 6's ISP, dated 02/14/2022, did not contain signatures of the participants. On 08/07/2023, at 10:30 AM, Surveyor interviewed House Manager (HM) B regarding ISPs. HM B reported s/he was responsible for completing the ISPs. HM B reported s/he completed an ISP upon admission, then 6 months, then yearly. HM B reported s/he was unaware of the 6-month review and participant signature requirement. On 08/09/2023, at 1:35 PM, Surveyor interviewed Licensee A. Licensee A confirmed HM B was responsible for the ISP completions. Licensee A reported the ISPs were completed within 30 days of admission, then 6-months and then yearly. Licensee A was unaware of the requirement. Licensee A reported s/he would work with HM B to update the ISPs and obtain signatures.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 6	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure all medications were securely stored within the home which provided access to prescription medications for 4 of 4 residents. The lock on the medication cabinet, located in the kitchen, was not engaged.
Stored on the kitchen counter, in a small plastic container, was Resident 5's medications.

Findings include:

On 08/07/2023, between 9:05 AM and 9:50 AM, Surveyor observed the following:

-At 9:05 AM, 3 residents were sitting at the kitchen table and there was no staff present. The upper kitchen cabinet, to the right of the sink, contained a lock which was not engaged. Surveyor opened the cabinet which contained residents' medications. Stored on the counter, directly below the unsecured cabinet, was a small plastic container with medications.

-At approximately 9:15 AM, Caregiver C came into the kitchen from the basement.

-At 9:47 AM, Caregiver C exited the kitchen patio doors and went outside. The 3 residents remained in the kitchen and the medications were unsecured on the counter.

-At 9:50 AM, Caregiver returned to the kitchen and administered the medications stored on the counter to Resident 5. Caregiver C then locked

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M 458	Continued From page 7	M 458		

the medication cabinet.

On 08/07/2023, at 11:00 AM, Surveyor reviewed resident records and identified the following:

Resident 5's August 2023 medication administration record (MAR) indicated Resident 5's morning medications included furosemide, levetiracetam, ferrous sulfate, losartan potassium, and metoprolol, which were stored on the counter.

Resident 3's August 2023 MAR indicated Resident 3's medications included bumetanide, clonazepam, clopidogrel, divalproex, fluoxetine hydrochloride (hcl), gabapentin, lisinopril, metformin hcl, pantoprazole, tamsulosin hcl, and Xarelto.

Resident 4's August 2023 MAR indicated Resident 4's medications included doxycycline, aspirin, bupropion, buspirone hcl, carbidopa levodopa, carvedilol, diltiazem, fluoxetine hcl, oxcarbazepine, pantoprazole, pravastatin, soltfenacin, tamsulosin hcl, acetaminophen guaifenesin codeine, melatonin, and sumatriptan.

Resident 6's August 2023 MAR indicated Resident 4's medications included medications included desmopressin and mirtazapine.

On 08/07/2023, at 10:00 AM, Surveyor interviewed Caregiver C. Caregiver C confirmed medications were to be securely stored. Caregiver C did not offer additional comments.

On 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed all medications were to be securely stored. Licensee A reported s/he did not know why Caregiver C did not keep

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M 458	Continued From page 8 all medications securely stored. Licensee A reported s/he was a registered nurse and provided training regarding medications. Licensee A stated, "They had training." Licensee A reported s/he would provide additional training to staff.	M 458		
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 observation, record review, and interview, the provider did not obtain, prior to the licensee or service provider dispensing or administering a prescription medication to a resident, a written order from the physician for 3 of 3 residents. Staff administered medication to Resident 3, Resident 5, and Resident 6 prior to the provider obtaining a written order specifying who by name or position was permitted administer medication to the resident, under what circumstances, and what doses the medication was to be administered. Resident 5 and Resident 3's record did not contain a written order for staff to dispense or administer medications. Resident 6's written order to dispense or administer medications was	M 464		

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M 464	Continued From page 9 obtained 49 days after her/his admission. Findings include: On 08/03/2023, at 9:50 AM, Surveyor observed Caregiver C administer medications to Resident 5. On 08/03/2023, at 10:00 AM, Surveyor reviewed resident records and identified the following: Resident 3 Resident 3 was admitted on 12/19/2019. Resident 3's Medication Administration Records (MARs) for July 2023 and August 2023 indicated staff dispensed and administered Resident 3's medications. Resident 3's record did not contain a written order from a physician to dispense and administer medications. Resident 5 Resident 5 was admitted on 01/22/2022. Resident 5's MARs for July 2023 and August 2023 indicated staff dispensed and administered Resident 5's medications. Resident 5's record did not contain a written order from a physician to dispense and administer medications. Resident 6 Resident 6 was admitted on 02/07/2022. Resident 6's MARs for July 2023 and August 2023 indicated staff dispensed and administered Resident 6's medications. Resident 6's record contained a written order from a physician dated 49 days after admission. On 08/03/2023, at 10:45 AM, Surveyor interviewed Resident 3 and Resident 5. Resident 3 and Resident 5 confirmed staff dispensed and administered their medications.	M 464		

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M 464	Continued From page 10 On 08/3/2023, at 11:15 AM, Surveyor interviewed Caregiver C. Caregiver C confirmed staff had dispensed and administered Resident 3's, Resident 5's, and Resident 6's medications. On 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A regarding physician's written orders to dispense or administer resident's medications. Licensee A confirmed the staff of the facility dispensed and administered 3 of 3 resident's medications since their admission. Licensee A confirmed s/he did not obtain written physician's orders stating who by name or position was permitted to administer medication to Resident 1, Resident 2, Resident 3, and Resident 4. Licensee A reported s/he was unaware of the requirement.	M 464		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident food was prepared and stored in a sanitary manner for 1 of 1 resident. Resident 5's breakfast was stored on the stove for approximately 1 ½ hours at room temperature. The scrambled eggs were 79° Fahrenheit (F) and the sausage links were 77° F. This is a repeat deficiency. See Statement of Deficiency 4CVZ13, dated 11/04/2021.	{M 474}		

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{M 474}	Continued From page 11 Findings include: On 08/07/2023, between 9:05 AM and 9:35 AM, Surveyor observed the following: -At 9:05 AM, a plate of scrambled eggs and sausage links was stored on the stove. -At 9:30 AM, Surveyor obtained the temperature of the items on the stove. The temperature for the scrambled eggs were 79° F and the sausage links were 77° F. -At 9:33 AM, Caregiver C placed the plate of scrambled eggs and sausage links in the microwave to reheat them and then gave it to Resident 5. On 08/07/2023, at 9:35 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he usually prepared breakfast between 7:00 AM and 7:30 AM. Caregiver C reported Resident 5 was a "late riser" and typically had breakfast after her/his shower. Caregiver C reported s/he was not aware hot food began to grow bacteria when it became cold. On 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the requirement. Licensee A reported Caregiver C had a background as a cook. Licensee A stated, "[S/He] should know." Licensee A reported staff would be re-trained on food safety and storing food.	{M 474}		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents,	{M 570}		

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{M 570}	Continued From page 12	{M 570}		

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 for 1 of 1 resident bathroom. The hot water temperature in the bathroom was 122.5° Fahrenheit (F). Residents had independent access to the bathroom sink.

This is being cited for the third time. See Statement of Deficiency (SOD) 4CVZ12, dated 06/17/2021, and SOD 4CVZ13, dated 11/04/2021.

Findings include:

On 08/07/2023, at 11:00 AM, Surveyor measured the hot water temperature in the residents' bathroom sink. The temperature was 122.5° F. Residents were observed independently using the bathroom.

"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

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{M 570}	Continued From page 13 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 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the requirement. Licensee A reported s/he was unaware the water temperature was 122.5° F. Licensee A stated, "I don't know how it gets turned up." Licensee A reported s/he would have the hot water heater checked and turn it down.	{M 570}		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was free from misappropriation of funds. Resident 5's debit card was placed on a bookshelf in the living room while s/he was out of the home. Caregiver D took Resident 5's debit card and misappropriated Resident 5's funds, which totaled $257.94 between 12/31/2022 and 01/04/2023. Findings include: On 04/26/2023, the Department received a complaint alleging a caregiver stole a resident's	M 572		

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	0016871	A. BUILDING: _____ B. WING _____	R-C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIDE AND JOY ADULT FAMILY GROUP HOME LLC	2807 DONNA AVE RACINE, WI 53404

(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 572	Continued From page 14	M 572		

debit card and used it without permission.

On 08/07/2023, at approximately 9:30 AM, Surveyor interviewed Resident 5. Resident 5 reported s/he was in a rehabilitation center for an ankle injury. Resident 5 reported s/he realized the new debit card would be delivered to the home while s/he was gone. Resident 5 reported on 12/30/2022, s/he called the home and informed staff the new card coming and requested it be held. Resident 5 reported s/he did not receive the card and contacted the bank on 01/02/2023 and discovered her/his bank account was missing money. Resident 5 reported the card had been used without her/his permission. Resident 5 reported s/he informed Licensee A "when I found out" and filed a police report. Resident 5 reported Caregiver D had "taken my card" and used it without permission. Resident 5 did not offer a reason why s/he suspected Caregiver D. Resident 5 confirmed s/he did not make the purchases or give permission for Caregiver D to use the card.

On 08/07/2023, at 9:40 AM, Surveyor interviewed Caregiver C regarding resident mail and the policy to ensure they received the mail. Caregiver C reported when s/he received the mail, s/he either gave the mail to the resident or put it on their bed. Caregiver C reported residents had a key to their rooms and could lock the door. Caregiver C reported s/he did not work weekends and could not speak to what the weekend staff did.

On 08/07/2023, at 10:00 AM, Surveyor interviewed House Manager (HM) B regarding resident mail and the policy to ensure they received it. HM B reported staff were to give the mail to the resident if s/he was home. If the

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M 572	Continued From page 15	M 572		

resident was not home, staff were to place it on the desk in the basement to safeguard it. HM B reported s/he did not have any information to provide as s/he was out on leave of absence at that time.

On 08/07/2023, at 3:00 PM, Surveyor reviewed Racine Police Department's (RAPD) report, incident report number 23-000213. According to the police report, on 01/02/2023, Resident 5 filed a complaint with RAPD for fraudulent use of her/his debit card. Police Office (PO) E investigated the incident and reported the following:

Caregiver F reported on 12/30/2022, Resident 5 called the home and informed her/him that her/his debit card was going to be delivered to the home. Caregiver F reported s/he received the mail, which Caregiver F believed to be Resident 5's debit card and placed it on the bookshelf in the living room. Caregiver F reported Caregiver D was scheduled to work on 12/31/2022.
Between 12/31/2022 and 01/04/2023, there were 14 transactions on Resident 5's debit card, which totaled $257.94.
PO E reported s/he subpoenaed the entity's list with the fraudulent charges and identified the name and address associated with the purchases belonged to Caregiver D.

On 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A regarding safeguarding residents from misappropriation. Licensee A reported if a resident was not home when the mail arrived, staff were to lock up the mail in the medication cabinet. Licensee A confirmed staff did not follow the policy and securely store Resident 5's debit card. Licensee A reported Resident 5 informed her/him in January 2023, there were fraudulent

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M 572	Continued From page 16 charges on Resident 5's debit card. Licensee A reported s/he did not follow up. Licensee A reported Resident 5 had a history of false accusations and Licensee A did not have proof Caregiver D misappropriated Resident 5's funds. Licensee A confirmed Caregiver D worked on 12/31/2022. Licensee A reported Caregiver D was terminated on or about 01/06/2023 when s/he did not show up for her/his scheduled shift. Cross Reference: Z0055 13.05(3)(a) Entity Allegation Reporting Requirements	M 572		
Z 055	DHS 13.05 (3) (a) ENTITY ALLEGATION REPORTING REQUIREMENTS Entity's duty to report to the department. Except as provided under pars. (b) and (c), an entity shall report to the department any allegation of an act, omission or course of conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person employed by or under contract with the entity if the person is under the control of the entity. The entity shall submit its report on a form provided by the department within 7 calendar days from the date the entity knew or should have known about the misconduct. The report shall contain whatever information the department requires. This Rule is not met as evidenced by:	Z 055		

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Z 055	Continued From page 17	Z 055		

Based on record review and interview the provider did not report an allegation of misappropriation to the department within seven (7) days as required. Resident 5's debit card was used by Caregiver D for multiple purchases, without Resident 5's permission, and the provider did not report the allegation.

Findings Include:

On 04/26/2023, the Department received a complaint alleging a caregiver stole a resident's debit card and credit card and used it without permission.

On 08/03/2023 at approximately 9:30 AM, Surveyor interviewed Resident 5. Resident 5 reported s/he was in a rehabilitation center for an ankle injury, when her/his new debit card was delivered to the home. Resident 5 reported s/he called the home and informed staff of the new cards coming. Resident 5 reported s/he had contacted the bank and discovered her/his bank account was missing money. Resident 5 reported Caregiver D had "taken my card" and used it without permission.

On 08/07/2023, at 2:30 PM, Surveyor reviewed department electronic files including the provider's self-report file. There was no evidence the provider submitted a self-report regarding Resident 5's misappropriation.

On 08/07/2023, at 3:15 PM, Surveyor received an electronic mail from the Office of Caregiver Quality (OCQ). OCQ denied a misconduct report was completed for Resident 5's misappropriation.

On 08/07/2023, at 10:00 AM, House Manager (HM) B. HM B reported s/he just returned from a

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Z 055	Continued From page 18 leave of absence and was not here at the time. HM B reported Licensee A handled the incident. On 08/09/2023, at 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he did not submit a self-report or caregiver misconduct report. Licensee A reported at the time of the incident in January 2023, s/he did not have evidence Caregiver D took Resident 5's cards and used them without permission. Licensee A reported s/he became aware Caregiver D took Resident 5's cards when the police informed her/him in April 2023. Licensee A confirmed s/he did not file a self-report or misconduct report. Licensee A reported Caregiver D "no longer worked for me." Cross Reference: M0572 88.10(3)(m) Freedom From Abuse	Z 055		