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M 000	INITIAL COMMENTS On 06/11/2025, with information gathered through 06/20/2025, Surveyor conducted a standard licensure survey and a complaint investigation at The Brown House. Eleven deficiencies were identified. Complaint was substantiated. Census: 4	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prevent conditions that put the safety of 1 of 1 resident at risk. Resident 1 was discharged from the home without a safe discharge plan in place. Findings include: On 05/30/2025, the Department received a concern alleging a resident was discharged from the home without a safe discharge plan in place. On 06/11/2025, at approximately 5:00 PM, Surveyor interviewed House Manager B. House Manager B explained that Resident 1 had been given a 30-day discharge notice due to his/her physical aggression and s/he did not get along	M 230		

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

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M 230	Continued From page 1	M 230		

with Resident 2.

On 06/11/2025, at approximately 6:00 PM, Surveyor interviewed Licensee A. Surveyor asked why they discharged Resident 1 as an emergency discharge while s/he was on vacation. Licensee A stated s/he had been notified that Resident 1 ended his/her contract with the MCO provider s/he was contracted with; therefore, they would not be paid for Resident 1 to reside in the home.

On 06/17/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home on 07/19/2024 and was represented by Guardian H and managed care organization (MCO) Care Manager (CM) G and CM I.

On 06/18/2025, Surveyor reviewed Resident 1's current MCO documentation submitted by his/her MCO provider, which documented: "05/08/2025 - CM notified that member will dis-enroll effective 05/08. CM notified member's providers of dis-enrollment and authorizations ending."

On 06/18/2025, at approximately 12:10 PM, Surveyor interviewed CM I. CM I explained that they worked with Guardian H to find new placement for Resident 1. Due to Resident 1's behaviors, finding new placement had been difficult. A new provider was located but they did not have a contract with the MCO and an agreement could not be worked out, so if Guardian H wanted that placement, s/he would have to apply with a different MCO.

On 06/20/2025, at approximately 1:15 PM,

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Surveyor interviewed Guardian H. Guardian H stated s/he had been working with CM G regarding a new placement for Resident 1. Guardian H stated s/he reviewed numerous homes, but the placements would "fall through." Guardian H stated, "I found a home that sounded promising, but they did not contract with the current MCO [Resident 1] was with, so I was advised to contact the ADRC (Aging and Disability Resource Enter) to switch MCO providers. Which I did. The facility that I wanted [Resident 1] to move to knew this and was holding [his/her] spot, waiting for the new MCO paperwork to be approved. I was told this could take a week or so, [his/her] current MCO provider could not reach an agreement with the new facility, so that is why I had to switch to a new MCO. On 05/08/2025, [Resident 1] was technically disenrolled from [his/her] current MCO, so the process could continue with the new MCO. On 05/09/2025, I picked [Resident 1] up for a scheduled vacation. Nothing was said to me. That evening, around 7:00 PM, I get a call from [Manager J] stating that [Resident 1] was immediately discharged, [his/her] things would be packed up and [s/he] would not be allowed to return to the facility. I spent that weekend calling [Manager J] begging them to let [Resident 1] stay, that [s/he] had a new facility lined up, I was just waiting for the new MCO paperwork to be processed. They didn't care. I didn't know what I was going to do. My home is not set up for [Resident 1] anymore, I didn't have a bed, safety latches on the door, daycare, etc. [Manager J] did not care, and [Licensee A] would not take my calls." Guardian H explained that Resident 1 stayed with him/her approximately one week while his/her new MCO provider completed respite documentation for him/her to move into the facility s/he had planned to move into

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M 230	Continued From page 3 permanently. Cross Reference: M0438 DHS 88.07(2)(b) Services Directed to Goals	M 230		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver C and Caregiver D did not complete annual training regarding standard precautions in 2023 and 2024. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and	M 235		

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M 235	Continued From page 4 during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups emotionally disturbed/mental illness and advanced aged. On 06/11/2025, Surveyor reviewed Caregiver C's and Caregiver D's training records. Caregiver C was hired 02/02/2022. Caregiver C's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2023 and 2024. Caregiver D was hired 03/02/2022. Caregiver D's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2023 and 2024. On 06/11/2025, at approximately 6:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware of where Caregiver C's and Caregiver D's continuing education records were filed. As of 06/17/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY	M 246		

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M 246	Continued From page 5	M 246		

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 interview and record review, the provider did not ensure 2 of 2 staff members (Caregiver C and Caregiver D) received at least 8 hours, per calendar year, of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2023 and 2024.

Findings include:

This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups emotionally disturbed/mental illness and advanced aged.

On 06/11/2025, Surveyor reviewed Caregiver C's and Caregiver D's training records.

Caregiver C was hired 02/02/2022.
Caregiver C's record did not contain continuing education in 2023 and 2024.

Caregiver D was hired 03/02/2022.
Caregiver D's record did not contain continuing education in 2023 and 2024.

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M 246	Continued From page 6 On 06/11/2025, at approximately 6:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware of where Caregiver C's and Caregiver D's continuing education records were filed. As of 06/17/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	M 246		
M 276	88.05(3)(a) Homelike 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 the adult family home's physical environment was safe, well maintained, and appropriate to provide a homelike environment to residents. Findings include: On 06/11/2025, at approximately 6:20 PM, Surveyor toured the home and observed: Resident Upstairs Bathroom: -Drywall spackle on the wall that had not been sanded down and painted to match the remaining wall -Ceiling vent was covered in what appeared to be	M 276		

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a dust like substance
-Wall near toilet had what appeared to be
-Toilet seat base had what appeared to be hair and dust buildup
-Finish of the cabinetry hanging on the wall was peeling

Resident 2's Bedroom:
-Carpeting was not attached to the floor and appeared to be several large pieces overlapping each other, causing a tripping hazard.

Common Area:
-Smoke detector had been moved on the ceiling leaving a circular patch that was not the same color as the ceiling
-Current rod was not securely fastened to the wall causing it to hang on the left side
-Rooms walls had different variations of paint throughout giving the appearance that all sections of the wall were not painted
-Front entrance door had different variations of paint giving the appearance that the entire door had not been repainted. The door and doorframe had a black oily substance buildup around the doorknob area

Kitchen:
-Refrigerator's ice and water dispenser had brownish gold buildup on the tray
-Microwave interior enamel was peeling off. The vent system of the microwave had a dust like buildup and what appeared to be burn marks

On 06/11/2025, at approximately 6:00 PM, Surveyor interviewed Licensee A and House Manager B. Surveyor commented that as s/he walked through resident rooms, their laundry baskets appeared to be overflowing with soiled clothing. House Manager B stated the washing

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M 276	Continued From page 8 machine in the home was not working and s/he had to take the clothes to a sister facility to be washed. On 06/11/2025, at approximately 6:45 PM, Surveyor showed Licensee A pictures of his/her observations. Licensee A stated s/he would address the concerns.	M 276		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 occupied resident bedrooms had at least one window which was capable of being ventilated to the outside. Findings include: On 06/11/2025, at approximately 4:30 PM, Surveyor toured the home and observed: Resident 1's bedroom which had 1 window, did not have a screen. Resident 2's bedroom had 2 windows that did not have screens. On 06/11/2025, at approximately 5:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would replace the screens on the	M 298		

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M 298	Continued From page 9 resident bedroom windows.	M 298		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 2 of 3 residents (Resident 2 and Resident 4). Findings Include: This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups emotionally disturbed/mental illness and advanced aged. On 06/11/2025, at approximately 6:15 PM, Surveyor observed Resident 4's room. Resident 4's bed mattress was visibly broken down towards the edge, with a large sunken area the length of the mattress. On 06/11/2025, at approximately 6:20 PM, Surveyor observed Resident 2's room. Resident 2's bed mattress displayed large brown circular stains on the mattress. The mattress appeared to be a while mattress but the top section where an individual sleeps appeared to have a yellowish tint like appearance. The bed did not contain any sheets or mattress protector.	M 326		

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M 326	Continued From page 10 On 06/11/2025, at approximately 6:45 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had provided the beds for the residents. Licensee A stated Resident 2's mattress was brand new, and s/he thought s/he had another mattress available for Resident 4. On 06/16/2025 at 10:44 AM, Licensee A emailed Surveyor pictures of Resident 2's current mattress covered with a mattress protector.	M 326		
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 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2, Resident 5) were evaluated annually for evacuation time, using the Department's form. Findings include: On 06/11/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 2's current evacuation assessment was dated 01/19/2023. There was no documentation indicating Resident 2 was evaluated for evacuation annually in 2024 and 2025.	M 346		

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M 346	Continued From page 11 Resident 5's current evacuation assessment was dated 04/2023. There was no documentation indicating Resident 5 was evaluated for evacuation annually in 2024 and 2025. On 06/11/2025, at approximately 5:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure the residents were evaluated annually.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 2 records (Resident 2) reviewed were developed together with the placing agency, the guardian, and the provider. Findings include: On 06/11/2025, Surveyor reviewed Resident 2's record.	M 406		

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M 406	Continued From page 12 Resident 2 moved into the home on 03/15/2022, was represented by Guardian E and member care organization (MCO) Care Manager (CM) F. Resident 2's record contained an ISP, undated, which was not signed and dated by the provider, Guardian E or CM F. On 06/11/2025, at approximately 5:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure Resident 2's care team participated in the development of his/her ISP.	M 406		
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 2 of 3 resident's (Resident 1 and Resident 5) Individual Service	M 424		

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M 424	Continued From page 13 Plan (ISP) was reviewed at least once every six months by the provider, the resident and/or resident's guardian, and/or the placing agency. Findings include: Example 1: Resident 1 Resident 1 moved into the home on 07/19/2024 and was represented by Guardian H and managed care organization (MCO) Care Manager (CM) G. Resident 1's record contained a Behavior Support Plan (BSP), dated 08/05/2024, that was not signed by the provider, Guardian H or CM G. Resident 1's record was due to be reviewed in 02/2025. Example 2: Resident 5 On 06/17/2025, Surveyor reviewed Resident 5's record. Resident 5 moved into the home in 04/2023 and was his/her own person. Resident 5's record contained an ISP dated 04/27/2023. The ISP was not signed by Resident 5. Resident 5's record was due to be reviewed in 10/2023, 04/2024, 10/2024 and 04/2025. Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		
M 438	88.07(2)(b) SERVICES DIRECTED TO GOALS Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her	M 438		

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health, well-being, self-esteem, independence and quality of life. The services shall include but are not limited to:

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure 1 of 1 resident was provided with services that assisted, taught, and supported the residents to promote his/her health, well-being, self-esteem, independence, and quality of life.

Resident 1's behavioral support plan (BSP) was not followed.

Findings include:

On 05/30/2025, the Department received a concern alleging behavioral plans were not followed.

On 06/11/2025, at approximately 5:00 PM, Surveyor interviewed House Manager B. Surveyor asked for guidance on how Resident 1 interacted in the home with staff and residents. House Manager B stated Resident 1 was physically aggressive towards staff and would do things to irritate Resident 2. House Manager B stated s/he felt some of the problems Resident 1 displayed were caused by his/her mom/dad because they would reward him/her when s/he acted inappropriately.

On 06/17/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 07/19/2024, with diagnoses including Autistic Disorder,

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Tourette Syndrome, Attention-Deficit/Hyperactivity Disorder (ADHD), eating disorder, and Generalized Anxiety Disorder. Resident 1 was represented by Guardian H and managed care organization (MCO) Care Manager (CM) G and CM I.

Resident 1's BSP, dated 08/05/2024, documented:
Situations/Circumstances When Behaviors are Likely to Occur:
-Denial of food
-When someone tells [him/her] [s/he] cannot do something.
-When told to do something s/he does not want to do
-When denied something s/he wants to do or leave
Behavioral Signs and Signals Prior to Exhibiting Target Behaviors:
-Immediately mad
-Vocalizes [s/he] is mad
-[S/he] will cry and whine
-[S/he] will express racial slurs
-[S/he] will express that [s/he] hates someone
How Staff/Others Can Support and Encourage Appropriate Behavior:
-Address [Resident 1's] physical needs, including pain, discomfort, hunger, or thirst; uncomfortable clothing
-To make sure [s/he] gets [his/her] snacks and meals for the day for food intake. Provide ample healthy food and snack options.
-Staff can praise [Resident 1] when does what is asked of [him/her]. Praise [Resident 1] for [his/her] cooperation such as saying "Thank you" and "I appreciate you working with me on _____." [Resident 1] should have input into [his/her] cares and making choices about how they are provided.

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-Skills that could be taught or strengthened: Interpersonal communication skills in order to express himself adequately and converse with others.
-Staff should explain and use simple one step instructions.
-Staff should encourage independence whenever possible. Provide [Resident 1] with reasonable autonomy and frequent real choices (those that actually get implemented), taking into consideration [his/her] current skills and judgment. [S/he] should be given a lot of input into planning things for [him/herself] and options should be discussed with [him/her].

Resident 1's incident reports documented:
"08/05/2024, On Saturday at around 12:00 PM [Resident 1] asked if [s/he] could take [his/her] red juice up to [his/her] room. The caregiver told [him/her] no [s/he] should drink it in the kitchen because it's red and we don't want a stain on the carpet. [Resident 1] then kick the stove with [his/her] foot and then slapped the cabinet doors and turned around and punched the caregiver in [his/her] arm. [S/he] then ran up to [his/her] room. I went back to the house and had [Resident 1] apologize to the caregiver for [his/her] behavior. I also let [him/her] know that this was a warning and that [him/her] hitting any staff member will cause [him/her] to get a 30 day notice."
"03/25/2025, We decided to get pizza for dinner for the group home. I had to go call [Resident 1's] [mom/dad] at 5:06 PM because [s/he] was arguing with me about getting seconds for pizza and I told [him/her] we don't even have the pizza yet. We'll discuss that when we get home that everybody has to get some. [S/he] calmed down enough to get in the car. I told him [s/he] could not bring toys in the car which [s/he] did anyway.

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M 438	Continued From page 17 ... then as I was driving down [road], [s/he] started asking about seconds again, and I replied that we would discuss that when we get home it's not a yes it's not a not it's maybe. [S/he] started to try to hit me with a [doll] so I took the [doll] away from [him/her]. The other resident kept putting the windows up and down and the [doll] went out the window. [S/he] then started tripping out more than [s/he] pulled on my sweater as [s/he] was in the front seat. I had to swerve my car from keeping from hitting another car as [s/he] was pulling on me as I was driving. I turned the car around to go home. I pulled up to the residence where all the residence [sic: residents] live stop the car. [S/he] slapped me in my face ... at that point, [s/he] was crying for [his/her] [mom/dad]. The other resident called the police. The police came calmed [him/her] down so did a social worker and just told [s/he] could not hit anyone." Resident 1's 30-day notice, which had been emailed to CM G, documented: "12/06/2024, On Monday evening at around 5:45 PM, [Resident 1] struck a staff member during the transition of [him/her] leaving the home to go with [his/her] [mother/father] on an outing. [His/her] [mother/father] was present during the time it happened and was able to calm [Resident 1] down and bring [him/her] back inside to calmly express [his/her] frustration. According to staff member [Resident 1] seemed to be over stimulated with excitement about the outings, that quickly turned into frustration and aggression due to one of [his/her] toys. Unfortunately, we cannot tolerate other members of the home being physically attacked, and due to this being the 2nd time this has happened we have issued a 30 day notice as of 11/25/2024." On 06/18/2025, Surveyor reviewed Resident 1's	M 438		

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managed care organization (MCO) documentation provided by MCO provider which stated:
"03/25/2025: Called [Manager J] from Brown House who reported that member, housemates and staff had driven to pick up dinner at [restaurant] on 03/25. During return ride back to the AFH (adult family home), member became frustrated when [s/he] thought [s/he] might not get seconds on the pizza and was pulling at the staff who was driving at the vehicle, causing [him/her] to swerve. Then, member struck staff in the face while [s/he] was driving. During this incident another housemate called 911 due to the safety concerns. Once everyone arrived at the home, member called [Resident 1's Power of Attorney (POA H)] and staff updated [Manager J] of incident via the phone. Soon, member came down and observed staff conversing [Manager J] on the phone and [s/he] kicked [him/her]. Staff did not sustain any physical injuries that required intervention. Police then came to the home to speak with member and left with no charges or further concerns. Inquired if there were other behavioral concerns or police interaction and [Manager J] was not aware of any. Requested written documentation of incident report. ...
IDT (interdisciplinary team) spoke with [POA H] regarding above incident. [POA H] verbalized concern regarding member's behaviors and lack of reward system at Brown House to support positive behaviors."
"03/26/2025: Nurse and BHS (behavioral health services) discussed how another member should not be calling the police and that it is the responsibility of the staff to do that. Also, discussed how Brown House is not following the BSP and not giving rewards when necessary."
"03/12/2025: Behavioral Health Progress Note: Received and reviewed behavior data tracking for

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January and February:
January -
Food Seeking- 3 episodes with dates of 1-1, 1-15 and 1-29. Times were 3 p.m., 4 a.m. and 5 a.m. Durations were 2 hours, 1 hour and 15 minutes. No documentation of activity prior to behavior or documentation of interventions.
Sexual Inappropriateness- 1 episode with date of 1-2 for 1 hours at 5:30 p.m. No documentation of activity prior to behavior or documentation of intervention.
Refusal- 2 episodes with dates of 1-5 and 1-21. Times of 3:30 p.m. and 8 p.m. Durations of 1 hour and 45 minutes. No documentation of activity prior to behavior and no documentation of interventions.
Physical Aggression-3 episodes with dates of 1-8, 1-12 and 1-21. Times were 5 p.m., 6 p.m. and 8 p.m. Durations were 1 hour, 30 minutes and 45 minutes. No documentation of activity prior to behavior and no documentation of intervention.
February -
Food Seeking- 1 episode date of 2-13 at time of 6 a.m. for 30 minutes. No documentation of activity prior to behavior and no documentation of interventions.
Refusal- 2 episodes dates of 2-15 and 2-25. Times were 1 p.m. and 4 p.m. Durations were 5 minutes and 20 minutes. No documentation of activity prior to behavior and no documentation of interventions.
Physical Aggression- 4 episodes with dates of 2-2, 2-5, 2-24 and 2-28. Times were 5 p.m., 7 p.m., 5 p.m. and 6:30 p.m. Durations were 45 minutes, 1 hour, 1 hour and 1 hour. No documentation of activity prior to behavior and no documentation of intervention.
01/16/2025 - Behavioral Health Progress Note:
Reviewed behavior data tracking for November:
Food Seeking- 3 episodes. 11-22, 11-26, 11-30.

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Times were 6 a.m., 3 a.m. and 8:30 a.m. Durations were 1 hour, 20 minutes and 20 minutes. Interventions were verbal redirection.
Sexual Inappropriateness- 1 episode pm 11-14 at 6:30 p.m. Duration was 5 minutes. Interventions used verbal redirection.
Refusals- 3 episodes. 11-16, 11-25,11-29. Times were 7 p.m., 5;20 p.m. and 2 p.m. Durations were 10 minutes, 40 minutes and 5 minutes. Interventions used were verbal redirection.
Physical Aggression- 6 episodes. 11-3, 11-10, 1122, 11-25, 11-26 and 11-30. Times were 2 p.m., 11 a.m., 6 a.m., 5:20 a.m., 3 a.m. and 8:30 a.m. Durations were 30 minutes, 10 minutes, 1 hour, 40 minutes, 20 minutes and 20 minutes. Interventions used were verbal redirection.
Reviewed behavior data tracking for December and member had the following behaviors:
Food- 2 episodes. 12-2 and 12-14. Times were 1:30 p.m. and 10 a.m. duration of 10 minutes, and 10 minutes. Interventions used were verbal redirection.
Refusals- 4 episodes. 12-8, 12-11, 12-18 and 12-19. Times were 1 hour, 90 minutes, 30 minutes and 35 minutes. Interventions used were verbal redirection.
Physical- 3 episodes. 12-5, 12-8 and 12-30. Times were 20 minutes, 1 hour and 1 hour. Interventions used were verbal redirection.

On 06/18/2025 at 11:59 AM, Surveyor interviewed Licensee A. Surveyor asked for clarification on how staff followed Resident 1's BSP. Licensee A stated the BSP had been developed with the MCO and that was the BSP that was utilized by staff. Licensee A stated staff were to track Resident 1's behaviors on a tracking sheet. Surveyor requested those behavior tracking reports.

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M 438	Continued From page 21 On 06/18/2025, at approximately 12:10 PM, Surveyor interviewed CM I. CM I stated there were concerns with the provider following Resident 1's BSP. Resident 1 had to be redirected without using the word "no"; Resident 1 does well with positive interactions and reinforcements. CM I stated the provider was unable to provide the positive reinforcements which caused power plays between staff and the resident. On 06/20/2025, at approximately 1:15 PM, Surveyor interviewed Guardian H. Guardian H stated when Resident 1 was assessed prior to moving into the home, the provider "went above and beyond" to ensure that Resident 1 would be a good fit for the home. Guardian H stated, "They let him stay at the home to see how [s/he] interacted with the other residents and how staff interacted with [him/her]. So, I felt comfortable with [Resident 1] moving into the home. But then, things started to change and [Resident 1] was displaying more behaviors. I tried to provide prizes staff could use to reward [him/her] for good behavior. I was told no because that would make other residents jealous. I tried to have them complete a chart with stickers, so if [s/he] completed a task [s/he] would get a sticker and then I would reward [him/her] on the weekend when I took [him/her] out into the community. I was told they would not do that. [Resident 1] reacts when [s/he] is told no, you have to learn how to word redirection without coming out and directly saying no. Same with food, [s/he] is obsessed with food." Guardian H stated, "It turned into this, just give [him/her] what [s/he] wants so then [s/he] won't have behaviors but then what happens is they are unable to redirect [him/her], they do not know how to redirect [him/her], then they are calling me to come in and	M 438		

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fix it." Guardian H stated Resident 1 saw Psychiatrist K and Psychiatrist K expressed concerns regarding Resident 1's behaviors and how the provider addressed those concerns. Guardian H forwarded Surveyor the following documentation from Psychiatrist K:
March 12, 2025
To whom it may concern,
[Resident 1] is under my psychiatric care. As you know, [Resident 1] has complex neurodevelopment challenges that make social communication, interactions, and behaviors difficult to manage. Primary management for these challenges are behavioral interventions and targeted psychological interventions. [Resident 1] needs structure and behavioral plans to address these behavioral challenges. A structural behavioral plan can improve his adaptive skills and decrease inappropriate behavior. Medication will not address [Resident 1's] core symptoms. It is therefore imperative for house staff to follow structure and behavioral interventions to help [Resident 1] thrive. It is not surprising that [his/her] behavior deteriorates at the home when structure is not maintained or when the behavioral interventions are not employed. The weekends are especially challenging for [Resident 1] because there is no structure. Implementing structure and behavioral modifications will improve functioning for [Resident 1] and ease behavioral burdens on [his/her] caretakers.
Here are several interventions that helped [Resident 1] and have been discussed with [Resident 1's] caretakers in the past:
1. Scheduled toileting- at least 4x a day, [s/he] must sit on toilet for 10 minutes (usual times morning, lunch or home from school, after dinner, before bed)
2. Sticker charts for good behavior - daily that

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M 438	Continued From page 23 lead to a weekly reward provided by [mom/dad] 3. Daily schedule on weekend needs to include multiple activities (i.e., go to library, take a walk, yard work, etc.) 4. Needs regular (weekly) therapy with therapist [name]. As of 06/20/2025 at 5:00 PM, Surveyor did not receive Resident 1's behavior tracking reports from the provider.	M 438		
M 484	88.09(1)(b) RESIDENT RECORDS-CONFIDENTIALITY The records of residents shall be confidential. Access to records of a resident's HIV test results shall be controlled by s. 252.15 Stats. Access to other resident records shall be restricted to the following: The resident, the resident's guardian, authorized representatives of the department, other persons or agencies with informed written consent of the resident or the resident's guardian, if applicable, persons or agencies authorized by s. 51.30, Stats., ss. 46.81 to 146.83, Stats., or 42 CFR Part 2, and persons or agencies authorized by other applicable law. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure previous resident records were kept confidential. Resident 1's Guardian H received documents of Resident 2's record when Resident 1 was	M 484		

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discharged from the home.

Findings include:

On 05/30/2025, the Department received a concern alleging resident records were not kept confidential.

On 06/18/2025 at 11:31 AM, Surveyor emailed Resident 1's Guardian H and requested copies of the documentation that s/he received when Resident 1 discharged from the home.

On 06/18/2025 at 5:52 PM, Surveyor emailed Licensee A and stated s/he had been informed that Guardian H received another resident's record.

On 06/18/2025 at 6:02 PM, Licensee A emailed Surveyor and stated s/he would accept the finding of a deficiency.

On 06/18/2025 at 8:55 PM, Guardian H emailed me Resident 2's "Intake Assessment" and his/her managed care organization (MCO) "Care Plan" that detailed what cares s/he required.