STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018969	A. BUILDING: _____ B. WING _____	C 03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WRIGHT STRIDE LLC II	**530 NORTH 26TH STREET MILWAUKEE, WI 53233**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 03/12/2024, Surveyor conducted a standard survey and complaint investigation at Wright Stride LLC II. Eight deficiencies identified. Complaint substantiated. Census: 3	M 000		
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 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 review the fire safety evacuation plan with 2 of 2 residents reviewed immediately following his/her placement. Resident 1 and Resident 2 did not have a fire evacuation plan within 3 days of admission. Findings include: On 03/12/2024 at 9:30 AM, Surveyor reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the facility on	M 344		

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

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M 344	Continued From page 1 08/29/2022. Resident 1 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. -Resident 2 was admitted to the facility on 09/15/2023. Resident 2 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 03/12/2024 at 10:00 AM, Surveyor interviewed Owner A and House Manager B. House Manager B reported s/he was responsible for new admission paperwork and it was not completed. Owner A reported s/he was responsible for reviewing new admission paperwork so it fell on him/her too. House Manager B and Owner A stated they were aware of the requirement but was not completed.	M 344		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 2) reviewed received a health exam, including a	M 380		

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M 380	Continued From page 2 screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include: On 03/12/2024 at approximately 10:00 AM, Surveyor reviewed Resident 2's record, including his/her communicable disease screen. Resident 2 was admitted to the facility on 09/15/2023. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test. On 03/12/2024 at approximately 10:30 AM, Surveyor interviewed Owner A. Owner A reported s/he did not get a screening completed or TB skin test for Resident 2.	M 380		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed for 1 of 1 resident (Resident 2) within 30 days of placement. Findings include:	M 404		

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M 404	Continued From page 3 On 03/12/2024, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the facility on 09/15/2023. -Resident 2's record did not contain a written assessment -Resident 2's record did not contain an ISP. On 03/12/2024 at 10:00 AM, Surveyor interviewed Owner A and House Manager B. House Manager B reported s/he was responsible for new admission paperwork and it was not completed. Owner A reported s/he was responsible for reviewing new admission paperwork so it fell on him/her too. House Manager B and Owner A stated they were aware of the requirement but was not completed.	M 404		
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 1 of 1 resident (Resident	M 406		

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M 406	Continued From page 4 1's) guardian was involved with the development of his/her individual service plan (ISP). Findings include: On 03/12/2024 at approximately 9:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 08/29/2022 and had a court ordered guardian. Resident 1's current ISP was dated for 08/29/2022 and only signed by Owner A. On 03/12/2024 at approximately 10:30 AM, Surveyor interviewed Owner A. Owner A stated Resident 1's guardian did not attend the care conference in person so s/he did not sign the form. Surveyor asked Owner A if s/he tried mailing or e-mailing the ISP to Resident 1's guardian to sign and acknowledge the ISP. Owner A stated s/he did not, but moving forward s/he would do that if a resident's guardian was not able to attend the meeting in person.	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	M 424		

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M 424	Continued From page 5 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 update the Individual Service Plan (ISP) every 6 months for 1 of 1 resident (Resident 1). Resident 1's ISP was due to be reviewed for an update on 02/2023, 08/2023, and 02/2024 and was not reviewed or updated. Findings include: On 03/12/2024 at approximately 9:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 08/29/2022 and had a court ordered guardian. Resident 1's current ISP was dated for 08/29/2022 and only signed by Owner A. On 03/12/2024 at approximately 10:30 AM, Surveyor interviewed Owner A. Owner A stated s/he did not document the other reviews because s/he had done them via Zoom (web conference meeting). Owner A stated s/he would document and have all parties sign the ISP when the reviews were completed moving forward.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be	M 458		

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M 458	Continued From page 6 securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 medication that required refrigeration was securely stored. Resident 3's insulin was stored in the common refrigerator, which was unlocked, and accessible to all 3 residents in the home. Findings include: On 03/12/2024, at 8:45 AM, Surveyor observed Resident 3's insulin (6 Kwikpens and 6 Lantus Solostar pens) in the side of the refrigerator in a Ziploc bag and not locked. Surveyor observed three residents who were ambulatory and were able to move freely throughout the home. On 03/12/2024 at 9:30 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 11/01/2022 with a diagnosis of diabetes. Resident 3's Medication Administration Record (MAR) for March 2024 identified Resident 3 was prescribed the following: -Insulin Lispro injection at 8:00 AM, 12:00 PM, and 6:00 PM -Lantus at 8:00 PM	M 458		

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M 458	Continued From page 7 On 03/12/2024, at 8:50 AM, Surveyor interviewed Owner A regarding the medication in the refrigerator. Owner A reported the medication should have been locked. Owner A stated s/he was going to get a lock box to put in the refrigerator and place the insulin in there.	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 record review and interview, the provider did not obtain a written order from the physician for 2 of 2 residents reviewed who required staff to administer their medications. Resident 1 and Resident 2 did not have a written order permitting the provider staff to administer medications. Findings include: On 03/12/2024 at 9:30 AM, Surveyor reviewed Resident 1's and Resident 2's record and identified the following:	M 464		

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M 464	Continued From page 8 -Resident 1 was admitted to the facility on 08/29/2022. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 2 was admitted to the facility on 09/15/2023. Resident 2 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 03/12/2024 at 10:00 AM, Surveyor interviewed Owner A and House Manager B. House Manager B reported Resident 1 and Resident 2 required provider staff to administer their medication. House Manager B reported s/he was responsible for new admission paperwork and it was not completed. Owner A reported s/he was responsible for reviewing new admission paperwork so it fell on him/her too. Owner A stated moving forward, s/he would ensure each resident in the home had a written order from his/her physician permitting the provider staff to administer the medications.	M 464		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by:	M 582		

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M 582	Continued From page 9	M 582		

Based on record review and staff interview, the provider did not ensure 1 of 1 resident (Resident 2) received all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. The provider was out of Resident 2's as needed (PRN) lorazepam 1 milligram (mg) when Resident 2 needed it.

Findings include:

During record review of Resident 2's Medication Administration Record (MAR), it states for the month of November 2023, Resident 2 was not given his/her PRN lorazepam 1 mg tab on 11/18/2023 and 11/19/2023 because it was out. The documentation reasoning on the back of the November 2023 MAR stated the following:
-"11/16/23 [Resident 2] is out of Lorazepam [sic] 1 MG tablet
-"11/17/23 [Resident 2] is out of Lorazepam [sic] 1 MG tab
-"11/18/23 [Resident 2] called the police today because s/he refusing to take a shower and refusing to give up his/her vape
-"11/18/23 [Resident 2] is out of Lorazepam [sic]"

On 03/12/2024 at 10:30 AM, Surveyor interviewed Owner A. Owner A stated s/he did not know Resident 2 was out of his/her lorazepam but it was as needed. Owner A stated Resident 2 had a lot of behaviors and staff administered the PRN lorazepam when Resident 2 had behaviors. Owner A confirmed Resident 2 had behaviors on the days s/he was out of lorazepam and none could be given when s/he needed it. Owner A confirmed PRN medications were a prescribed medication and needed to be accessible to Resident 2. Owner A stated s/he oversaw making sure all medications were in house and would make sure to review all

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M 582	Continued From page 10 residents medications so they did not run out.	M 582		