STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019680	A. BUILDING: _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNBREAKABLE COMMITMENTS HOME AND H	6860 W GRANTOSA DR MILWAUKEE, WI 53218

(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 12/10/2024, with information gathered through 12/12/2024, Surveyors conducted two complaint investigations at Unbreakable Commitments Home and Health III LLC, an Adult Family Home (AFH) in Milwaukee, WI. Five deficiencies were identified. Two of 2 complaints substantiated. Census: 2	M 000		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was completed, dated and signed for 1 of 1 resident (Resident 1). Findings include: On 12/10/2024 at 11:07 AM, Surveyors reviewed Resident 1's record and identified the following:	M 384		

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

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M 384	Continued From page 1 -Resident 1 was admitted to the provider's home on 05/13/2024. Resident 1 had a guardian. Resident 1's record did not include a completed, dated and signed admission agreement. Resident 1's guardian did not sign the admission agreement. On 12/10/2024, at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 1's guardian did not sign his/her admission agreement. Licensee A stated s/he did not know Resident 1's guardian was required to sign the admission agreement. Licensee A stated s/he would have each residents' responsible party sign the admission agreement prior to admission moving forward.	M 384		
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 Behavior Support Plan (BSP) and Individual Service Plan (ISP) for 2 of 2 residents (Resident 1 and Resident 2)	M 406		

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M 406	Continued From page 2 reviewed were developed with the resident's legal guardian. Findings include: On 12/10/2024 at 11:07 AM, Surveyors reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the provider's home on 05/13/2024. Resident 1 was enrolled in a managed care organization. Resident 1 had a legal guardian. Resident 1's BSP, dated 03/28/2024, and ISP, dated 05/13/2024, were not signed by his/her legal guardian. -Resident 2 was admitted to the provider's home on 02/06/2024. Resident 2 was enrolled in a managed care organization. Resident 2 had a legal guardian. Resident 2's BSP, dated 03/28/2024, and ISP, dated 02/09/2024, were not signed by his/her legal guardian. On 12/10/2024, at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's guardians did not sign their BSPs and ISPs. Licensee A stated s/he did not know Resident 1's and Resident 2's guardians were required to sign the BSPs and ISPs. Licensee A stated s/he would ensure the BSPs and ISPs were signed by each resident's responsible party moving forward.	M 406		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need.	M 412		

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M 412	Continued From page 3	M 412		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not have a description of the services in the individual service plan (ISP) the licensee would provide to meet the assessed needs of 1 of 1 resident (Resident 1). Resident 1 had a history of wandering and eloping. Resident 1's ISP did not identify what services staff were to provide to keep Resident 1 safe from wandering and eloping.

Findings include:

On 12/10/2024, Surveyors reviewed Resident 1's record and identified the following:
-Resident 1 was admitted to the provider's home on 05/13/2024 with diagnoses including major neurocognitive disorder, with behavioral disturbance, anoxic brain injury, hypertension, dyslipidemia, epilepsy, cardiac arrest, and asthma.

-Resident 1's ISP, dated 05/13/2024, stated the following:
"Observation/Concern: [Resident 1] wanders, elopes, aggressive. Goal: Keep safe. Timeline: PRN (as needed). Intervention: 24 hour supervision and observation."
-Resident 1's ISP did not include information from Resident 1's Behavior Support Plan (BSP).

-Resident 1's BSP, dated 03/28/2024 stated the following:
"Behavior and Stages of Behavior: [Resident 1] has a history of wandering and eloping. Support

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M 412	Continued From page 4 Strategies: Staff will attempt to redirect. Provide one to one assistance, hourly rounding and observations. Staff will monitor situation and ensure safety 24 hour supervision. On 12/10/2024, at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 1's ISP did not identify what services staff were to provide to keep Resident 1 safe from wandering and eloping. Licensee A stated s/he did not update Resident 1's ISP to reflect the BSP to attempt to redirect and provide one to one assistance, hourly rounding and observations and will monitor situation and ensure safety 24 hour supervision.	M 412		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) addressed the level of supervision required in the home. Resident 1 had a history of wandering and eloping. Resident 1 had a 1:1 staff member 24 hours a day. Staff left Resident 1 unattended for an unknown amount of time. Findings include: On 12/10/2024 at 11:07 AM, Surveyors reviewed Resident 1's record and identified the following:	M 414		

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M 414	Continued From page 5 -Resident 1 was admitted to the provider's home on 05/13/2024 with diagnoses including major neurocognitive disorder, with behavioral disturbance, anoxic brain injury, hypertension, dyslipidemia, epilepsy, cardiac arrest, and asthma. Resident 1 had a legal guardian. Resident 1's ISP, dated 05/13/2024, indicated the following: -Needs 24-hour supervision -Wanders, elopes, aggressive. Goal: Keep [Resident 1] safe. Intervention: 24 hour supervision and observation. Resident 1's behavior support plan (BSP), dated 03/28/2024, indicated the following: -[Resident 1] is a 1:1 awake staff/24/7 -Line of sight at all times Resident 1's self-report, dated 07/20/2024, indicated the following: Incident Description -[Resident 1] eloped while staff was providing care and using restroom. Alarms went off while caregiver was in restroom. Staff went after [Resident 1] after finished with using restroom. Incident Outcome -[Resident 1] was at the end of the block when staff reached him/her. [Resident 1] stated s/he was going to check on his/her broke down car when asked why s/he left. Action taken to ensure resident's health, safety, and well-being -Staff directed to stay with [Resident 1] at all times and to communicate with one another when going to bathroom or walking away to ensure [Resident 1] safety.	M 414		

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M 414	Continued From page 6 A summary of Resident 1's ISP does not address a level of supervision in the home. Resident 1's BSP, dated 03/28/2024, identifies Resident 1 as a 1:1 awake staff 24/7 due to Resident 1 wanders, elopes, aggressive behaviors. Resident 1's record did not contain any other information regarding his/her level of supervision in the home and how staff were to implement the 1:1 ratio to keep Resident 1 safe. On 12/10/2024 at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 1 is a 1:1 at all times. Licensee A stated staff should have been by Resident 1 at all times and should not have left him/her unattended. Licensee A stated the BSP identified the staffing ratio and confirmed it was not identified in the ISP.	M 414		
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.	Z 055		

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Z 055	Continued From page 7	Z 055		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not investigate allegations of neglect and abuse for Manager C. Resident 1 alleged s/he was punched in the head three times, causing pain by Manager C on 08/07/2024. This allegation was known by Licensee A. No investigation took place into the alleged incident.

Findings include:

On 08/13/2024 and 08/20/2024, the department received complaints alleging resident abuse.

On 12/10/2024, Surveyors reviewed Resident 1's record and identified the following:

-Resident 1 was admitted to the provider's home on 05/13/2024 with diagnoses including major neurocognitive disorder, with behavioral disturbance, anoxic brain injury, hypertension, dyslipidemia, epilepsy, cardiac arrest, and asthma. Resident 1 had a legal guardian.

-A Written statement from Patient Care Assistant B, dated 08/08/2024, stated the following:
"The police came today and asked for [Manager C]. [Patient Care Assistant B] told them s/he was not here. They gave [Patient Care Assistant B] a card to give to [Manager C]. The police asked if [Patient Care Assistant B] knew who [Patient Care Assistant B] was and [Patient Care Assistant B] replied that is me. They asked if [Patient Care Assistant B] worked on the day of the situation, [Patient Care Assistant B] replied yes. They told

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Z 055	Continued From page 8	Z 055		

[Patient Care Assistant B] that they were informed that s/he was a witness to the situation with Resident 1. [Patient Care Assistant B] told the officers, s/he did not see what happened to Resident 1. They stopped asking [Patient Care Assistant B] questions and proceeded to inform him/her on how serious they needed to talk to [Manager C]."

On 12/10/2024, Surveyors reviewed Investigation provided by Licensee A, dated 08/07/2024, and identified the following:
-There were no interviews with all facility staff/identified witnesses and residents and no attempt at obtaining a police report of the incident.
-Licensee A did not conduct an internal investigation on allegations of staff to resident abuse.

On 12/10/2024 at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was aware of the allegation of abuse. Licensee A stated Manager C was arrested and was in police custody for five days regarding the investigation of abuse, made by Resident 1. Licensee A stated s/he did not conduct a thorough investigation due to Manager C being his/her spouse. Licensee A reported Resident 1 did not come back to the facility after his/her guardian removed him/her on 08/08/2024.

On 12/11/2024 at 8:06 AM, Surveyors requested the police report for incident # C2408080115 from Milwaukee Police Department (MPD).

On 12/11/2024, Surveyors reviewed MPD report for incident # C2408080115 and identified the following:

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Z 055	Continued From page 9 - Resident 1 alleged s/he was punched in the head three times, causing pain by Manager C on 08/07/2024. - On 08/12/2024 at 4:32 PM, Manager C was taken into custody, and placed in the pre-booking room and later processed for questioning regarding allegations of abuse to Resident 1. -On 08/13/2024 at 6:04 AM, MPD conducted a mirandized interview with Manager C. -Manager C stated s/he is a personal care worker and maintenance worker at Unbreakable Commitments Home and Health III LLC. -Manager C stated s/he knew Resident 1 because s/he was a resident at Unbreakable Commitments Home and Health III LLC and was new to the facility since May 2024. -Manager C stated Licensee A was his/her spouse. All entities regulated by DQA (Division of Quality Assurance) must conduct a thorough internal investigation and document the findings for all allegations or incidents at the entity. A thorough internal investigation may include: Collecting and preserving any physical and documentary evidence including videos; Interviewing alleged victims and witnesses; Collecting other corroborating/disproving evidence; Involving other regulatory authorities who can assist (e.g., local law enforcement, elder abuse agency, Adult Protective Service agency, DQA, Board on Aging Ombudsmen, Client Right's Specialist, etc.); and Documenting each step taken during the internal investigation. These steps should be taken as part of the entity's initial attempt to determine what, if anything, happened and to determine the complete factual circumstances surrounding the alleged incident. (DQA publication P-00038, Wisconsin Background Check and Misconduct Investigation Program Manual, 10/2024.)	Z 055		

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