STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015106	A. BUILDING: _____ B. WING _____	R-C 10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATION COMMUNITY CARE HOME	**4560 N 40TH STREET MILWAUKEE, WI 53209**

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{M 000}	INITIAL COMMENTS On 10/16/2024, Surveyors conducted a complaint investigation, verification visit, and abbreviated survey at Innovation Community Care Home, an Adult Family Home (AFH) in Milwaukee, WI. Ten deficiencies identified. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	M 114		

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

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M 114	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees (Personal Care Worker B) reviewed had a background check. Personal Care Worker B did not have a background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 10/17/2024, Surveyors reviewed Personal Care Worker B's record. Personal Care Worker B was hired on 01/17/2024. Personal Care Worker B's BID was dated 01/17/2024. Personal Care Worker B's DOJ and IBIS were dated 10/17/2024, the same day as the exit of the survey.	M 114		

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M 114	Continued From page 2 On 10/17/2024 at 12:45 PM, Surveyors interviewed Licensee A. Licensee A stated s/he was unable to find Personal Care Worker B prior DOJ and IBIS. Licensee A stated s/he had a assistant who no longer worked at facility and was unable to locate the DOJ and IBIS. Licensee A stated s/he just ran another DOJ and IBIS for Personal Care Worker B.	M 114		
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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure there were two ramped exits from the facility for 1 of 1 resident (Resident 2) who utilized a cane for	M 262		

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M 262	Continued From page 3 mobility. Findings include: On 10/16/2024 at approximately 10:42 AM, Surveyors toured the facility and observed the following: - The front exit door had five steps to maneuver to get to ground level sidewalk. - The back exit had four steps to landing and one step to maneuver to get to ground level sidewalk. On 10/16/2024 at approximately 11:00 AM, Surveyors observed Resident 2 use cane to ambulate from his/her bedroom to the bathroom and back into his/her bedroom. On 10/16/2024, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 10/01/2024. Resident 2's fall risk assessment, dated 10/01/2024, indicated Resident 2 requires use of assistive devices (cane) for mobility. On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he was aware s/he was only licensed for ambulatory residents and s/he accepted a non-ambulatory resident. Licensee A stated moving forward s/he would not admit a non-ambulatory resident unless s/he changed his/her license and made changes to the home.	M 262		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each	M 332		

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M 332	Continued From page 4	M 332		

floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure fire extinguishers were located on each floor of the facility for 1 of 3 floors. There was no fire extinguisher on the 2nd floor.

Findings include:

On 10/16/2024 at approximately 11:58 AM, Surveyors toured the home and observed the following:

- There was no fire extinguisher on the 2nd floor.

On 10/16/2024 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not know s/he needed a fire extinguisher on the 2nd floor. Licensee A stated s/he would get a fire extinguisher and put it on the

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M 332	Continued From page 5 2nd floor. Licensee A reported s/he was confused between the differences in regulations for what the county required versus what the state required.	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a ceiling mounted smoke detector in 2 of 6 required locations. There was no smoke detector in Resident's 1's bedroom. The basement smoke detector was not mounted on the ceiling. Findings include: On 10/16/2024, at 11:58 AM, Surveyors toured the home and observed the following:	M 334		

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M 334	Continued From page 6 - The basement smoke detector was wall mounted. - Resident 1's bedroom did not contain a smoke detector. On 10/16/2024 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not know the smoke detector in the basement needed to be ceiling mounted. Licensee A stated s/he did not know Resident 1's bedroom needed to have a smoke detector. Licensee A stated s/he would move the basement smoke detector to make it ceiling mounted and would add a smoke detector in Resident 1's bedroom. Licensee A reported s/he was confused between the differences in regulations for what the county required versus what the state required.	M 334		
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	M 380		

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M 380	Continued From page 7 provider did not ensure 1 of 1 resident (Resident 3) reviewed received a health exam to identify health problems, including a screening for communicable disease and, tuberculosis (TB), within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 10/16/2024, Surveyors reviewed Resident 3's record. Resident 3 was admitted to the facility on 07/22/2024. There was no health examination in Resident 3's record. Surveyors requested Resident 3's health examination from Licensee A. On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would send documentation via e-mail by 10/17/2024 at 10:00 AM. As of 10/17/2024 at 5:00 PM, Surveyors did not receive evidence of a health exam, including TB skin test, within 90 days prior to admission to the home or within 7 days after admission.	M 380		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement, indicating the charges for room and board and services, was provided for 3 of 3 residents (Resident 1, Resident 2 and Resident 3)	M 392		

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M 392	Continued From page 8 reviewed. Findings include: On 10/16/2024, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's records. The following was identified: - Resident 1 was admitted to the facility on 02/22/2024. Resident 1's service agreement was signed by Resident 1's guardian and Licensee A on 02/22/2024. Resident 1's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. - Resident 2 was admitted to the facility on 10/01/2024. Resident 2's service agreement was signed by Resident 2's guardian and Licensee A on 10/01/2024. Resident 2's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. - Resident 3 was admitted to the facility on 07/22/2024. Resident 3's service agreement was signed by Resident 3 and Licensee A on 07/22/2024. Resident 3's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A confirmed the service agreements did not include information relating to specific charges for each residents' room and board or other services. Licensee A stated all the residents were assisted with county funding and they paid a specific rate agreed upon by the licensee and the funding source. Licensee A stated s/he was not aware it was a requirement to list the amounts of room	M 392		

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M 392	Continued From page 9 and board and other services on the service agreements.	M 392		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2 and Resident 3) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any. Findings include: On 10/16/2024, Surveyors reviewed the records of Resident 1, Resident 2 and Resident 3 and identified the following: Resident 1 was admitted to the facility on 02/22/2024. Resident 1's record did not contain evidence of grievance procedures explained with resident and/or resident's guardian. Resident 2 was admitted to the facility on 10/01/2024. Resident 2's record did not contain evidence of grievance procedures explained with resident and/or resident's guardian. Resident 3 was admitted to the facility on	M 402		

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M 402	Continued From page 10 07/22/2024. Resident 3's record did not contain evidence of grievance procedures explained with resident and /or resident's guardian. On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A about reviewing grievance procedures. Licensee A stated s/he was not aware this was a requirement.	M 402		
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 3) within 30 days of placement. Findings include: On 10/16/2024, Surveyors reviewed Resident 3's record and identified the following: Resident 3 was admitted to the facility on 07/22/2024. Resident 3 discharged from the facility on 08/29/2024. Resident 3's record did not contain a written assessment and ISP. On 10/16/2024 at approximately 2:00 PM,	M 404		

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M 404	Continued From page 11 Surveyors interviewed Licensee A. Licensee A stated s/he did not complete a written assessment and ISP for Resident 3. Licensee A stated Resident 3 was admitted to the facility for respite care, but stayed longer than the respite period.	M 404		
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 specifying who by name or position could administer medications for 1 of 1 resident (Resident 3) reviewed who required staff to administer his/her medications. Resident 3 did not have a written order permitting the provider staff to administer medications. Findings include: On 10/16/2024, Surveyors reviewed Resident 3's record. Resident 3 was admitted to the facility on 07/22/2024. Resident 3 did not have an order	M 464		

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M 464	Continued From page 12 specifying who by name or position could administer Resident 3's medication. Surveyors requested a written order from the physician for Resident 3 from Licensee A. On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 3 required staff to administer his/her medication. Licensee A confirmed s/he administered Resident 3's medication from the time s/he had been admitted to the facility until discharge. Licensee A stated s/he would send an order via e-mail if s/he could locate it. As of 10/17/2024 at 5:00 PM, Surveyors did not receive evidence of a written order permitting the provider staff to administer medications from the physician for Resident 3.	M 464		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by:	M 550		

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M 550	Continued From page 13	M 550		

Based on observation and interview, the provider did not ensure 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) had physical and emotional privacy in living arrangements. Cameras were observed in the living room, dining room and basement.

Findings include:

On 10/16/2024 at approximately 10:06 AM, Surveyors conducted an onsite tour with Personal Care Worker B. Surveyors observed the following:

- Two white recording cameras located on the shelf of the wooden cabinet in the living room. The cameras pointed towards the living room couch. Surveyors asked Personal Care Worker B if residents sat in the living room and watched TV when they were in the home. Personal Care Worker B stated "yes."

- One white recording camera located on the wooden ledge in the dining room. The camera pointed toward the dining room table. Personal Care Worker B stated residents ate their meals at the dining room table.

Personal Care Worker B stated the cameras had been in the facility since s/he stated working in January 2024.

On 10/16/2024 at approximately 1:14 PM, Surveyors observed one additional camera on the wall in the basement. The camera pointed towards staircase leading to backdoor.

On 10/16/2024 at approximately 2:00 PM, Surveyors interviewed Licensee A about the cameras. Licensee A confirmed there were

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M 550	Continued From page 14 recording cameras in common areas within the facility. Licensee A reported s/he did not know it was a privacy concern for residents. Licensee A stated s/he understood and acknowledged there could not be cameras in common areas where residents would commingle and have private conversations.	M 550		