STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018917	A. BUILDING: _____ B. WING _____	R-C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTES FLATS	1515 C HIGHWAY 175 HUBERTUS, WI 53033

(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 10/01/2024, with information gathered through 10/23/2024, Surveyors conducted a verification visit at Bettes Flats. Sixteen deficiencies were identified. Nine of 16 deficiencies were repeat violations (see Statement of Deficiency (SOD) DJOE11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) DJOE11, dated 04/29/2024. Findings include: The provider was licensed, 04/12/2022, to serve 4 residents within the client groups of developmentally disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, and physically disabled.	{M 216}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 216}	Continued From page 1 On 10/01/2024, with information gathered through 10/23/2024, Surveyors conducted a verification visit. Sixteen deficiencies were identified: M0216 DHS 88.04(2)(a) Responsibilities. This is a repeat deficiency. See Statement of Deficiency (SOD) DJOE11, dated 04/29/2024. M0230 DHS 88.04(2)(f) Condition Which Represents Risk Or Harm. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0276 DHS 88.05(3)(a) Home Environment M0278 DHS 88.04(3)(b) Free of Hazards. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0316 DHS 88.05(3)(j) Bedroom Requirements M0328 DHS 88.05(3)(n)2. Clean Bedding And Linens M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities. This is a repeat deficiency. SeeSOD DJOE11, dated 04/29/2024. M0410 DHS 88.06(3)(d) Individual Service Plan. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0430 DHS 88.07(1)(c) Activities and Services. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0436 DHS 88.07(2)(a) Services M0438 DHS 88.07(2)(b) Services Directed to Goals. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0448 DHS 88.07(2)(b)5. Monitoring Health. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0462 DHS 88.07(3)(c) Medication Administration. This is a repeat deficiency. See SOD DJOE11, dated 04/29/2024. M0470 DHS 88.07(4)(a) Nutrition. This is a repeat deficiency. See SOD DJOE11, dated	{M 216}		

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{M 216}	Continued From page 2 04/29/2024. M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way Z0012 1 50.065(2)(bm) Out of State Background Checks Review of facility records documented a previous survey event identifying noncompliance, as follows: SOD DJOE11 - dated 04/29/2024 On 02/13/2024, with information gathered through 04/29/2024, Surveyor conducted a standard licensure survey and 2 complaint investigations at Bettes Flats. Twenty-five deficiencies were identified. M0114 DHS 88.03(3)(b) Criminal Records Check M0134 DHS 88.03(5)(e)1. Significant Change To The Resident M0216 DHS 88.04(2)(a) Responsibilities M0218 DHS 88.04(2)(b) Awake Staff For Continuous Care M0230 DHS 88.04(2)(f) Condition Which Represents Risk Or Harm M0232 DHS 88.04(2)(g)1. Health Screening For Staff M0240 DHS 88.04(4)(a) Insurance - Vehicle M0244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months M0246 DHS 88.04(5)(b) Training - 8 Hours Annually M0278 DHS 88.04(3)(b) Free of Hazards M0400 DHS 88.06(2)(c)7. Conditions Of Transfer Or Discharge M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment M0410 DHS 88.06(3)(d) Individual Service Plan M0430 DHS 88.07(1)(c) Activities and Services M0438 DHS 88.07(2)(b) Services Directed to Goals	{M 216}		

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{M 216}	Continued From page 3 M0448 DHS 88.07(2)(b)5. Monitoring Health M0450 DHS 88.07(2)(b)6. Notification of Changes M0462 DHS 88.07(3)(c) Medication Administration M0480 DHS 88.08 Termination of Placement M0548 DHS 88.10(3)(a) Fair Treatment M0552 DHS 88.10(3)(c) Confidentiality M0556 DHS 88.10(3)(e) Self-Direction M0580 DHS 88.10(3)(p) Prompt and Adequate Treatment Z0055 2 DHS 13.05 (3) (a) Entity Allegation Reporting Requirements On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors did not receive additional responses to the recited violations.	{M 216}		
{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 interviews, the provider permitted an existence of a condition in the home which place the health, safety and welfare of residents at substantial risk of harm. This is a repeat violation. See Statement of Deficiencies (SOD) DJOE11, dated 04/29/2024.	{M 230}		

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{M 230}	Continued From page 4 Findings include: The provider is licensed to serve up to 4 ambulatory residents in the client groups of irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, advanced aged, developmentally disabled, physically disabled, and/or traumatic brain injury. The provider has been licensed since 04/12/2022. On 10/01/2024, from approximately 9:00 AM - 9:45 AM, Surveyors entered a main lobby area with 2 steps up to the door leading to Bettes Flats and then 12 steps down to get to the adult family home (AFH). Surveyors toured the home and observed the outside north side entrance/exit off the kitchen to have 11 steps to enter/exit the home to get to ground level. Surveyors observed Resident 12 ambulating with a walker. Surveyors observed a chair lift on the main entrance/exit steps to get to the top/bottom of the 12 steps, however there was no ramp to get up/down the 2 steps in the common space. The basement AFH has 1 bathroom, living room, kitchen/dining room and 4 bedrooms. Residents are required to use stairs to enter/exit the AFH to get to the outside for appointments, outings, etc. On 10/01/2024, at approximately 9:00 AM, Surveyors arrived at the home. Surveyors observed Resident 12 ambulating with a walker and a chair lift on the stairs to the main level to exit the house. Resident 12 stated s/he had the walker for about 3 weeks. Resident 12 stated s/he had a walker to sit on, but s/he is waiting for someone to put it together. Resident 12 stated the chair lift doesn't always work and stated s/he stays in his/her room most of the time. Surveyors observed Resident 12 walk from his/her bedroom to the bathroom using the walker and took the	{M 230}		

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{M 230}	Continued From page 5	{M 230}		

walker into the bathroom without staff assistance. Surveyors observed the bathroom after Resident 12 was finished and observed a space of 20 ½ inches from the toilet to the shower with a 6 ½" step to get into the shower.

On 10/01/2024, at approximately 9:45 AM, Surveyors interviewed Caregiver RR. Caregiver RR stated they set-up Resident 12 with appropriate clothing and s/he requires hands on assistance with transferring, toileting and mobility. Caregiver RR confirmed Resident 12 stays in his/her room most of the time and that Resident 12 utilizes a walker.

On 10/01/2024, Surveyors reviewed Resident 12's record.
Resident 12's assessment, dated 03/05/2024, documented:
Toileting - Independent no assistance required. Must have cane.
Mobility & Transferring - Independent; can walk and ambulate independently using a cane for long distances.
Housekeeping - Assist; Provide assistance with upkeep of room. Assist with all room care needs and all required physical assistance.
Laundry Care - Gather dirty/soiled clothes/linen and wash/dry/fold and put away properly.

Resident 12's observation notes documented:
09/12/2024 11:00 AM - "Follow up instruction noted to have staff standby assist with showers and [s/he] should be using a shower chair. Assist with upper and lower body dressing, toileting, ADL (activities of daily living) and Amb (ambulatory) with 2 wheel walker with supervision."
09/15/2024 7:15 PM - "Resident could not walk after dinner had to get help to get [him/her] in

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{M 230}	Continued From page 6 [his/her] room, [s/he] was placed in bed [s/he] slid out of bed onto floor." 09/17/2024 1:00 PM - "Staff instructed to make sure resident continue to use walker daily. Resident family is supposed to bring walker in that is suitable for resident height." 09/18/2024 10:15 PM - Write put together the new walker that was bought in by POA (power of attorney). Writer had resident test the height of the walker and it was the correct height. Writer put away the old walker in the garage next to the fridge. [S/he] still needs [his/her] shower chair put together." Resident 12's "Individual Service Plan (ISP)," dated 06/05/2024, documented: Bathing - Independent Dressing - Independent Toileting - Independent - Resident needs: must have cane. Mobility & Walking - Can walk and ambulate independently using a cane for long distance. Housekeeping - Provide assistance with upkeep of room. Assist with all room care needs and all required physical assistance. Laundry Service - Provide laundry needs. Gather dirty/soiled clothes/linen and wash/dry/fold and put away properly. Resident 12's "Individual Service Plan (ISP)," dated 09/20/2024, documented: Bathing - Requires full assistance, redirection, cueing, monitoring and supervision from staff while showering, due to unsteady gait while walking and standing. Dressing - Assist choosing proper attire and with dressing/undressing. Toileting - Stand by Assistance and supervision. Must use 2 wheeled walker. Mobility & Walking - Provide full assistance to	{M 230}		

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{M 230}	Continued From page 7	{M 230}		

resident with walking needs.
Transferring - Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc.
Housekeeping - Provide assistance with upkeep of room. Assist with all room care needs and all required physical assistance.
Laundry Service - Provide laundry needs. Gather dirty/soiled clothes/linen and wash/dry/fold and put away properly.

Resident 12's Daily Task Sheet, dated 10/01/2024, documented:
Transferring - Full Assistance - Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc.
Mobility & Walking - Full Assistance - Provide full assistance to resident with walking needs.

On 10/03/2024, Surveyors received notes from Managed Care Organization (MCO). MCO note dated 09/20/2024, Monthly Contact, reflected Resident 12 "sometimes uses the chair lift to ascend and descend the stairs in the home," Resident 12 "has a walker, [Resident 12] continues to be unsteady on [his/her] feet." "There is a 'stairchair' from [Resident 12's] floor to the main floor, but [s/he] often refuses to use it and chooses to navigate the stairs with staff stand by. ... Witnessed [Resident 12] on the stairway and [s/he] was not steady as staff accompanied [him/her] on the stairs."

On 10/07/2024 at 2:52 PM, Surveyor received an email sent from Licensee A stating, "What is needed to add a chair lift in the group home?"

The provider permitted an existence of a condition in the home which place the health, safety and welfare of Resident 12 substantial risk

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{M 230}	Continued From page 8 of harm. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated Resident 12 utilized a cane when s/he was assessed and admitted to the home.	{M 230}		
M 276	88.05(3)(a) HOME 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 interviews, the provider did not ensure the home was clean and well-maintained, having the potential to affect all 3 residents. Carpet in the living room near the fireplace appeared to have dried toilet paper pieces and benches in kitchen were noted to have multiple stains and dirt and grime on the seat. Residents had toilet paper in their rooms and had to remember to take to the bathroom with them. Findings include: On 10/01/2024, from approximately 9:00 AM - 9:45 AM, Surveyors toured the home. Surveyors observed the benches by the kitchen tables to have multiple stains on the seats.	M 276		

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M 276	Continued From page 9 Surveyors observed throughout the home a dark coloring to the light cream colored carpeting which appeared to be the foot traffic pattern. Surveyors observed a fan operating next to the fireplace. Surveyors walked over to the fan and detected what appeared to be a musty like scent emanating from behind the fireplace. Surveyors entered the room behind the fireplace and observed a manual for the water heater, laying over a pipe, appearing to have been wet and dried bent over the pipe; a bag of what appeared to be chux pads that had been wet and dried. Surveyors observed white pieces resembling toilet paper on the floor. It appeared something had overflowed in the storage room but was not properly clean after everything had dried. Surveyors walked back to observe the fireplace and observed white pieces resembling toilet paper to be on the carpet and attached to the fireplace brick wall. On 10/01/2024 at 9:31 AM, Surveyors interviewed Resident 12. Resident 12 was on his/her way to the bathroom and turned around asking Surveyors to grab his/her toilet paper off the bedside stand. Surveyors observed the roll of toilet paper to have Resident 12's initials on it. Resident 12 stated staff give them the roll of toilet paper and s/he had to take it with him/her when s/he used the bathroom. On 10/01/2024 at 9:40 AM, Surveyors observed the bathroom with no toilet paper available. On 10/01/2024 at approximately 9:45 AM, Surveyors interviewed Caregiver RR. Caregiver RR stated s/he was unsure what the white pieces were and had been unaware if anything had	M 276		

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M 276	Continued From page 10 overflowed. Caregiver RR confirmed residents have the toilet paper in their rooms and they need to bring it with them when they use the bathroom. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated there was toilet paper available in the bathrooms, locked in a cabinet. Surveyors did not receive a response regarding the concerns that the home had possibly flooded. Licensee A stated maintenance had been called and was in the process of cleaning the area. Cross Reference: M0410 DHS 88.06(3)(d) Individual Service Plan	M 276		
{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, interview, and record review, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. Toxic chemicals were not securely stored under the kitchen sink. This is a repeat deficiency. See Statement of	{M 278}		

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{M 278}	Continued From page 11 Deficiency (SOD) DJOE11, dated 04/29/2024. Findings include: This provider is licensed to care for up to 4 residents in the client groups of: irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled and advanced aged. On 10/01/2024, at approximately 9:30 AM, Surveyor toured the home and observed under the kitchen sink the following toxic chemicals/cleaning compounds that were not securely stored: -32 fluid ounce bottle of mold and mildew stain remover -12 ounce container of powder cleaner for stainless steel appliances -28 fluid ounce bottle of all-purpose cleaner -14.5 ounce spray can of oven cleaner -Sample size bottle of all-purpose cleaner Surveyors observed residents ambulating independently throughout the home. On 10/01/2024, Surveyors requested and reviewed Resident 12's record. Resident 12 moved into the home, 03/05/2024, with diagnosis including depressive disorder. Resident 12's Individual Service Plan (ISP), dated 09/20/2024, documented: "Supervision Assistance: As needed" "Safety Concerns: As needed" "Emotional Status/Mood: As Needed" "Memory Impairment/Orientation: As Needed" "Psychological Wellbeing: As needed" "Sleep Pattern: As needed"	{M 278}		

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{M 278}	Continued From page 12 "Cognitive Functioning/Comprehension (Redirection/Prompting): As Needed" "Aggressive Behaviors: Provide supervision and monitoring to help manage and redirect aggressive or combative behavior. Daily As Needed" On 10/01/2024, at approximately 9:45 AM, Surveyor interviewed Resident 3. Resident 3 stated Resident 12, "Is up and down all night and [s/he] is very possessive about belongings." On 10/23/2024, at approximately 9:30 AM, Surveyors toured the home and observed the the kitchen sink cabinet was unsecured and contained the cleaning compounds. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated there was a lock on the kitchen sink cabinet. Assistant Executive Director stated to Licensee A that staff did not always utilize the lock. Cross Reference: M0316 DHS 88.05(3)(j) Bedroom Requirements	{M 278}		
M 316	88.05(3)(j) BEDROOM REQUIREMENTS A resident's bedroom may not be used by anyone else to get to any other part of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 residents' bedrooms would	M 316		

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M 316	Continued From page 13	M 316		

not be used by anyone else to get to another part of the home. Staff were required to walk through Resident 13's bedroom to access a storage area when needing to access or place a larger item into the storage area.

Findings include:

This provider is licensed to care for up to 4 residents in the client groups of: irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled and advanced aged.

The home was in a shared building with two adjoining adult family homes (AFHs). This home was in the finished basement.

On 10/01/2024, at approximately 11:00 AM, Surveyors toured the home. Surveyors observed a fan operating next to the fireplace. Upon further observation, the fan was blowing air into what appeared to be a storage space located behind the fireplace, due to the fireplace creating a partial wall. Surveyors asked Caregiver RR if they could access the storage space. Caregiver RR unlocked a door and Surveyors observed a space that was barely accessible for an individual to enter the room. Surveyors entered the room, one at a time, maneuvering around a 90-degree turn. Surveyors maneuvered their way into a more open area of the space and determined the furnace and wiring panels, along with seasonal decorations, mattresses, blankets, paint cans, cardboard, scraps of wood, bed frames, and other miscellaneous items were in the space. Surveyors determined these items would not have fit through the door the Surveyors had entered. Surveyors then observed another door in the space. Surveyors opened the door and

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M 316	Continued From page 14 determined the door led into Resident 13's bedroom. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated staff always received permission from Resident 13 when accessing the storage area through his/her bedroom. Licensee A stated the door to the storage area is always locked	M 316		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 resident (Resident 12) beds had appropriate bedding and linens. Findings Include: The provider is licensed to serve up to 4 ambulatory residents in the client groups of irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, advanced aged, developmentally disabled, physically disabled, and/or traumatic brain injury. On 10/01/2024, from approximately 9:15 AM to 9:45 AM, Surveyors toured the home and observed the following:	M 328		

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M 328	Continued From page 15 Resident 12's bed had a plastic protector over the mattress. Resident 12 was laying on top of the plastic covered with a blanket. Resident 12's pillow did not have a pillowcase on. Resident 12 stated s/he had clean sheets and pointed to a wash basket. Resident 12 stated s/he had been waiting for staff to come in and make his/her bed for several days. Resident 12 confirmed s/he had eaten breakfast this morning. On 10/01/2024 at 9:50 AM, Surveyors interviewed Caregiver RR while s/he was sitting in the living room watching TV. Caregiver RR confirmed Resident 12 required assistance and monitoring. Caregiver RR was unaware Resident 12 did not have sheets on his/her bed. On 10/01/2024, Surveyors reviewed Resident 12's record. Resident 12's, "Individual Service Plan (ISP)," dated 09/20/2024, documented: "Laundry - Provide laundry needs. Gather dirty/soiled clothes/linen and wash/dry/fold and put away properly." "Dressing - Assist choosing proper attire and with dressing/undressing. Requires full assistance with getting dressed and undressed each morning and night." On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A and Senior Manager QQ stated Resident 12 would remove his/her bedding after staff made his/her bed. Resident 12's ISP did not document behaviors regarding laundry and/or bed making.	M 328		

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M 328	Continued From page 16 Cross Reference: M0410 DHS 88.06(3)(d) Individual Service Plan	M 328		
{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 3 resident (Resident 3) records reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) DJOE11, dated 04/29/2024. Findings include: On 10/01/2024, Surveyors reviewed Resident 3's record. Resident 3 moved into the home, 06/07/2023, and was represented by Managed Care	{M 406}		

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{M 406}	Continued From page 17 Organization (MCO) Care Manager (CM) S. Resident 3's ISP, dated 06/05/2024, did not contain CM S's signature. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated CM S had signed Resident 3's current ISP. Senior Manager QQ reviewed the signature and confirmed the signature had not been obtained prior to the start of the survey. Licensee A was unable to provide proof that the ISP had been reviewed and/or provided to CM S prior to his/her signature on 10/23/2024.	{M 406}		
{M 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 3 resident 's Individual Service Plan (ISP) accurately identified his/her current needs and abilities. Resident 12's obsessive behaviors regarding toilet paper, which affected all residents, was not identified in his/her ISP. Resident 12's behaviors regarding laundry and bed care were not identified in his/her ISP.	{M 410}		

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{M 410}	Continued From page 18 Findings include: On 10/01/2024 at approximately 9:20 AM, Surveyors observed Resident 12 ambulating with a walker into the bathroom when s/he turned around and stated, "I forgot my toilet paper." Resident 12 retrieved his/her toilet paper and returned to the bathroom. On 10/01/2024, at approximately 9:30 AM, Surveyor interviewed Resident 3. Resident 3 stated each resident had to keep their own toilet paper in their bedrooms because Resident 12 was obsessed with the toilet paper and would accuse others of using his/her toilet paper, which would result in verbal confrontations. On 10/01/2024, at approximately 9:40 AM, Surveyors observed Resident 12 lying on his/her bed. The bed mattress was covered in a plastic protector. Resident 12 was laying on top of the plastic covered with a blanket. Resident 12's pillow did not have a pillowcase on. Resident 12 stated s/he had clean sheets and pointed to a wash basket. Resident 12 stated s/he had been waiting for staff to come in and make his/her bed for several days. Resident 12 confirmed s/he had eaten breakfast this morning. On 10/01/2024, Surveyors reviewed Resident 12's record. Resident 12 moved into the home, 03/05/2024, with diagnosis including depressive disorder. Resident 12's ISP, dated 09/20/2024, documented: "Laundry - Provide laundry needs. Gather dirty/soiled clothes/linen and wash/dry/fold and	{M 410}		

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{M 410}	Continued From page 19 put away properly." "Dressing - Assist choosing proper attire and with dressing/undressing. Requires full assistance with getting dressed and undressed each morning and night." "Toileting - Stand By Assistance and Supervision: Stand by Assistance and supervision. Must use 2 wheeled walker." "Emotional Status/Mood - (No guidance listed)" "Psychological Wellbeing - (No guidance listed)" "Cognitive Functioning/Comprehension (Redirection/Prompting)" "Aggressive Behaviors (Protocols/Interventions): Provide supervision and monitoring to help manage and redirect aggressive or combative behavior. Maintain low level of aggressive or combative behaviors with supervision/intervention with staff." Resident 12's ISP did not document his/her obsessive behaviors. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A and Senior Manager QQ stated that Resident 12 would remove his/her bedding as soon as staff made the bed. Licensee A and Senior Manager QQ agreed that Resident 12 displayed obsessive behaviors regarding personal items, such as the toilet paper. Resident 12's ISP did not document s/he displayed behaviors regarding laundry and bed care.	{M 410}		
{M 430}	88.07(1)(c) ACTIVITIES AND SERVICES	{M 430}		

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{M 430}	Continued From page 20	{M 430}		

The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and community. A resident may not be compelled to participate in these activities.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure activities and services were planned for 3 of the 3 residents who resided in the home, which would accommodate individual resident needs and preferences.

This is a repeat violation. See Statement of Deficiencies (SOD) DJOE11, dated 04/29/2024.

Findings include:

On 10/01/2024, from approximately 9:00 AM to 3:30 PM, while onsite, Surveyors reviewed a resident activity schedule. The schedule was a 4-week schedule; however, the month was blank. Week 1 and Week 3 documented, on Tuesdays, exercise at 10:00 AM, Wii games at 1:00 PM and meditation without a time. Week 2 and Week 4 reflected, on Tuesdays, exercise at 10:00 AM and music memory sharing, without a time.
Surveyors observed Resident 3, Resident 12 and Resident 13 to be in their rooms during survey.
Surveyors observed Caregiver RR sitting in the living room watching TV. Surveyors approached Caregiver RR and asked if s/he did activities with residents. Caregiver RR stated it was not as

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{M 430}	Continued From page 21 busy down here; staff do breakfast, lunch, and meds. Caregiver RR stated they can work on trainings but there was no computer downstairs; however, sometimes they are allowed to complete them on their phones. Caregiver RR stated residents can participate in activities upstairs at the other 2 adult family homes. On 10/01/2024 at 9:31 AM, Surveyors interviewed Resident 12. Resident 12 stated s/he would like to go to church. Resident 12 confirmed there were no activities to participate in and s/he spends most of the day in his/her room. On 10/01/2024, Surveyors reviewed Resident 12's record. Resident 12's individual service plan (ISP), dated 09/20/2024, documented: Activity Participation Monitoring Directions: Document participation with leisure time activities. Schedule: Daily @ As Needed Resident's Needs/Preferences: Requires staff to offer activities/encouragement and monitor participation. Resident's Desired Goals & Outcomes: Find enjoyment/fulfillment in activities of choice with encouragement/monitoring from staff. Resident 12's "Daily Task Sheet" documented: Activity participation monitoring - document participation with leisure time activities Resident 12's record did not document that Resident 12 had been offered or had participated in any scheduled activities. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant	{M 430}		

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{M 430}	Continued From page 22 Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated the concern would be addressed with staff.	{M 430}		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure services specified in 1 of 1 resident individual service plan (ISP) was provided. Resident 12 did not receive assistance with ambulation or toileting as outlined in his/her ISP. Findings include: On 10/01/2024 at approximately 9:00 AM, Surveyors arrived at the home. Surveyors observed Resident 12 ambulating with a walker. S/he was ambulating towards the bathroom and entered the bathroom, with no assistance. Resident 12 exited the bathroom, stating s/he had forgotten his/her toilet paper. Resident 12 retrieved his/her toilet paper and returned to the bathroom. Resident 12 did not receive any assistance in this process. Surveyors observed Caregiver RR sitting in a chair in the common area, within view of Resident 12.	M 436		

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M 436	Continued From page 23 On 10/01/2024 at approximately 9:45 AM, Surveyors interviewed Caregiver RR. Caregiver RR confirmed Resident 12 used a walker and required hands-on-assistance. On 10/01/2024, Surveyor reviewed Resident 12's record. Resident 12 moved into the home, 03/05/2024, with diagnoses including osteoporosis, coronary artery disease, biceps tendinitis of the left shoulder, and Achilles rupture. Resident 12's ISP, dated 09/20/2024, documented: "Mobility & Walking - Full Assistance: Provide full assistance to resident with walking needs. Assist in morning and night during wake-up and bedtime. Requires full assistance including physical and verbal assistance with walking needs. Requires hand-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down." "Toileting - Stand By Assistance and Supervision: Stand by Assistance and supervision. Must use 2 wheeled walker." On 10/02/2024, Surveyor requested Resident 12's managed care organization (MCO) records from his/her MCO provider. On 10/04/2024, Surveyor reviewed Resident 12's MCO documentation which stated: "Musculoskeletal: Member has musculoskeletal symptoms right side weakness due to CVA (cerebrovascular accident [stroke]), poor balance/coordination r/t (related to) right side weakness due to CVA, Fall Screen: fall in the last year, and reported or observed unsteadiness."	M 436		

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M 436	Continued From page 24 On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A stated Resident 12 would refuse assistance. Surveyor noted Resident 12's ISP did not document that s/he refused assistance with toileting or ambulation or interventions to address this behavior and address risk for fall and fall related injuries.	M 436		
{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 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, observation, and record review, the provider did not ensure 1 of 1 resident received services that supported health, well-being, self-esteem, independence, and quality of life. This is a repeat violation. See Statement of Deficiencies (SOD) DJOE11, dated 04/29/2024. Resident 12 did not receive speech exercise daily to improve his/her speech and services specified in his/her individual service plan (ISP). Findings include:	{M 438}		

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{M 438}	Continued From page 25 The provider is licensed to serve up to 4 ambulatory residents in the client groups of irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, advanced aged, developmentally disabled, physically disabled, and/or traumatic brain injury. The provider has been licensed since 04/12/2022. On 10/01/2024, Surveyors reviewed Resident 12's record. Resident 12 was admitted to the home on 03/05/2024. Resident 12's diagnoses included: depressive disorder, hypertension, osteoporosis, hypothyroidism, esophageal dysmotility and reflux. Resident 12's "Observations," documented: 09/23/2024 10:45 AM: "[Resident 12] was discharged today from Speech therapy. Staff is encouraged to continue to work with resident on repeat works. Has trouble with words longer than 2 syllables. Staff is to complete speech exercise daily with resident to improve speech." No observation notes regarding speech exercises observed after 09/23/2024. Resident 12's ISP, dated 09/20/2024, did not reflect Resident 12 was receiving speech therapy or updated to include staff to complete speech exercises daily. Resident 12's "Daily Task Sheet" did not reference staff were to complete speech exercises daily with resident. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior	{M 438}		

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{M 438}	Continued From page 26 Manager QQ. Surveyors did not receive a response to the concern.	{M 438}		
{M 448}	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not monitor 1 of 1 resident health by observing and documenting changes in his/her health and referring him/her to a health care providers when necessary. This is a repeat deficiency. See Statement of Deficiency (SOD) DJOE11, dated 04/29/2024. Resident 3's record did not identify that s/he had been monitored for self-administration of medications. Findings include: On 10/01/2024, at approximately 9:45 AM, Surveyor interviewed Resident 3 in his/her bedroom. Resident 3 stated s/he kept his/her inhalers in his/her dresser. On 10/01/2024, Surveyor requested and reviewed Resident 3's record. Resident 3 moved into the home 06/07/2023. Resident 3's "Observations" documented: 09/08/2024 - [Resident 3] is confused on when	{M 448}		

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{M 448}	Continued From page 27 [s/he] takes [his/her] inhalers, writer explained to [him/her] [s/he] received 2 in AM and 1 at PM. Resident 3's "Individual Service Plan (ISP)," dated 06/05/2024, documented: Medications: (left blank) Medication Management - Staff Administer Resident 3's September 2024 Medication Administration Record (MAR) documented: "Wixela (Fluticasone/Salmeterol) - In hale 1 puff into the lungs 2 times a day. Scheduled at 8:00 AM and 8:00 PM." "Spiriva Handihaler - Inhale contents of 1 capsule via handihaler in the morning. Scheduled at 8:00 AM." "Ipratropium-Albuterol - Inhale contents of 1 vial via handheld nebulizer every 6 hours as needed." "Albuterol Sulfa - Inhale 1 to 2 puffs by mouth every 4 hours as needed - May Keep At Bedside." Resident 3's physician note, dated 03/12/2024, documented: "Okay to keep Albuterol Sulfate at [his/her] bedside." Surveyor noted this is the PRN inhaler, not the scheduled inhalers. On 10/23/2024, at approximately 9:20 AM, Surveyor interviewed Resident 3. Surveyor asked if s/he could review Resident 3's bedside inhaler. Resident 3 stated, "Yes, they are in my dresser." Resident 3 went to the dresser and the inhaler was not in the drawer. Resident 3 asked, "Where did they go?" Resident 3 stated, "I have a really short memory, so I guess I don't know what happened to them." On 10/23/2024, at approximately 9:25 AM, Surveyor interviewed Caregiver SS. Caregiver	{M 448}		

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	0018917	A. BUILDING: _____ B. WING _____	R-C 10/23/2024

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{M 448}	Continued From page 28 SS stated s/he had taken the inhalers to management that morning due to the inhalers not working properly. Surveyor observed Resident 3's inhalers in the med closet. Surveyor noted there was an empty box for his/her Albuterol Sulfa, with a dispensed date of 10/01/2024, and an empty box for his/her Albuterol Sulfa, with a dispensed date of 10/15/2024. Surveyor asked Caregiver SS if s/he knew why the inhalers had been dispensed twice in 2 weeks. Caregiver SS stated s/he did not know. On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A and Senior Manager QQ stated the inhaler filled on 10/01/2024 was not working properly, so a second inhaler was ordered. The counter on the second inhaler was not working, so the inhaler would be replaced again. Licensee A stated Resident 3's dementia was progressing and s/he did not always dispense the albuterol appropriately. Licensee A stated Resident 3 had not been re-assessed for self-administration and did not have documentation showing that Resident 3's physician had been contacted to discuss whether Resident 3 should be keeping medications at his/her bedside. Surveyor noted Resident 3's ISP did not identify cognition concerns.	{M 448}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident	{M 462}		

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{M 462}	Continued From page 29 securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received the correct dosage at the correct time of his/her prescribed medication. This is a repeat deficiency. See Statement of Deficiency (SOD) DJOE11, dated 04/29/2024. Resident 3 did not receive his/her Wixela (inhaler) as prescribed. Findings include: On 10/23/2024, at approximately 9:30 AM, Surveyor and Caregiver SS observed Resident 3's inhalers in the medication closet. Resident 3's Wixela inhaler was documented with a handwritten open date of 09/27/2024. The inhaler displayed 14 out of 60 remaining doses. On 10/23/2024, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 06/07/2023. Resident 3's September and October 2024 Medication Administration Record (MAR) documented: "Wixela (Fluticasone/Salmeterol) - Inhale 1 puff into the lungs 2 times a day. Scheduled at 8:00	{M 462}		

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{M 462}	Continued From page 30 AM and 8:00 PM." The MARs documented that the inhaler had been administered as prescribed. Surveyor determined that the inhaler would have 6 or 7 remaining doses if administered as documented between 09/27/2024 and 10/23/2024, morning (53 or 54 administered doses). On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Surveyors asked if Resident 3's inhalers were monitored to ensure accurate administration. Surveyors did not receive a response.	{M 462}		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health. This Rule is not met as evidenced by: Based on observation, record review and interviewed, the licensee did not provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences. Findings include: On 10/01/2024 at 9:31 AM, Surveyors interviewed Resident 12. Resident 12 stated s/he would like	M 470		

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M 470	Continued From page 31	M 470		

more fruit and less processed foods. Resident 12 stated s/he wanted bacon for breakfast but was told there was no bacon available.

On 10/01/2024, at approximately 10:40 AM, Surveyors toured the kitchen and observed a menu hanging on the refrigerator that documented:
Week 3 - Monday - Breakfast: French Toast Sticks, Bacon, Fruit

Surveyors observed a package of thawed turkey bacon in the refrigerator.

On 10/01/2024, at approximately 12:00 PM, Surveyors observed the noon meal which consisted of a sliced meat covered in a gravy with mashed potatoes.

The menu documented:
Monday - Lunch - Chicken Parmigiana, Roasted Potatoes, Green Beans

On 10/01/2024, at approximately 12:30 PM, Surveyor interviewed Resident 3. Resident 3 stated s/he was unsure of what is on the menu. Resident 3 stated, "You eat what is served to you. We buy our own snacks, so then you know what you are having."

On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A and Assistant Executive Director F stated the concern would be reviewed with staff. Licensee A stated the correct menus were hanging on the refrigerators.

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M 474	Continued From page 32	M 474		
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 that food was stored in a safe and sanitary manner. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: This provider is licensed to care for up to 4 residents in the client groups of: irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled and advanced aged. On 10/02/2024, at approximately 10:40 AM, Surveyor toured the kitchen and observed the following: Refrigerator: -A 3.43 pound package of thawed chicken thighs that had a sell-by date of 09/21/2024 and a handwritten note on the package of 09/16/2024. -(2) pork sausage patties sitting in its original container that was not properly sealed. There was handwritten note on the package of 09/16/2024. -A Ziploc bag of what appeared to be a kielbasa sausage with a handwritten date of 09/21/2024. -A package of hot smoked sausage with a	M 474		

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M 474	Continued From page 33 Use-By date of 08/25/2024. -An opened jar of spaghetti sauce with a handwritten date of 'Opened 08/19/2024.' Pantry: -A 24 fluid ounce bottle of syrup that stated, "For best results refrigerate after opening." According to the 2017 FDA (US Food and Drug Administration) Food Code, refrigerated, ready to eat (RTE), Time/Temperature Controlled for Safety (TCS) food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of seven days. The day of preparation shall be counted as Day 1. Refrigerated, RTE/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded. The "Servsafe Coursebook - 7th Edition, documented ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower." TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables.	M 474		

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M 474	Continued From page 34 On 10/23/2024, at approximately 2:30 PM, Surveyors interviewed Licensee A, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A and Assistant Executive Director F stated the concern would be addressed with staff.	M 474		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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Z 012	Continued From page 35 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 employee (Caregiver RR). This had the potential to affect 3 out of 3 residents. Findings include: On 10/01/2024, Surveyors reviewed staff records for Caregiver RR. Caregiver RR had a hire date of 07/12/2024. Caregiver RR completed a Background Information Disclosure (BID) on 07/08/2024, which indicated s/he resided out of Wisconsin within the last 3 years. The Department of Justice (DOJ) and IBIS background check information report was completed, however no evidence that an out of state background check was completed. On 10/01/2024 at 1:19 PM, Surveyors interviewed Caregiver RR. Caregiver RR confirmed s/he had resided in North Carolina from 05/2023 to 11/2023. On 10/01/2024 at approximately 3:00 PM, Surveyors interviewed Senior Manager (SM) QQ. SM QQ stated s/he was unaware Caregiver RR had resided out of state and that an out of state background check must be completed.	Z 012		