STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017466	A. BUILDING: _____ B. WING _____	C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY PERSONAL CARE AFH LLC	1535 W GOLDCREST ST MILWAUKEE, WI 53221

(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 10/29/2024, Surveyor completed a standard survey and a complaint investigation at Quality Personal Care AFH. Two deficiencies were identified. The complaint was unsubstantiated. Census: 4	M 000		
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 2 of 2 residents (Resident 2 and Resident 3) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 09/24/2024, at 2:31 PM, Surveyor reviewed resident files for Resident 2 and Resident 3.	M 380		

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

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M 380	Continued From page 1 Resident 2's file documented the following: Resident 2 was admitted to the home on 04/12/2024, without a screening for communicable disease, including TB, or a health exam. Resident 3's file documented the following: Resident 3 was admitted to the home on 10/16/2021, without a health exam. A TB test was completed for Resident 3 on 10/12/2021, and a communicable disease screening was completed on 10/14/2021. On 09/24/2024, at approximately 3:20 PM, Surveyor interviewed Licensee A. Licensee A reported none of the residents in the home ever had an admission health exam. Four of 4 residents were in the Include, Respect, I Self-Direct (IRIS) program. The IRIS consultants helped find placement for the residents but did not provide documentation on an admission health exam. Licensee A confirmed Resident 2 was with MyChoice upon admission to the home, but MyChoice was not contracted with them and refused to speak with Licensee A and Resident 2 about her/his admission and any prior health exams.	M 380		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 2 of 2 medications that required refrigeration were securely stored. Resident 1's insulin and Manager B's Ozempic were stored in the common refrigerator, which was unlocked, and accessible to 3 of 4 residents in the home.

Findings include:

The home was licensed as a non-ambulatory adult family home caring for up to 4 residents in the client groups of physically disabled, irreversible dementia/Alzheimer's, advanced age, developmentally disabled, traumatic brain injury, emotionally disturbed/mental illness, alcohol/drug dependent, and terminally ill.

On 09/24/2024, Surveyor reviewed the resident roster. Resident 1 was admitted to the facility on 04/26/2023.

On 09/24/2024, at 1:15 PM, Surveyor observed Resident 1's insulin (4 NovoLog FlexPens), and Manager B's Ozempic prescription medication on the inside of the refrigerator door, unsecured. Three of 4 residents were observed to be ambulatory and able to move around freely within the facility.

On 09/24/2024, at 1:16 PM, Surveyor reviewed

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M 458	Continued From page 3 Resident 1's and Manager B's prescription labels on the medication boxes. Resident 1's prescription label as of 05/19/2024 stated the following: - NovoLog FlexPen: Inject 5 units subcutaneously as needed for bs (blood sugar) Caregiver B's prescription label as of 08/16/2024 stated the following: - Ozempic: Inject 2 mg subcutaneously 1 time weekly On 09/24/2024, at 1:17 PM, Surveyor interviewed Manager B regarding the medication in the refrigerator. Manager B reported s/he did not know the prescription medications, which required refrigeration, needed to be securely stored. S/He immediately removed the medications from the refrigerator and put them in a refrigerator in the basement which was secure and not accessible to residents.	M 458		