STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018537	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING INSIGHT ADULT FAMILY HOME	**3525 NORTH 20TH STREET MILWAUKEE, WI 53206**

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M 000	INITIAL COMMENTS On 01/27/2025, Surveyor completed a standard survey and complaint investigation at Living Insight Adult Family Home. As a result, 6 deficiencies were identified. The complaint was unsubstantiated. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 1 of 2 staff had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver C's TB test was completed 65 days after start of providing cares. Findings include: On 10/18/2024, at 12:00 PM, Surveyor reviewed	M 232		

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

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M 232	Continued From page 1 Caregiver C's record. Caregiver C was hired on 11/19/2022. Caregiver C was screened for TB on 01/23/2022. On 01/23/2025, at 1:30 PM, Surveyor interviewed Licensee A and House Manager B. Licensee A confirmed staff started working on the floor upon their hire dates. Licensee A and House Manager B confirmed the code requirement. Licensee A and House Manager B were unsure why Caregiver C's TB test was late.	M 232		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 1 of 1 resident (Resident 2) who lived in the facility beyond one year. Resident 2 did not have an evacuation assessment completed in 2023 and 2024. Findings include: On 01/23/2025, at 10:30 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 12/13/2022 with diagnoses including paraplegic, suicidal ideations, anxiety, and depressive disorder. Resident 2's fire	M 346		

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M 346	Continued From page 2 evacuation was dated 12/13/2022. There was no documentation indicating Resident 2 had an evacuation assessment completed in 2023 and 2024. On 01/23/2025, at 1:30 PM, Surveyor interviewed Licensee A and House Manager B. House Manager B confirmed the code requirement. House Manager B was unsure why Resident 2's annual evacuation assessments were not completed. Licensee A reported staff were responsible for ensuring the paperwork is completed as required. Licensee A reported s/he would start checking the paperwork to ensure compliance.	M 346		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 2 and Resident 3). Findings include: On 01/15/2025, at 10:30 AM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted to the facility on	M 420		

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M 420	Continued From page 3 12/13/2022 with diagnoses including paraplegic, suicidal ideations, anxiety, and depressive disorder. Resident 2 was her/his own person. The ISP in Resident 2's file was undated. The ISP was not signed. Resident 3 was admitted on 01/22/2024 with diagnoses including asthma, chronic obstructive pulmonary disease, and malnutrition. Resident 3 had a guardian. The ISP in Resident 3's file was undated. The ISP was not signed. On 01/23/2025, at 1:30 PM, Surveyor interviewed Licensee A and House Manager B. Licensee A and House Manager B reported they review the ISPs every 6 months with the managed care organizations. Licensee A reported s/he would ensure ISPs were signed during the reviews.	M 420		
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. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 3 of 3	M 458		

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M 458	Continued From page 4	M 458		

residents' (Resident 1, Resident 2, and Resident 3) prescription medications were securely stored. Resident 1's insulin pens were not securely stored in the kitchen refrigerator. The keys to the medication cart were in the lock of the cart during the survey.

Findings include:

On 01/23/2025, at 10:40 AM, Surveyors toured the kitchen. Surveyor observed the medication cart, with the keys inserted into the locking mechanism. Surveyor observed resident medications inside the medication cart. Surveyor observed a lock box in the refrigerator. The lock box contained a locking mechanism, which was not engaged. The lock box contained 7 Lantus insulin pens, and 2 Humalog pens.

Surveyors observed residents moving freely around the facility.

On 01/23/2025, at 12:15 PM, Surveyors reviewed resident records and identified the following:

Resident 1 was admitted on 11/07/2024, with diagnoses including diabetes, vascular dementia, fibromyalgia, depression, anxiety, and end stage renal disease. Resident 1's medication administration record (MAR) for December 2024 - January 2025 indicated Resident 1 was prescribed the following medications: calcitriol 0.25 milligrams (mg), amlodipine 10 mg, aspirin 81 mg, atorvastatin 80 mg, buspirone 10 mg, cyclobenzaprine 10 mg, Humalog, Lantus, metoprolol 100 mg, omeprazole 20mg, senna 8.6/50 mg, sertraline 50 mg, trazodone 50 mg, and vitamin D3.

Resident 2 was admitted to the facility on

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M 458	Continued From page 5 12/13/2022 with diagnoses including paraplegic, suicidal ideations, anxiety, and depressive disorder. Resident 2's medication administration record (MAR) for December 2024 - January 2025 indicated Resident 2 was prescribed the following medications: baclofen 20 mg, gabapentin 600 mg, levetiracetam 500 mg, meloxicam 7.5 mg, midodrine 5 mg, omeprazole 40 mg, sena 8.6 mg, sertraline 100 mg, trazodone 50 mg, and vitamin C 1000 mg. Resident 3 was admitted on 01/22/2024 with diagnoses including asthma, chronic obstructive pulmonary disease, and malnutrition. Resident 3's medication administration record (MAR) for December 2024 - January 2025 indicated Resident 3 was prescribed the following medications: ferrous sulfate 325 mg, magnesium oxide 400 mg, midodrine 10 mg, mirtazapine 30 mg, rosuvastatin 40 mg, vitamin B6 100 mg and vitamin D3. On 01/23/2025, at 1:30 PM, Surveyor interviewed Licensee A and House Manager B. Licensee A and House Manager B confirmed the code requirement. Licensee A reported staff were trained to ensure medications were securely stored. Licensee A reported they would ensure more quality checks in the homes to ensure staff were compliant with the medications.	M 458		
M 504	88.09(1)(d)8 RESIDENT RECORD-ISP The individual service plan required under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the	M 504		

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M 504	Continued From page 6 provider did not ensure 1 of 2 resident's (Resident 1) record contained an assessment and an individual service plan (ISP). Findings include: On 01/23/2025, at 12:15 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/07/2024, with diagnoses including diabetes, vascular dementia, fibromyalgia, depression, anxiety, and end stage renal disease. Surveyor was unable to locate Resident 1's assessment and ISP. On 01/23/2025, at 1:30 PM, Surveyor interviewed House Manager B. House Manager B reported s/he was unable to locate Resident 1's assessment and ISP in Resident 1's binder. House Manager B confirmed the assessment and ISP were completed for Resident 1 but was unsure where the documents were located.	M 504		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	M 570		

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M 570	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature in the resident bathroom was 141.4° Fahrenheit (F). Findings include: On 01/23/2025, at 11:02 AM, Surveyors tested the water temperature in the resident's bathroom sink faucet. The water temperature was 141.4°F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 01/23/2025, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported the water heater had been serviced 2 days ago. Licensee A reported the water heater would be turned down.	M 570		