STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018378	A. BUILDING: _____ B. WING _____	R 08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN HOUSE (THE)	1519 PLEASANTVIEW AVENUE WAUKESHA, WI 53188

(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 08/23/2023, Surveyor conducted a verification visit at Brown House. Two repeat deficiencies were identified from Statement of Deficiency (SOD) # FMHV11, dated 05/24/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 staff interview, the adult family home was not safe, clean, well maintained and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) #FMHV11 dated 05/24/2023. Findings include: The Brown House has a licensed capacity for 4 adults and serves developmentally disabled, advanced aged and emotionally disturbed mental illness. On 08/23/2023, at 12:10 PM, Surveyor toured the	{M 276}		

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

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{M 276}	Continued From page 1 home with Licensee A and observed the following: No smoke detector was observed in the living room of the home. The ceiling contained a mounting bracket for a smoke detector however, no smoke detector was attached. Licensee A stated that a resident must have removed the detector because it was in place earlier in the week. Licensee A stated the detector would be placed immediately. The ceiling in the first floor bathroom above the tub/shower, contained three areas of what appeared to be white tissue paper balls clumped and stuck to the ceiling. The carpeting in Resident 1's room was stained in multiple areas. An additional section of carpeting was placed over the original carpet in the room. The additional section was not tacked to the floor. The white ceiling in the bedroom contained multiple brown spots. Licensee A stated Resident 1 was issued a 30 day notice as Resident 1 displayed behavioral concerns. The floor in the basement laundry area contained a large amount of water in 2 separate areas. Surveyor asked Licensee A why the floor contained water. Licensee A stated the wash machine was just replaced, pointed to the former washer and thought maybe the water leaked from the washer. Surveyor noted a pipe that was not connected to the wash tub. Surveyor asked Licensee A if that could be the cause of the water on the floor. Licensee A agreed that the pipe was not connected to the tub. Licensee A pulled the tub slightly away and a water pipe above the tub sprayed water onto the floor and surrounding area. Licensee A stated a plumber would be contacted.	{M 276}		

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{M 276}	Continued From page 2 Surveyor observed the back yard of the home. Approximately three steps from the deck area led to the backyard. The steps led to a steep and uneven surface surrounded by numerous weeds throughout the backyard. Licensee A stated the residents do not enter the backyard from the stairs and the grass is cut one time per week. The side of the home, leading to the backyard contained a garbage can over flowing with recyclable items. The following items were observed on the ground in the back yard: a blue tarp; garbage can cover and a device charging cord. The door to the basement of the home did not close and appeared bent and dented.	{M 276}		
{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 and interview, the provider did not ensure Resident 3, who self-administered medications, securely stored the medication. This is a repeat deficiency. See Statement of Deficiency (SOD) # FMHV11, dated 05/24/2023.	{M 458}		

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{M 458}	Continued From page 3 Findings include: On 08/23/2023, at approximately 12:15 PM, Surveyor toured the home with Licensee A and observed unsecured medications in Resident 3's room in a prescription container that included: Paroxetine Cefalexin Over the counter Tylenol and Advil. Surveyor asked Licensee A if s/he was aware that the medication and over the counter medications needed to be locked or secured in the room. Licensee A stated Resident 3 wants to take medications independently and did not believe Resident 3 wanted the medications secured in the room. Resident 3 lives on the second floor of the home. On 08/23/2023, at approximately 12:15 PM, Surveyor informed Licensee A of the concern with the medications not being secured. Licensee A stated s/he was aware of the requirement and would discuss with Resident 3.	{M 458}		