STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012321	A. BUILDING: _____ B. WING _____	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HINRICHS ADULT FAMILY HOME	549 T BIRD DR FOND DU LAC, WI 54935

(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 07/29/2024, Surveyors conducted an abbreviated survey at Hinrichs Adult Family Home. Additional information was gathered through 07/30/2024. Five deficiencies were identified. 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 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	M 114		

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

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M 114	Continued From page 1 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 observation and interview, the provider did not ensure a criminal record check was obtained for Service Provider A. Service Provider A was hired on 06/01/2024 and the only documented criminal record check was dated 05/30/2012. Findings include: On 07/29/2024 at approximately 12:45 PM, Surveyors interviewed Service Provider A. Service Provider A stated s/he had been employed at the home on and off over the years and the current period of employment began on 06/01/2024. Service Provider A said s/he is the sole caregiver until Licensee B and Licensee C return from out of state at the end of August 2024. At approximately 1:45 PM, Surveyors requested documentation of Service Provider A's records to confirm compliance with background check requirements. Service Provider A's last background check was dated 05/30/2012. Service Provider A looked for additional records and was not able to locate them. During an exit interview with Licensee B on 07/30/2024 at 2:00 PM, s/he acknowledged his/her paperwork in recent years was not current	M 114		

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M 114	Continued From page 2 or organized. S/he was unable to provide evidence a background check was completed for Service Provider A upon rehire on 06/01/2024.	M 114		
M 310	88.05(3)(h)5 SPACE IN BEDROOMS A resident bedroom may accommodate no more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not ensure 1 of 1 shared bedroom had enough square footage for 2 residents who resided in the room. Resident 1 and Resident 2 utilized wheelchairs for mobility and shared a bedroom. The space requirement for a resident using a wheelchair is 100 square feet of bedroom space per resident. The shared bedroom did not provide a combined space of 200 square feet as required. The shared room measured approximately 152 square feet. Findings include: On 07/29/2024 at approximately 1:00 PM, Surveyors conducted a tour of the facility with Service Provider A. Surveyors observed 4 bedrooms on the main level. One bedroom was occupied by Resident 3 and another bedroom	M 310		

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M 310	Continued From page 3 was shared by Residents 1 and 2. Service Provider A stated both Residents 1 and 2 used wheelchairs for mobility. At approximately 1:00 PM and 3:45 PM, Surveyors and Service Provider A measured the shared bedroom and the room measured approximately 152 square feet. While in the room at approximately 3:45 PM, Surveyor observed both Resident 1 and Resident 2 in their wheelchairs. During the tour, Service Provider A stated s/he currently lives in the facility with his/her fiancé and young child and they occupy the other two bedrooms on the main level. Service Provider A and his/her fiancé occupied the master bedroom and the young child occupied the bedroom next to Resident 1 and 2's shared room. During the tour, Surveyors also observed a finished lower level with unused bedrooms. On 07/30/2024 at 2:00 PM, Surveyors interviewed Licensee B. Licensee B confirmed Resident 1 and 2 have shared the room for the "past few months" and s/he was aware when they made the move it did not meet the minimum space requirements. Licensee B explained the residents were happy in their bedroom and this allowed Service Provider A and his/her fiancé to have their own rooms on the main level. Licensee B said s/he was unwilling to make any adjustments to the current bedroom situation until September when s/he returned from traveling and Service Provider A and his/her family move out. S/he stated, "I will just have to take the citation, I am not going to make my family have to move."	M 310		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual	M 348		

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M 348	Continued From page 4	M 348		

fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not maintain written documentation of semi-annual fire drills. There was no documentation of fire drills during 2023 or during the first 7 months of 2024.

Findings include:

On 07/29/2024 at approximately 1:35 PM, Surveyors reviewed documentation of fire drills provided by Service Provider A. The documentation of fire drills stopped after 2022. Service Provider A said Licensee B was responsible for conducting and documenting the drills and s/he was out of state. Service Provider A contacted Licensee B by phone and Surveyor explained the documentation provided did not show evidence of completion of fire drills after 2022. Licensee B replied the fire drill documentation "Should be up to date. Off the top of my head they shouldn't be anywhere else. I put them in the binder...I can't use my computer right now I have no service." Surveyor asked if the records were kept electronically or in paper form. Licensee B replied, "I keep it in the computer. Typically I type the documents or I hand write them. I do typically hand write them. Unless there was just one sheet that didn't get put in. I'm still baffled by that."

During the exit conference on 07/30/2024 at 2:00 PM with Service Provider A and Licensee B, Surveyor asked if additional documentation of fire drills was located. Licensee B said fire drills have

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M 348	Continued From page 5 been conducted as required but they would not be able to provide any documentation of drills after 2022.	M 348		
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 all prescription medications were securely stored. Prescription medications were unsecured in a storage box. A delivery of the monthly medications from the pharmacy was left unsecured on the kitchen counter. Findings include: On 07/29/2024 at approximately 1:00 PM, Surveyors conducted a tour of the home with Service Provider A. Also present in the home were two non-employee household members, Family D and Person E. Service Provider A showed Surveyors the medication storage system. Surveyors observed Service Provider A open a cabinet in the kitchen, which contained an	M 458		

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M 458	Continued From page 6	M 458		

unlocked storage box that held the medications. Medications included Miralax and vitamins. Service Provider A showed Surveyors a padlock intended for the storage box and said s/he just forgot to put it on after morning medications. Service Provider A said there are normally more medications, but today is the day pharmacy delivers medications for the month and delivery was expected at approximately 3:00 PM.

Service Provider A needed to leave the home for an appointment at 2:00 PM. S/he explained another non-employee family member (Family F) would be at the home in his/her absence to watch Service Provider A's young child. Surveyors left the residence at 1:55 PM and agreed to return at 3:15 PM.

At 3:15 PM, Surveyors and Service Provider A met in the driveway and entered the home. Family F and Family D were present in the home. Surveyors observed packages of medications on the kitchen counter.

At 3:30 PM, Service Provider A left the kitchen to tend to residents, leaving Surveyors and Family F in the kitchen while the medications remained unsecured on the counter. Surveyor checked the lock box in the cabinet where the medications from earlier in the day were stored. The padlock was applied, but it was unlocked.

At 3:35 PM, Service Provider A confirmed Surveyors' observations of the unsecured medications on the counter. S/he also confirmed Family F and Family D are not employees of the facility. S/he stated Family D signed for and accepted the medications from the pharmacy in Service Provider A's absence. Surveyors observed the delivered medications included 5

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M 458	Continued From page 7 medication cards for all 3 residents. Medications included but were not limited to; 56 tablets of vitamin D3 and 28 tables of lisinopril (used to treat high blood pressure), 168 tablets of divalproex (used to treat seizures) and 84 tablets of tizanidine (muscle relaxant),	M 458		
M 538	88.09(2)(b) Licensee Record Licensee record. The licensee shall maintain and keep up to date a separate record for the licensee which shall contain the information listed in par. (a) 1, 2, 3, 5, 6, 8 and 9. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not maintain and keep up to date a separate record for the Licensee B or Licensee C containing evidence of continuing education training. Findings include: Prior to conducting the onsite visit, Surveyors reviewed Department records and noted the most recent biennial report was submitted by Licensee B on 03/13/2024. It listed two licensees, Licensee B and Licensee C. On 07/29/2024 at approximately 12:45 PM, Surveyors interviewed Service Provider A. Service Provider A said s/he is the sole caregiver until Licensee B and Licensee C return from out of state at the end of August 2024. At approximately 1:45 PM, Surveyors requested Licensee B's record to verify compliance with continuing education training requirements. Service Provider A said s/he looked but was	M 538		

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M 538	Continued From page 8 unable to locate the training records. On 07/30/2024 at 2:00 PM, Surveyors conducted an exit conference with Licensee B. Licensee B confirmed both s/he and Licensee C participate in the home's operation and care of residents and they have operated the home for more than 20 years. Licensee B said both of them completed the required 8 hours of continuing education training hours and topics during 2022 and 2023 and training documentation was, "Probably downstairs in all my boxes." Surveyor asked if Service Provider A would be able to locate and provide the records and Licensee B said s/he would not. Licensee B said there was a significant amount of resident and employee documentation in the office and it was not organized, so there would be no way Service Provider A would be able to locate it.	M 538		