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	0018109	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
831 ADULT FAMILY HOME	5836 NORTH 76TH STREET MILWAUKEE, WI 53218

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M 000	INITIAL COMMENTS On 01/13/2025, with information gathered through 01/16/2025, Surveyors conducted a complaint investigation and standard survey at 831 Adult Family Home. The complaint was substantiated. Six deficiencies were identified. Census: 1	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department, within 24 hours, a significant change in status for 1 of 1 resident. Resident 1 had 3 documented elopements where staff did not know the resident's whereabouts and did not notify the Department. Findings include: On 01/09/2025, Surveyor reviewed Department records and identified there were no self-reports received from the provider in 2024.	M 134		

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

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M 134	Continued From page 1 On 01/13/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/17/2024. On 01/22/2025, Surveyor reviewed Milwaukee Police Department call logs and reports regarding Resident 1 while residing at the facility. Resident 1 eloped on 06/07/2024, 07/15/2024, and 09/28/2024. On 01/16/2025, at 3:20 PM, Surveyor interviewed Licensee A. Licensee stated s/he had reported the elopements to Resident 1's care team for the managed care organization, but confirmed no self-reports were submitted to Department of Health Services.	M 134		
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 interview, the provider did not ensure the home was well-maintained, clean, and a homelike environment. The living room, hallways and resident bedrooms required cleaning and repairs. There was paint and finish peeling from the baseboards and closets, the living room furniture was cracked and peeling, the window coverings needed repair, and a resident bedroom needed repairs to the ceiling and door handle.	M 276		

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M 276	Continued From page 2 Findings include: On 01/13/2025, from 10:10 AM to 10:45 AM, Surveyors toured the home and observed the following: Living room: -The couch, loveseat, and chair were in disrepair with the vinyl type fabric peeling off the back and seating surfaces. -Both sets of blinds appeared to be damaged. The blinds were twisted, and parts of the blinds were detached. -The white baseboards had paint chipped from them throughout the room. Hallways: -The finish on the storage closet and the medication closet outside the bathroom was chipped throughout the surface. - Paint was peeling of the doors and doorframes leading to the kitchen and the basement. Bedroom 1: - The door to bedroom 1 had a crack in it, and the doorknob was not functioning. - There was a crack approximately 3 feet long in the ceiling which was discolored. - The rail for the curtain was damaged and not set correctly. - The fan blades were lined with a grey substance consistent with dust. Bedroom 2: - Hole in the wall above door present, appeared to be where smoke alarm was situated prior to being placed on the ceiling. On 01/13/2025, at 11:30 AM, Surveyors	M 276		

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M 276	Continued From page 3 interviewed Licensee A. Licensee A was asked about the concerns in home environment. Licensee A confirmed the observations reported s/he had been in touch with the landlord and would follow up again regarding fixing the current problems and making the facility more homelike.	M 276		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all required locations in the home contained smoke detectors for 1 of 5 required locations. The living room did not contain a smoke detector. Findings include: On 01/13/2025 at 10:15 AM, Surveyors toured the facility. Surveyors observed there was no smoke	M 334		

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M 334	Continued From page 4 detector in the living room. On 01/13/2025, at 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was not aware the living room required a smoke detector. Licensee A stated s/he would speak to the landlord to have one installed as soon as possible.	M 334		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure smoke detectors in the home were tested monthly to ensure each was in working condition for 5 of 5smoke detectors in the home. Findings include: On 01/13/2025, Surveyors reviewed safety files provided by Licensee A. There was no evidence of smoke detector testing for 2023 and 2024. On 01/13/2025, at 11:30 AM, Surveyors interviewed Licensee A. Surveyors requested a copy of monthly smoke detector testing. Licensee	M 336		

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M 336	Continued From page 5 A was not able to provide any documentation showing monthly checks of all installed smoke detectors. Licensee A confirmed there was no procedure in place to document monthly smoke detector checks, but s/he would implement them going forward.	M 336		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a resident's Individual Service Plan (ISP) was updated at least every 6 months and with changes for 1 of 1 resident. Resident 1's ISP was not updated at least every 6 months and with a change in needs regarding elopement.	M 424		

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M 424	Continued From page 6 Findings include: On 10/24/2024 the department received a complaint alleging a resident eloped and did not have interventions in place to keep him/her safe. On 01/13/2025, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 5/17/2024, S/he was discharged from the facility on 12/17/2024. Resident 1's ISP, not dated, received from Licensee A in the emailed record was not signed by the resident or representative nor by Licensee A. Under "wandering risk" the ISP states "Requires supervision and redirection from staff to prevent elopement episodes. Exit-seeking and requires checks throughout the night." Resident 1's record contained a Behavioral Support Plan (BSP), dated 11/14/2024. The BSP notes "..The Resident's Individual Service Plan (ISP) will reflect the development of this Behavior Support Plan.." The ISP did not mention the BSP. The BSP further states " ...Staff must remain vigilant to prevent [Resident 1] from leaving the facility unattended. Proactive measures should be in place to ensure [Resident 1's] and others safety." The ISP did not identify the proactive measures staff were to implement to keep Resident 1 safe from elopement. On 01/22/2025, Surveyor reviewed Milwaukee Police Department call logs and reports regarding Resident 1 while residing at the facility. Resident 1 eloped on 06/07/2024, 07/15/2024, and 09/28/2024. On 01/16/2025 at 3:21 PM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 1 had	M 424		

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M 424	Continued From page 7 elopements while residing at the facility. Licensee A confirmed each time a resident had a change in condition, they needed to ensure the ISP was updated to reflect current interventions. Licensee A was unsure why Resident 1's ISP did not reflect strategies regarding Resident 1's elopement behavior and the plan to keep Resident 1 safe. Licensee A was asked if s/he could provide any signed ISPs in addition to the unsigned and undated ISP received via email on 01/13/2025. No further ISPs were received.	M 424		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure each resident's record was kept in a secure location within the home in 1 of 1 current resident and 1 of 1 resident who was no longer living in the facility. Findings include: On 01/13/2025 at 10:15 AM, Surveyors conducted an onsite survey. Surveyors requested complete records for 2 residents, 1 current resident and 1 previous resident. On 01/13/2025, at 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated	M 482		

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M 482	Continued From page 8 resident records were not kept in the facility and would need to be sent to Surveyors via email later in the day. Licensee A reported s/he was not aware resident records needed to be always stored securely in the facility. Licensee A e-mailed resident records to Surveyors at 7:07 PM on 01/13/2025.	M 482		