Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017554	A. BUILDING: _____ B. WING _____	R-C 09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A+ JUST LIKE FAMILY FRANKLIN B	1619 FRANKLIN ST B MOUNT PLEASANT, WI 53403

(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 09/20/2024, Surveyor conducted a verification visit and 1 complaint investigation at A+ Just Like Family Franklin B. One deficiency was identified. One complaint was substantiated. One of 1 deficiency was a repeat violation (see Statement of Deficiency H8Z811, dated 03/13/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee being assessed. Census: 4	{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, when 1 of 1 resident reviewed experienced a fall resulting in hospitalization. Resident 1 was sent to the emergency room for evaluation and was diagnosed with a fractured jaw requiring surgery.	{M 134}		

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

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{M 134}	Continued From page 1 This is a repeat violation. See Statement of Deficiency H8Z811, dated 03/13/2023. Findings include: On 09/19/2024, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2024. On 09/20/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/01/2021, with diagnoses of intractable epilepsy and cognitive neurobehavioral dysfunction. On 09/20/2024 at approximately 10:30 a.m., Surveyor interviewed Caregiver B who confirmed Resident 1 was sent to the hospital on 06/04/2024 after having a fall which resulted in a broken jaw. Caregiver B did not know who was responsible for reporting the incident to the Department. On 09/20/2024 at approximately 11:15 a.m., Surveyor interviewed Licensee A. Licensee A stated s/he was under the impression they did not need to report if the accident was related to Resident 1's epilepsy. Licensee A stated they would be sure to report any future accidents to the Department.	{M 134}		