STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018031	A. BUILDING: _____ B. WING _____	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T AND D ADULT FAMILY HOME	5834 NORTH 79TH STREET MILWAUKEE, WI 53218

(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 08/17/2023, Surveyor completed a standard survey and complaint investigation at T and D Adult Family Home. Seven deficiencies were identified. The complaint was not substantiated. 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 provided in this chapter or in ch. 50,	M 114		

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

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M 114	Continued From page 1 Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure complete caregiver background checks (CBC) for 3 of 4 caregivers (Caregivers B, C, and D) were completed. A complete background check contains the following: 1. A completed DHS form F-82064, Background Information Disclosure (BID). 2. A criminal history search and report from the records maintained by the Department of Justice (DOJ). 3. A "Response to the Caregiver Background Check" letter from Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions, also referred to as the Integrated Background Information System (IBIS) letter. Findings include: The facility is licensed to serve up to 4 residents with emotional disturbances/mental illness, terminally ill, irreversible dementia/Alzheimer's, advanced age, traumatic brain injury, physically disabled, and developmentally/intellectually disabled. On 07/19/2023 at approximately 1:00 p.m., Surveyor reviewed employee files and identified the following:	M 114		

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M 114	Continued From page 2 Caregiver B had an unknown hire date; however, Caregiver B signed application paperwork on 05/22/2023. Caregiver B was observed working in the facility on 07/19/2023. According to Licensee A, Caregiver B worked as the only caregiver 40 hours per week on 1st shift. Caregiver B's record did not include a background check. Caregiver C started to provide services on 06/05/2023. According to Licensee A, Caregiver C works as the only caregiver works 40 hours per week on 2nd shift. Caregiver C's record did not include a background check. Caregiver D started to provide services on 06/11/2023. According to Licensee A, Caregiver D works as the only caregiver 40 hours per week on 3rd shift. Caregiver D's record did not include a background check. On 07/19/2023 at approximately 3:40 p.m., Surveyor interviewed Licensee A. Licensee A stated s/he could not locate the background checks for Caregivers B, C, and D but they may have been in a different pile of paperwork. Surveyor observed several boxes and stacks of papers Licensee A was going through. Licensee A stated s/he would continue to look for them and send them to Surveyor via email. On 08/02/2023, Licensee A submitted documentation via email; however, there was no documentation received regarding the complete caregiver background checks for Caregivers B, C, and D. On 08/17/2023 at approximately 5:00 p.m., Surveyor interviewed Licensee A and Human Resources (HR) E regarding background checks.	M 114		

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M 114	Continued From page 3 HR E stated s/he was responsible for obtaining background checks and ensuring the employee files were complete. Licensee A was unaware of the timeframe of completion for background checks. HR E reported background checks would be completed as soon as possible. HR E stated s/he would organize the employee files and create checklists to ensure requirements were met.	M 114		
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 observation, record review, and interview, the provider did not obtain documentation indicating 3 of 4 service providers (Caregivers B, C, and D) had been screened for illnesses detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Findings include:	M 232		

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M 232	Continued From page 4 On 07/19/2023 at approximately 1:00 p.m., Surveyor reviewed employee files and identified the following: Caregiver B had an unknown hire date; however, Caregiver B signed application paperwork on 05/22/2023. Caregiver B was observed working in the facility on 07/19/2023. The record did not include documentation Caregiver B was screened for illnesses detrimental to residents, including TB. Caregiver C started to provide services on 06/05/2023. The record did not include documentation Caregiver C was screened for illnesses detrimental to residents, including TB. Caregiver D started to provide services on 06/11/2023. The record did not include documentation Caregiver D was screened for illnesses detrimental to residents, including TB. On 07/19/2023 at approximately 3:40 p.m., Surveyor interviewed Licensee A. Licensee A stated s/he could not locate the screenings for illnesses detrimental to residents, including TB, for Caregivers B, C, and D. Licensee A stated they may be in a different pile of paperwork. Surveyor observed several boxes and stacks of papers Licensee A was going through. Licensee A stated s/he would continue to look for them. On 08/02/2023, Licensee A submitted documentation via email; however, there was no documentation received regarding screenings for illnesses detrimental to residents, including tuberculosis (TB) for Caregivers B, C, and D. On 08/17/2023 at approximately 5:00 p.m., Surveyor interviewed Licensee A and Human	M 232		

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M 232	Continued From page 5 Resources (HR) E. Surveyor informed Licensee A and HR E nothing had been submitted for Caregivers B, C, and D. Licensee A stated, "They had it done. Didn't you get what I sent? I'll send it again." Surveyor asked who was responsible for ensuring caregivers were screened for illnesses detrimental to residents, including TB, prior to starting to provide services. HR E stated s/he was and added HR E took care of the employee files and Licensee A took care of the resident files. Surveyor asked Licensee A and HR E if they were aware of the code requirements regarding health screening for staff. HR E reported s/he thought it only needed to be done once a year and did not know the screening for illnesses detrimental to residents, including TB, needed to be done prior to starting to provide services. HR E asked for the code reference and if there was a "book" to refer to. Surveyor provided the code reference and answered DHS 88 contained the regulations/codes for Adult Family Homes. Surveyor asked if a copy of DHS 88 was in the facility. Licensee A answered "yes." HR E answered s/he would ensure the screening for illnesses detrimental to residents, including TB, would be completed prior to starting to provide services and plans to be more organized with employee files. On 08/02/2023 and 08/18/2023, Licensee A submitted documentation via email; however, there was no documentation received regarding the screening for communicable disease, including TB, for Caregivers B, C, and D.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider	M 244		

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M 244	Continued From page 6 shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 3 of 4 staff completed training related to resident rights prior to providing services to 3 of 3 residents. Caregivers B, C, and D worked alone in the facility and provided services to 3 of 3 residents without receiving training in resident rights. Findings include: The facility is licensed to serve up to 4 residents with emotional disturbances/mental illness, terminally ill, irreversible dementia/Alzheimer's, advanced age, traumatic brain injury, physically disabled, and developmentally/intellectually disabled. On 07/19/2023, at approximately 10:00 a.m., Surveyor entered the facility and observed Caregiver B was working alone with the residents. On 07/19/2023 at approximately 1:00 p.m., Surveyor reviewed employee records and identified the following: Caregiver B had an unknown hire date; however,	M 244		

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M 244	Continued From page 7 Caregiver B signed application paperwork on 05/22/2023. Caregiver B was observed working in the facility on 07/19/2023. According to Licensee A, Caregiver B worked alone 40 hours per week on 1st shift. Caregiver B's record did not include documentation of training in resident rights. Caregiver C started to provide services on 06/05/2023. According to Licensee A, Caregiver C worked alone 40 hours per week on 2nd shift. Caregiver C's record did not include documentation of training in resident rights. Caregiver D started to provide services on 06/11/2023. According to Licensee A, Caregiver D works alone 40 hours per week on 3rd shift. Caregiver D's record did not include documentation of training in resident rights. Caregivers B's, C's, and D's records did not contain any documentation of job-related experience, training, or educational qualifications. On 07/19/2023, at approximately 3:40 p.m., Surveyor interviewed Licensee A. Licensee A stated s/he could not locate any training for Caregivers B, C, and D. Licensee A stated the documentation may have been in a different pile of paperwork. Surveyor observed several boxes and stacks of papers Licensee A was going through. Licensee A stated s/he would continue to look for them. On 08/02/2023, Licensee A submitted documentation via email; however, no documentation was received regarding training in resident rights for Caregivers B, C, and D. On 08/17/2023 at approximately 5:00 p.m., Surveyor interviewed Licensee A and Human	M 244		

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M 244	Continued From page 8 Resources (HR) E. Surveyor informed Licensee A and HR E nothing had been submitted regarding training in resident rights for Caregivers B, C, and D. Licensee A stated, "They had it done. Didn't you get what I sent? I'll send it again." Surveyor asked who was responsible for ensuring caregivers were trained prior to starting to provide services. HR E stated s/he was and added HR E was responsible for maintaining the employee files. Licensee A added there was a 3rd party (Trainer F) who also provided training. HR E informed Surveyor resident rights training was completed for all employees after Surveyor left the facility. On 08/18/2023, Licensee A submitted the following documentation via email: Caregiver B had training in providing total care to residents; however, it was dated 06/18/2023. There was no documentation submitted to indicate Caregiver B received training in resident rights prior to providing services. Caregiver C had training in providing total care to residents; however, it was dated 06/18/2023. There was no documentation submitted to indicate Caregiver C received training in resident rights prior to providing services. Caregiver D had training in 2022; however, the training did not include resident rights.	M 244		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.	M 290		

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M 290	Continued From page 9 This Rule is not met as evidenced by: Based on observation, record review, and staff interview, the provider did not have documentation the furnace had been inspected and serviced every 3 years by a heating contractor or local utility company as required. The furnace was due to be inspected around 12/21/2022. Findings include: On 07/19/2023 at approximately 1:45 p.m., Surveyor observed a gas furnace in the basement during the environmental tour. Surveyor requested documentation of the last furnace inspection. Licensee A stated the last inspection was attached to the furnace. At approximately 1:50 p.m., Surveyor and Licensee A observed an inspection attached to the furnace dated 12/21/2019. Surveyor informed Licensee A the inspection was due around 12/21/2022. Licensee A stated s/he would look for a more recent inspection. On 08/18/2023, Licensee A submitted a document via email. The document was from a heating contractor. The document contained a proposal and an estimate for services; however, there was no documentation to indicate an inspection was completed.	M 290		
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	M 310		

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M 310	Continued From page 10	M 310		

requiring a wheelchair, the bedroom space shall be 100 square feet for that resident.

This Rule is not met as evidenced by:
Based on record review, observation, and interview, the provider did not ensure 1 of 3 bedrooms had enough square footage for Resident 3 who resided in the room.

Resident 3 utilizes a Hoyer lift and a wheelchair for mobility. Resident 3's bedroom has 88 square feet of space. The space requirement for a resident using a wheelchair is 100 square feet of bedroom space per resident.

Findings include:

On 07/19/2023, at approximately 10:20 a.m., Surveyor toured the facility and observed Resident 3 in a hospital bed in a bedroom.

On 07/19/2023, Surveyor reviewed Resident 3's record. Resident 3 was admitted 01/06/2023 with diagnoses of cerebral infarction with left sided weakness, dementia with behavioral disturbance. Resident 3's Individual Service Plan (ISP), identified Resident 3 used a wheelchair, hospital bed, and Hoyer lift for transfers.

On 07/19/2023, Surveyor reviewed the facility's floor plan and program statement. The facility's floor plan identified Resident 3's room had 88 square feet of space and the Program Statement states, "Bedroom 1 can accommodate only one ambulatory resident."

On 07/19/2023, at approximately 4:30 p.m.,

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M 310	Continued From page 11 Surveyor interviewed Licensee A. Licensee A confirmed Resident 3 was admitted to this room and was aware of the room size. Licensee A reported Resident 3 was on hospice and mostly stayed in bed unless s/he chose to get up. Licensee A added there was a shared room with only 1 resident; however, Resident 3 did not want a roommate. Licensee A stated s/he would ask Resident 2, who was in a single room measuring 100 square feet of space, if s/he would be willing to change rooms.	M 310		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) were screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission to the home or within 7 days after admission. Findings include:	M 380		

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M 380	Continued From page 12 On 07/19/2023 at approximately 1:50 p.m., Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 01/19/2023. Resident 1's record did not include documentation of TB testing or communicable disease screening completed. Resident 2 was admitted 06/11/2022. Resident 2's record did not include documentation of TB testing or communicable disease screening completed. Resident 3 was admitted 01/06/2023. Resident 3's record did not include documentation of TB testing or communicable disease screening completed. On 07/19/2023, at approximately 3:40 p.m., Surveyor interviewed Licensee A. Licensee A stated s/he could not locate documentation indicating Residents 1, 2 and 3 were screened for communicable disease, including TB. Licensee A stated the documentation may have been in a different pile of paperwork. Surveyor observed several boxes and stacks of papers Licensee A was going through. Licensee A stated s/he would continue to look for them. On 08/02/2023, Licensee A submitted via email documentation of communicable disease screening and the results of a Quantiferon blood test for TB for Resident 1 completed on 06/20/2023; however, it was 5 months after admission. There was no documentation submitted for communicable disease screening, including TB, for Residents 2 and 3. On 08/17/2023 at approximately 5:40 p.m.,	M 380		

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M 380	Continued From page 13 Surveyor interviewed Licensee A. Licensee A stated Resident 2 sometimes refused physician appointments, so a nurse was coming out next week to do the screening for communicable disease, including TB. Resident 3 was scheduled to see a physician on 08/18/2023 to screen for communicable disease, including TB.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on observation, record review, and staff interview, the provider did not ensure an assessment was completed for 3 of 3 residents (Residents 1, 2 and 3) within 30 days after placement. Resident 3 was not assessed for the use of a bed rail prior to implementation. Findings include: On 07/19/2023 at approximately 10:20 a.m., Surveyor observed Resident 3 in a hospital bed with bed rails. On 07/19/2023 at approximately 1:30 p.m., Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 01/19/2023 with diagnoses of hypertension, traumatic brain injury,	M 404		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
T AND D ADULT FAMILY HOME	5834 NORTH 79TH STREET MILWAUKEE, WI 53218

(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 404	Continued From page 14	M 404		

depression, personality disorder, schizophrenia, and suicidal ideations. Resident 1's record did not contain an assessment.

Resident 2 was admitted 06/11/2022 with diagnoses of diabetes and traumatic brain injury. Resident 2's record did not contain an assessment.

Resident 3 was admitted 01/06/2023 with diagnoses of cerebral infarction with left sided weakness, dementia with behavioral disturbance, anxiety, hypertension, and chronic pain. Resident 3's record did not include an assessment. Resident 3's record did not include a physician order for the hospital bed with rail. Resident 3 was observed lying in a hospital bed with a half-bed rail up on the left side. Surveyor did not observe an assessment or a physician order for the use of a bed rail.

On 07/19/2023 at approximately 3:40 p.m., Surveyor interviewed Licensee A. Licensee A stated s/he could not locate any assessments for Residents 1, 2, and 3. Licensee A stated the documentation may be in a different pile of paperwork. Surveyor observed several boxes and stacks of papers Licensee A was going through. Licensee A stated s/he would continue to look for them and send them if s/he located them.

On 08/17/2023 at approximately 5:00 p.m., Surveyor interviewed Licensee A and Human Resources (HR) E regarding assessments. Licensee A and HR E confirmed assessments had not been completed for all 3 residents. Licensee A did not know an assessment was needed for the use of a bed rail. Licensee A reported they would ensure assessments would be completed within 30 days of admission.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018031	A. BUILDING: _____ B. WING _____	08/17/2023

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M 404	Continued From page 15 Licensee A added a physician's order for the bed rail was obtained on 08/15/2023.	M 404		