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 _____	R-C 09/18/2024

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 09/18/2024, Surveyors conducted a verification visit and complaint investigation at T & D Adult Family Home, an Adult Family Home (AFH) in Milwaukee, WI. Five deficiencies identified. Two of the 5 deficiencies are repeat deficiencies from Statement of Deficiency (SOD) # HGX411 dated 08/17/2023. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 record review and interview, the provider did not ensure 1 of 4 employees (Caregiver G) reviewed received a tuberculosis	{M 232}		

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

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{M 232}	Continued From page 1 (TB) skin test. Caregiver G did not have a communicable disease screen or TB skin test completed within 90 days prior to start of service. This is a repeat deficiency. See Statement of Deficiency (SOD) #HGX411, dated 08/17/2023. Findings include: On 09/18/2024, Surveyors reviewed Caregiver G's record. Caregiver G was hired on 08/03/2024. Caregiver G's record did not contain evidence of a communicable disease screen or TB skin test within 90 days prior to start of service. On 09/18/2024 at approximately 9:41 AM, Surveyors interviewed Licensee A. Licensee A confirmed Caregiver G did not have a communicable disease screen or TB skin test completed. Licensee A confirmed s/he was aware of the requirement. License A stated s/he would inform Caregiver G of this requirement.	{M 232}		
{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, record review and	{M 310}		

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{M 310}	Continued From page 2 interview, the provider did not ensure 2 of 3 bedrooms had enough square footage for Resident 3's bedroom and, Resident 4 and Resident 5's shared bedroom. Resident 3's bedroom has 95 square feet of space. Resident 3 utilizes a Hoyer lift and a wheelchair for mobility. The space requirement for a resident using a wheelchair is 100 square feet of bedroom space per resident. Resident 4 and Resident 5's shared bedroom has 140 square feet of space. Resident 5 utilizes a wheelchair for mobility. Resident 4 is ambulatory. The space requirement for a resident using a wheelchair is 100 square feet of bedroom per resident and the space requirement for a resident who is ambulatory is 60 square feet. This is a repeat deficiency. See Statement of Deficiency (SOD) # HGX411 dated 08/17/2023. Findings include: On 09/18/2024, at approximately 8:45 AM, Surveyors toured the facility and observed the following: -Surveyors measured Resident 3's bedroom and Resident 3's bedroom was 95 square feet. -Resident 3 was in a hospital bed in his/her bedroom. -Surveyors measured Resident 4 and 5's shared bedroom. Resident 4 and 5's shared bedroom was 140 square feet. -Resident 4 was independent with ambulating -Resident 5 utilizes a wheelchair On 09/18/2024, Surveyors reviewed resident records and identified the following:	{M 310}		

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{M 310}	Continued From page 3 Resident 3 was admitted 01/06/2023 with diagnoses of cerebral infarction with left sided weakness, vascular dementia, unspecified abnormalities of gait and dementia with behavioral disturbance. Resident 3's Individual Service Plan (ISP) dated 01/02/2024, identified Resident 3 used a wheelchair, hospital bed with bed rails, and Hoyer lift for transfers. Resident 4 was admitted 07/28/2023 with diagnoses of alcohol abuse, metabolic encephalopathy, and schizophrenia. Resident 4's ISP, dated 01/02/204, identified Resident 4 was independent with ambulation. Resident 5 was admitted 03/08/2024 with diagnoses of type 2 diabetes mellitus, personal history of transient ischemic attack (TIA) and cerebral infraction. Resident 5's ISP dated 03/08/2024, identified Resident 5 had a prosthetic leg and used a wheelchair and walker. On 09/18/2024, Surveyors reviewed the facility's floor plan. The facility's floor plan identified the following: -Resident 3's room had 88 square feet of space -Resident 4 and Resident 5's room had 132 square feet of space On 09/18/2024, Surveyors reviewed the provider's program statement. The program statement identified the following: -The home is a 3-bedroom home. Surveyors identified the rooms based on observations and the program statement reported Resident 3's room can accommodate only one ambulatory resident. Resident 4 and Resident 5's shared bedroom is a master bedroom that can accommodate two ambulatory residents or only one non-ambulatory resident.	{M 310}		

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{M 310}	Continued From page 4 On 09/18/2024 at approximately 11:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was aware of the requirements for ambulatory and non-ambulatory residents. Licensee A stated s/he had sent in an email about a waiver request. Surveyor asked Licensee A for the information about the waiver and if it was approved. Licensee A stated s/he did not receive approval. Surveyors reviewed floor plan and program statement with Licensee A. Licensee A acknowledged Resident 3's bedroom was too small for a non-ambulatory resident. Licensee A acknowledged Resident 4 and Resident 5 should not be sharing the master bedroom due to square footage space needed per resident and the provider's program statement.	{M 310}		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 3 and Resident 5) were assessed to identify his/her needs in the	M 408		

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M 408	Continued From page 5 areas of activities of daily living and health in the home. Resident 1 and Resident 5 had 1/4 size side rails up on one side of his/her bed. Resident 3 had full size side rails up on both sides of the bed. Findings include: On 09/18/2024, Surveyors observed Resident 1 sitting in his/her wheelchair in his/her room. Resident 1's bed contained 1/4 size side rail up on one side of his/her bed. On 09/18/2024, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 01/19/2023. Resident 1's record did not contain a bedrail assessment. On 09/18/2024, Surveyors observed Resident 3 laying in his/her bed. Resident 3's bed was a hospital bed that contained full size side rails up on both sides of the bed. On 09/18/2024, Surveyors reviewed Resident 3 's record. Resident 1 was admitted to the provider's home on 01/06/2023. Resident 3's record did not contain a bedrail assessment. On 09/18/2024, Surveyors observed Resident 5 bed with 1/4 size side rail up on one side of his/her bed. On 09/18/2024, Surveyors reviewed Resident 5 's record. Resident 5 was admitted to the provider's home on 03/08/2024. Resident 5's record did not contain a bedrail assessment. On 09/18/2024 at approximately 9:50 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not know a bedrail assessment	M 408		

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M 408	Continued From page 6 had to be completed. Licensee A stated s/he would start assessing for the use of bedrails.	M 408		
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 4 of 4 residents (Resident 1, Resident 3, Resident 4 and Resident 5) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 09/18/2024 at approximately 9:15 AM, Surveyors reviewed resident records and	M 424		

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M 424	Continued From page 7 identified the following: Resident 1 was admitted to the provider's home on 01/19/2023 and was his/her own person. Resident 1's ISP was dated 01/02/2024. There was no evidence Resident 1's ISP was reviewed and updated after 01/02/2024. At minimum, Resident 1's ISP should have been reviewed and updated in July 2024. Resident 3 was admitted to the provider's home on 01/06/2023 and was his/her own person. Resident 3's ISP was dated 01/02/2024. There was no evidence Resident 3's ISP was reviewed and updated after 01/02/2024. At minimum, Resident 3's ISP should have been reviewed and updated in July 2024. Resident 4 was admitted to the provider's home on 07/28/2023 and was his/her own person. Resident 4's ISP was dated 01/02/2024. There was no evidence Resident 4's ISP was reviewed and updated after 01/02/2024. At minimum, Resident 4's ISP should have been reviewed and updated in July 2024. Resident 5 was admitted to the provider's home on 03/08/2024 and was his/her own person. Resident 5's ISP was dated 03/08/2024. There was no evidence Resident 5's ISP was reviewed and updated after 03/08/2024. At minimum, Resident 5's ISP should have been reviewed and updated on 09/08/2024. On 09/18/2024 at approximately 9:41 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was the one who completed the ISP updates. Licensee A stated s/he was behind in completing ISP updates. Licensee A confirmed s/he was aware ISPs should have been reviewed	M 424		

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M 424	Continued From page 8 every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
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 1 of 4 residents (Resident 5) prescription medication was securely stored. Resident 5's insulin pens were not securely stored in the kitchen refrigerator. Findings include: On 09/18/2024 at approximately 8:38 AM, Surveyors toured the kitchen and observed a clear container, which was unlocked in the refrigerator. The clear container contained the following medications for Resident 5: - Novolog 100 units/milliliter Flexpen (5 pens) - Lantus 100 units/milliliter SoloStar (1 pen) - Flasp Flextouch pen 100 units/milliliter (3 pens)	M 458		

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M 458	Continued From page 9 - Basaglar KwikPen 100 units/milliliter (2 pens) On 09/18/2024 at 8:40 AM, Surveyors interviewed Caregiver G. Caregiver G stated the clear container in the refrigerator had been unlocked since s/he started working at provider's home in August 2024. Caregiver G stated s/he was aware the clear container should have been locked. Caregiver G stated s/he had informed Licensee A of the issue.	M 458		