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 03/18/2025

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 03/18/2025, Surveyors conducted a verification visit at T and D Adult Family Home, an Adult Family Home (AFH) in Milwaukee, WI. Five deficiencies identified. Three of 5 deficiencies are repeat deficiencies. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure the home and it's operation complied with this chapter and all other laws governing the home and its operations potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 3 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) HGX412, dated 09/18/2024. Findings include: On 11/22/2024, SOD HGX412 and a Special Orders Letter were issued to Licensee A via email	M 216		

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

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M 216	Continued From page 1 with the following: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that 1 T and D Adult Family Home: 2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency HGX412 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request. On 03/18/2025, Surveyors conducted a verification visit T and D Adult Family Home. As a result of the survey, the provider was issued 5 deficiencies. Three of the 4 were repeat deficiencies. The following deficiencies were identified: 88.05(3)(h)5 Space in Bedrooms 88.06(3)(c) Assessment Identify Needs & Abilities 88.07(3)(a) Prescription Medications On 03/18/2025 at approximately 10:00 AM, Surveyors reviewed SOD HGX412 and the Special Orders Letter with Licensee A. Licensee A stated s/he did not send resident representatives or case managers a copy of SOD HGX412. Licensee A stated s/he did not follow	M 216		

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M 216	Continued From page 2 the special orders.	M 216		
{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 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 in a shared room is 60 square feet. This is a repeat deficiency. See Statement of	{M 310}		

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{M 310}	Continued From page 3 Deficiency (SOD) HGX411, dated 08/17/2023, and SOD HGX412, dated 09/18/2024. Findings include: On 03/18/2025, at approximately 9:30 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 03/18/2025, Surveyors reviewed resident records and identified the following: 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 11/23/2024, identified Resident 3 used a wheelchair and required full assistance from direct care staff for all transfers with gait belt. Resident 4 was admitted 07/28/2023, with diagnoses of alcohol abuse, metabolic encephalopathy, and schizophrenia. Resident 4's ISP, dated 11/23/2024, 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	{M 310}		

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{M 310}	Continued From page 4 cerebral infraction. Resident 5's ISP dated 11/23/2024, identified Resident 5 had a prosthetic leg and used a wheelchair and walker for mobility. On 03/18/2025, 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 03/18/2025, 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. On 03/18/2025 at approximately 10:45 AM, Surveyors interviewed Licensee A. Licensee A stated s/he had told the owner of the house about it, but s/he had not done anything about it. Licensee A acknowledged the bedroom concerns and stated s/he would talk to the owner.	{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,	{M 408}		

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{M 408}	Continued From page 5 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 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. This is a repeat deficiency. See Statement of Deficiency (SOD) HGX412, dated 09/18/2024. Findings include: On 03/18/2025, at approximately 9:30 AM, Surveyors observed Resident 1's bed contained 1/4 size side rail up on one side of his/her bed. On 03/18/2025, 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 03/18/2025, at approximately 9:30 AM, 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 03/18/2025, Surveyors reviewed Resident 3 's record. Resident 3 was admitted to the provider's	{M 408}		

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{M 408}	Continued From page 6 home on 01/06/2023. Resident 3's record did not contain a bedrail assessment. On 03/18/2025, at approximately 9:30 AM, Surveyors observed Resident 5's bed with 1/4 size side rail up on one side of his/her bed. On 03/18/2025, 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 03/18/2025 at approximately 10:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he had gotten a physician's order for one of the residents, but s/he did not do an assessment for the bedrail for any of the residents.	{M 408}		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's, Resident 3's, Resident 4's and Resident 5's ISPs did not include a signed statement of agreement with all parties involved. Findings include:	M 420		

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M 420	Continued From page 7 On 03/18/2025, at approximately 10:00 AM, Surveyors reviewed resident records and identified the following concerns: - Resident 1 was admitted to the provider's home on 01/19/2023. Resident 1 was his/her own person. Surveyor reviewed Resident 1's ISP dated 11/23/2024. The signature page was blank and not signed by any parties involved. - Resident 3 was admitted to the provider's home on 01/06/2023. Resident 3 had a guardian. Surveyor reviewed Resident 3's ISP dated 11/23/2025. The signature page was blank and not signed by any parties involved. - Resident 4 was admitted to the provider's home on 07/28/2023. Resident 4 was his/her own person. Surveyor reviewed Resident 4's ISP dated 11/23/2024. The signature page was blank and not signed by any parties involved. - Resident 5 was admitted to the provider's home on 03/08/2024. Resident 5 was his/her own person. Surveyor reviewed Resident 5's ISP dated 11/23/2024. The signature page was blank and not signed by any parties involved. On 03/18/2025 at approximately 10:45 AM, Surveyors interviewed Licensee A. Licensee A stated s/he had updated the ISP's but did not have any residents or guardian's sign off on them.	M 420		
{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.	{M 458}		

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{M 458}	Continued From page 8 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 resident's (Resident 5) prescription medication was securely stored. Resident 5's insulin pens were not securely stored in the kitchen refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) HGX412, dated 09/18/2024. Findings include: On 03/18/2025 at approximately 9:10 AM, Surveyors toured the kitchen and observed an unlocked first aid and Ziploc bag with insulin in the refrigerator. The container contained the following medications for Resident 5: -Insulin Glargine-yfgn 100 units/milliliter (5 pens) - Fiasp Flextouch pen 100 units/milliliter (5 pens) The Ziploc bag contained the following medications for Resident 5: - Basaglar KwikPen 100 units/milliliter (2 pens) On 03/18/2025 at 9:15 AM, Surveyors interviewed Caregiver H. Caregiver H stated s/he had just given Resident 5 his/her insulin and s/he forgot to lock it back up after s/he was done. Caregiver H stated the Ziploc bag of insulin is there because	{M 458}		

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{M 458}	Continued From page 9 Resident 5 had that insulin discontinued so they placed it in a Ziploc bag with a note on it. On 03/18/2025 at 10:30 AM, Surveyors interviewed Licensee A. Licensee A stated the first aid box should be locked at all times and acknowledged the Ziploc bag of insulin still needed to be locked up as well until it was destroyed or returned to pharmacy.	{M 458}		