STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018088	A. BUILDING: _____ B. WING _____	C 02/07/2025

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SOS SAFE HOUSE	2550 NORTH 10TH STREET MILWAUKEE, WI 53206

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M 000	INITIAL COMMENTS On 02/03/2025, with information gathered through 02/07/2025, Surveyor conducted a standard licensure survey and 2 complaint investigations at SOS Safe House. Fifteen deficiencies were identified. One of 2 complaints was substantiated. Census: 4	M 000		
M 212	88.04(1)(b) SERVICE PROVIDER AGE A service provider shall be at least 18 years of age. This Rule is not met as evidenced by: Based on interview and record review, the licensee did not ensure that 1 of 1 caregiver reviewed was at least 18 years of age. Findings include: On 08/27/2024, the department received a concern alleging a caregiver, who was a minor, was working in a home that housed sex offenders. On 02/03/2025, at approximately 1:45 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver E had worked for him/her during the summer of 2024 and that s/he was 17. Licensee A showed Surveyor Caregiver E's nurse aide certification and stated s/he had received approval for Caregiver E to work in his/her adult family home from a resident's parole officer. Surveyor reviewed Caregiver E's application for employment which verified Caregiver E was not 18 years old.	M 212		

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

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M 212	Continued From page 1 On 02/04/2025, Surveyor reviewed the department's facility file where there was no evidence that a waiver had been approved for Caregiver E to work as a caregiver while being under the age of 18 years. On 02/06/2025 at 10:09 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not request a waiver from the department regarding a minor working in the home. Licensee A stated, "[Caregiver E] had [his/her] nurse aide certification which stated [s/he] was able to work in the home."	M 212		
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 record review and interview, the licensee did not ensure the home, and its operation complied with all laws governing an Adult Family Home (AFH). During a standard licensure survey and 2 complaint investigations, 15 deficiencies were identified. Findings include: The provider was licensed 09/30/2020. On 02/03/2025, with information gathered through 02/07/2025, Surveyor conducted a standard licensure survey and 2 complaint investigations at SOS Safe House. Fifteen deficiencies were identified:	M 216		

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M 216	Continued From page 2 M0212 88.04(1)(b) Service Provider Age M0216 88.04(2)(a) Responsibilities M0232 88.04(2)(g)1. Health Screening For Staff M0278 88.05(3)(b) Free of Hazards M0344 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review M0346 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0380 88.06(2)(a) Admission - Health Exam M0384 88.06(2)(b) Service Agreement Except Respite M0406 88.06(3)(b) Persons Involved With ISP & Assessment M0410 88.06(3)(d) Individual Service Plan M0464 88.07(3)(d) Medication - Written Order M0466 88.07(3)(e)1. Medication - Record Keeping M0472 88.07(4)(b) 3 Nutritious Meals and Snacks M0570 88.10(3)(l) Safe Physical Environment M0582 88.10(3)(q) Medications On 02/03/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he realized s/he needed to ensure s/he followed DHS Chapter 88.	M 216		
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	M 232		

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M 232	Continued From page 3 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 obtain documentation from a physician, a registered nurse or a physician's assistant, for 3 of 3 employee files reviewed (Caregiver B, Caregiver C, Caregiver D), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services. Findings include: On 02/03/2025, Surveyor reviewed Caregiver B's, Caregiver C's and Caregiver D's record. Caregiver B was hired 08/15/2024. His/her file did not contain results for a communicable disease screen or a TB test result since s/he started providing services. Caregiver C was hired 11/13/2024. His/her file did not contain results for a communicable disease screen or a TB test result since s/he started providing services. Caregiver D was hired 12/13/2024. His/her file did not contain results for a communicable disease screen or a TB test result since s/he started providing services. On 02/03/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not require staff to obtain a communicable disease screen, including a TB test.	M 232		

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M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not safeguard 4 of 4 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The licensee can provide cares for up to 4 residents in the client groups: emotionally disturbed/mental illness, correctional clients, pregnant women/counselling, and developmentally disabled. On 02/03/2025, at approximately 11:45 AM, Surveyor toured the environment and observed the following unsecured cleaning compounds in the kitchen cabinet: -32 fluid ounce bottle of super strength cleaner and degreaser -32 fluid ounce bottle of disinfectant, eliminates odors -(2) 14 ounce spray cans of bed bug killer -16 ounce spray can of insulating foam sealant -(2) gallon jugs of bleach -32 fluid ounce bottle of urine stain and odor	M 278		

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M 278	Continued From page 5	M 278		

remover
-(3) 21 ounce container of powder cleanser with bleach
-32 fluid ounce bottle of penetrating foam bleach foamer - bathroom
-32 fluid ounce jug of concentrated wood cleaner
-128 fluid ounce jug of multi surface all purpose cleaner
-32 fluid ounce bottle of window cleaner

Surveyor observed residents ambulating freely throughout the home.

On 02/04/2025, Surveyor requested and reviewed Resident 1's and Resident 5's managed care organization (MCO) documentation from the MCO provider which stated:

Resident 1 moved into the home 07/31/2024. Behaviors: Self-Injurious - Due to cognitive impairment member displays/exhibits self-injurious behaviors including scratching and cutting him/herself, swallowing inedible objects, and wrapping cords around his/her neck requiring interventions 5+./day.

Resident 5 moved into the home 11/01/2024. Behaviors: Member has confirmed cognitive deficit, and s/he exhibits wandering, self-injurious and offensive/violent behaviors that require interventions 5+x/day ... s/he has a history of cutting him/herself, ingesting harmful cleaning products, throwing things at people and being physically aggressive ...

On 02/07/2025 at 11:00 AM, Surveyor discussed the concern with Licensee A. Licensee A stated the cleaning compounds should have been secured due to the vulnerable clientele that have resided in the home and the concern would be

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M 278	Continued From page 6 addressed.	M 278		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) reviewed were evaluated, using form F-62373 Resident Evacuation Assessment, immediately following placement. Findings include: On 02/03/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 01/10/2025. Resident 3's record did not contain a Resident Evacuation Assessment form. On 02/03/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had not completed the form.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 7 Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed was evaluated annually for evacuation time, using the departments form. Resident 2's evacuation evaluation was not completed in 2023 and 2024. Findings include: On 02/03/2025, Surveyor reviewed Resident 2's record. Resident 2's annual evacuation assessment was dated 03/14/2022. There was no documentation indicating Resident 2 was evaluated annually in 2023 and 2024. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would review Resident 2's documentation.	M 346		
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	M 380		

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M 380	Continued From page 8	M 380		

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 2 of 2 resident (Resident 3 and Resident 4) received a health examination by a physician and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission.

Findings include:

On 02/03/2025, Surveyor and Licensee A reviewed Resident 3's and Resident 4's record.

Resident 3 moved into the home 01/10/2025.
Resident 4 moved into the home 03/12/2022.

Resident 3's and Resident 4's record did not contain an admission health exam and communicable disease screen, including TB skin testing/screening. Licensee A stated the information could be on his/her computer and s/he would forward it to the Surveyor. Surveyor gave Licensee A until 10:00 AM on 02/04/2025.

On 02/06/2025 at 10:09 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he does not always receive the documentation

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M 380	Continued From page 9 from the managed care organization (MCO) or the previous provider, even though s/he requests it. As of 02/06/2025 at 5:00 PM, Surveyor did not receive any additional documentation. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had learned through this survey process that s/he needs to ensure s/he has the required documentation from a potential resident's placing agency prior to placement.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was completed, dated and signed by the resident, guardian or designated representative and Licensee-A prior to Resident 3's admission. Findings include:	M 384		

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M 384	Continued From page 10 On 02/03/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 01/10/2025. Resident 3's record did not contain a service agreement. On 02/03/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A was unable to locate the document. Surveyor gave Licensee A until 02/04/2025 at 10:00 AM to provide the documentation. As of 02/05/2025 at 5:00 PM, Surveyor did not receive any additional documentation. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would review resident records to ensure all required documentation was included.	M 384		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.	M 406		

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M 406	Continued From page 11	M 406		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 2 residents (Resident 4) was developed together with the resident or resident representative, the placing agency and the provider.

Findings include:

On 02/03/2025, at approximately 1:30 PM, Surveyor and Licensee A reviewed Resident 4's record.

Resident 4 moved into the home on 06/01/2023. Resident 4 is represented by Guardian F and was placed by a managed care organization (MCO).

Resident 4's record did not contain an ISP. Licensee A was unable to locate the document and stated the MCO did not require him/her to have an ISP for Resident 4. Licensee A stated the ISP could be on his/her computer which was located at his/her home. Surveyor gave Licensee A until 02/04/2025 at 10:00 AM to provide the documentation.

On 02/03/2025 at 11:08 PM, Licensee A forwarded Resident 4's ISP.
Resident 4's ISP was dated 06/15/2023 and did not contain any signatures.

Surveyor noted the ISP should have been reviewed in 12/2023, 06/2024, and 12/2024.

On 02/07/2025 at 11:00 AM. Surveyor interviewed Licensee A. Licensee A stated s/he realized s/he needed to ensure s/he followed DHS Chapter 88 regarding resident documentation.

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M 410	Continued From page 12	M 410		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 2 residents accurately identified current needs and abilities. Resident 2's ISP did not identify guidelines regarding his/her non-verbal behaviors and interaction with staff and residents. Findings include: On 08/27/2024, the department received a concern that residents were not receiving adequate supervision and cues. On 02/03/2025, at approximately 11:30 AM, Surveyor arrived at the home and observed Resident 2 lying on a chair in the living room. On 02/03/2025, at approximately 12:30 PM, Surveyor observed the noon meal be served to the residents. Resident 2 did not get out of his/her chair and did not participate in the meal. On 02/03/2025, Surveyor and Licensee A reviewed Resident 2's record. Resident 2 moved into the home 03/12/2022.	M 410		

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M 410	Continued From page 13 Resident 2's record did not contain an ISP. Licensee A was unable to locate the document and stated the MCO did not require him/her to have an ISP for Resident 2. Licensee A stated the ISP could be on his/her computer which was located at his/her home. Surveyor gave Licensee A until 02/04/2025 at 10:00 AM to provide the documentation. When Surveyor left the home at approximately 3:00 PM, Resident 2 was still lying in the chair. On 02/03/2025 at 11:08 PM, Licensee A forwarded Resident 2's ISP. Resident 2's ISP, dated 03/15/2022, documented: Supports I need: Toileting, Healthy Eating, Self-Care, Community Outings My Behavioral Health Needs: Group Counseling, Health Coaching What is Working: Continuous redirecting on eating, toileting and daily life skills Resident 2's ISP was dated 06/15/2023 and did not contain any signatures. Resident 2's ISP did not contain any guidelines for staff on how to direct and/or redirect Resident 2's potential behaviors. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A explained that Resident 2 can display aggressive behaviors, and the chair is his/her 'comfort' space. Licensee A stated s/he had worked with Resident 2 for almost 3 years and was able to 'read' his/her body language. Surveyor commented that s/he had been informed by Licensee A that on the day of survey, the staff member who was in the home alone with Resident 2, it was that staff members first day.	M 410		

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M 410	Continued From page 14 Surveyor asked for clarification on how that staff member was provided guidance on how to interact with Resident 2's behaviors. Licensee A stated s/he understood that s/he needed to have detailed individualized service plans that outlined guidelines for staff on resident cares.	M 410		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed the medications, specifying who by name or position was permitted to administer the medication for 1 of 1 resident (Resident 3). Findings include: On 02/03/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility, 01/10/2025, with diagnoses including major	M 464		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOS SAFE HOUSE	2550 NORTH 10TH STREET MILWAUKEE, WI 53206

(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 464	Continued From page 15 depression, post-traumatic stress disorder, and borderline personality disorder. Resident 3's "Pre-screening and Assessment for Admission," dated 01/07/2025, documented that individual needed assistance with medication administration. Resident 3's January and February 2025 Medication Administration Record (MAR) identified staff had administered medications losartan potassium (blood pressure medication), pantoprazole sodium (medication for stomach acid), risperidone (psychotropic medication), rosuvastatin calcium (cholesterol medication), aspirin, benztropine (medication for the central nervous system), buspirone (psychotropic medication), calcium, famotidine (medication for stomach acid), folic acid, sertraline (psychotropic medication), topiramate (seizure medication), vitamin B-12, and Vraylar (psychotropic medication) between 01/10/2025 and 02/03/2025. Resident 3's record did not contain a written order from the physician authorizing facility staff to administer medications. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed staff administered Resident 3's medication upon admittance. Licensee A stated s/he was unaware that s/he needed authorization for medication administration from Resident 3's physician, but s/he would obtain the required documentation. Cross Reference: M0380 DHS 88.06(2)(a) Admission - Health Exam	M 464		

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M 466	Continued From page 16	M 466		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that 1 of 1 resident's medications were documented as administered and kept in a locked place. Resident 3's Novolog FlexPens (insulin aspart), Ozempic (medication for diabetes), and Tresiba (medication for diabetes) were not kept in a locked place when stored in the refrigerator. Resident 3's Novolog and Tresiba were not documented as administered in January 2025. Findings include: On 02/03/2025, at approximately 11:50 AM, Surveyor observed a plastic container, with a loosely placed lid, that contained 3 boxes of Novolog Flexpen - 5 prefilled pens (insulin) and a box that contained an Ozempic 1 MG (milligram) dose pen. Next to the plastic container were 3 boxes of Tresiba FlexTouch - 3 prefilled pens. On 02/03/2025, Surveyor and Licensee A reviewed Resident 3's record.	M 466		

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M 466	Continued From page 17 Resident 3 moved into the home 01/10/2025. Resident 3's physician medication list, dated 01/13/2025, documented: NovoLOG FlexPen - Inject 25 units with breakfast and 25 unites with lunch and dinner PLUS correction scale. IF blood sugar <100, -4 Units. If blood sugar >150, +2 Units. If blood sugar >200, +4 Units. If blood sugar >250, +6 Units. For night time snack give 10 Units with correction if blood sugar >200, +2 Units. Hold if blood sugar <100 or if not snacking. Tresiba FlexTouch 200 Unit/ML pen-injector - Inject 80 Units into the skin daily. Resident 3's record did not contain a January 2025 Medication Administration Record (MAR). Licensee A stated s/he had removed the record when February's MAR was started. Licensee A stated s/he would forward the January MAR. On 02/06/2025 at 4:10 PM, Licensee A emailed Surveyor Resident 3's January 2025 MAR, dated 01/10/2025 to 01/31/2025, which did not document the Novolog or the Tresiba. On 02/07/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know that medications had to be locked when they were stored in the refrigerator and s/he would place the medications in a locked container.	M 466		
M 472	88.07(4)(b) 3 NUTRITIOUS MEALS AND SNACKS The licensee shall provide to each resident or ensure that each resident receives 3 nutritious meals each day and snacks that are typical in a	M 472		

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M 472	Continued From page 18	M 472		

family setting.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the Licensee did not ensure that each resident received 3 nutritious meals each day and snacks that are typical in a family setting.
Most meals consisted of processed prepackaged foods and did not include foods from all recommended food groups.

Findings include:

According to the USDA Center for Nutrition Policy and Promotion, "Food group amounts for 2000 Calories per day ...the daily recommended amounts for each food group: fruits 2 cups, vegetables 2 ½ cups, grains 6 ounces, protein 5 ½ ounces, dairy 3 cups." (Source: MyPlate Plan: 2000 calories, Age 14+, December 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf (retrieval date: February 08, 2025).)

The licensee can provide cares for up to 4 residents in the client groups: emotionally disturbed/mental illness, correctional clients, pregnant women/counselling, and developmentally disabled.

On 02/03/2025, at approximately 12:30 PM, Surveyor observed Resident 2, Resident 3, and Resident 4 be served their noon meal which consisted of a cheese stick and a hot pocket like sandwich.

On 02/03/2025, at approximately 12:45 PM, Resident 4 commented that s/he wanted another cheese stick and Licensee A stated s/he could

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have another during snack time. Surveyor noted Resident 2 was not asked if s/he was still hungry and no other food was offered.

On 02/03/2025, Surveyor requested the menus from Licensee A which documented:
01/06 - Breakfast: Bagels/Eggs/Milk, Lunch: Pizza/Juice/Milk, Dinner: chicken legs/rice
01/07 - Breakfast: Cereal/Milk, Lunch: Lunchables, Dinner: Broccoli cheddar soup & sandwich (made with processed lunch meat slices)
01/08 - Breakfast: French toast/sausage/milk, Lunch: Lunchables, Dinner: Pasta
01/09 - Breakfast: Cereal/Milk, Lunch: Lunchables, Dinner: Pasta and salad
01/10 - Breakfast: Pancakes/sausage, Lunch: McDonalds, Dinner: Broccoli/sausage/chips
01/11 - Breakfast: Pancakes/sausage, Lunch: Hamburgers & Fries, Dinner: Mini Pizzas
01/12 - Breakfast: Pancakes/sausage, Lunch: Lunchables, Dinner: Hot Pockets
01/13 - Breakfast: Donuts/Milk, Lunch: Cheeseburger/Chips/Juice, Dinner: Pork Chops/Green Beans/Macaroni
01/14 - Breakfast: Donuts/Milk, Lunch: Lunchables, Dinner: Hamburger Helper/Garlic Bread
01/15 - Breakfast: Pancakes/Sausage/Eggs, Lunch: Brats/Chips, Dinner: Chicken Drums/Macaroni/Broccoli
01/16 - Breakfast: Cereal/Milk/Juice, Lunch: Breakfast Bowl, Dinner: Chicken/Rice/Green Beans/Dinner Rolls
01/17 - Breakfast: Cereal/Eggs, Lunch: Leftovers/Bread, Dinner: Brats/Potatoes
01/18 - Breakfast: Eggs/Sausage, Lunch: Chicken Pasta, Dinner: Baked Chops/Corn/Mashed Potatoes/Jiffy Mix

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Surveyor was not given the current menu.

On 02/03/2025, Surveyor reviewed Resident 3's record.

Resident 3 moved into the home, 01/10/2025, with diagnosis included diabetes.

Resident 3's pre-admission form, dated 01/07/2025, documented that Resident 3 had diabetes.

Resident 3's February 2025 Medication Administration Record (MAR), dated 02/01/2025 to 02/03/2025, documented s/he was on Novolog (sliding scale insulin), Ozempic (semaglutide to treat type 2 diabetes), and Tresiba (injectable insulin).

On 02/03/2025, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he followed the 'My Plate' wellness plan. Surveyor reviewed the menus with Licensee A and Licensee A stated it does look like there is a lot of processed food being served and foods being repeated often.

"Diabetes raises your risk of heart disease and stroke by raising the rate at which you develop clogged and hardened arteries. Foods containing the following can work against your goal of a heart-healthy diet.
Saturated fats. Avoid high-fat dairy products and animal proteins such as butter, beef, hot dogs, sausage and bacon. Limit coconut and palm kernel oils.
Trans fats. Avoid trans fats found in processed snacks, baked goods, shortening and stick margarines.
Cholesterol. Cholesterol sources include high-fat

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dairy products and high-fat animal proteins, egg yolks, liver, and other organ meats. Aim for no more than 200 milligrams (mg) of cholesterol a day.
Sodium. Aim for no more than 2,300 mg of sodium a day. Your health care provider may suggest you aim for a smaller amount if you have high blood pressure.
(Source: Mayo Clinic website, Diabetes diet: Create your healthy-eating plan, June 11, 2024, https://www.mayoclinic.org/diseases-conditions/diabetes/in-depth/diabetes-diet/art-20044295 (retrieval date - February 08, 2025).)

Here's how the Academy of Nutrition and Dietetics ranks processed foods from minimally to mostly or ultra-processed:
"Minimally processed foods, such as fresh blueberries, cut vegetables and roasted nuts, prepped for convenience.
"Foods processed at their peak to lock in nutritional quality and freshness including canned tomatoes, tuna, frozen fruit or vegetables.
"Foods with ingredients added for flavor and texture, such as sweeteners, spices, oils, colors and preservatives, include jarred pasta sauce, salad dressing, yogurt and cake mixes.
"Ready-to-eat foods like crackers, chips and deli meat, which are more heavily processed.
"The most heavily or ultra-processed foods include sweetened breakfast cereals, soda, energy drinks, artificially flavored crackers and potato chips, chicken nuggets and hot dogs.
Most labels now include added sugars. The Dietary Guidelines for Americans recommends that people older than 2 get less than 10% of total calories from added sugars, or about 200 calories in a 2,000-calorie diet. ... Learn to spot words like maltose, brown sugar, corn syrup, honey and fruit juice concentrate.

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M 472	Continued From page 22 When it comes to sodium, people often comment that they salt their food. As it turns out, you don't need to because manufacturers have already added salt for you, and it's often too much. The Dietary Guidelines also recommends adults consume less than 2,300 milligrams of sodium per day. Look for low- or reduced-sodium foods." (Source: Mayo Clinic website, What you should know about processed, ultra-processed foods, July 25, 2024, https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/processed-foods-what-you-should-know (retrieval date - February 08, 2025).)	M 472		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. The clothes dryer rigid vent pipe was not attached	M 570		

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M 570	Continued From page 23	M 570		

to the dryer.
The exit door was blocked by a wood beam.
The basement walls contained a black mold like substance.

Findings include:

The licensee can provide cares for up to 4 residents in the client groups: emotionally disturbed/mental illness, correctional clients, pregnant women/counselling, and developmentally disabled.

Example 1: Dryer Vent

On 02/03/2025, at approximately 12:00 PM, Surveyor and Licensee A toured the home and observed the dryer, which was located in the basement. The rigid dryer vent was not connected to the dryer. Licensee A stated s/he did not realize the vent had been disconnected and would address the concern.

"Not having a dryer vent is extremely dangerous and can cause more problems for you down the road. A dryer vent traps debris and moist air. Without a dryer vent, you are causing increased fire hazards and encouraging the growth of mold in your laundry room. Also, gas dryers release carbon monoxide, which is poison. If these types of dryers are not properly vented, they can fill your house with carbon monoxide. Therefore, installing a dryer vent is always necessary when you have a dryer." (Source: Planet Duct website, Is it Dangerous to Not Have a Dryer Vent?, November 20, 2023, https://planetduct.com/how-does-a-dryer-vent-work/#:~:text=Is%20it%20Dangerous%20to%20Not,when%20you%20have%20a%20dryer. (retrieval date - February 08, 2025).)

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M 570	Continued From page 24 Example 2: Exit Door On 02/03/2025, at approximately 12:05 PM, Surveyor and Licensee A observed the second exit fire rated steel door in the back of the home with a wood beam, sitting in brackets, across the doorway. Licensee A stated his/her goal is to ensure the safety of the residents and stated the wood beam could be easily removed. Surveyor asked if all residents in the home would understand that the wood beam was removeable in the case of an emergency. Licensee A stated s/he would remove the wood beam as the door had an iron screen door that was also lockable. Example 3: Basement Walls On 02/03/2025, at approximately 12:00 PM, Surveyor and Licensee A observed the basement walls that contained a black mold like substance. Surveyor asked if Licensee A had an inspector come into the home and determine if the black substance was mold. Licensee A stated that when work was done on the lot next to his/hers, it created concerns with water flowing into his/her basement, but s/he had not had his/her basement inspected and that s/he would address the concern.	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of	M 582		

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M 582	Continued From page 25 incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received all prescribed medications from 02/01/2025 to 02/03/2025. Resident 3 did not receive his/her prescribed Novolog (insulin) as prescribed. Findings include: On 02/03/2025, Surveyor reviewed Resident 3's record. Resident 1 was admitted to the facility, 01/10/2025, with diagnosis including diabetes. Resident 3's physician medication list, dated 01/13/2025, documented: NovoLOG FlexPen - Inject 25 units with breakfast and 25 unites with lunch and dinner PLUS correction scale. IF blood sugar (BS) <100, -4 Units; >150, +2 Units; >200, +4 Units; >250, +6 Units. For nighttime snack give 10 Units with correction if blood sugar >200, +2 Units. Hold if blood sugar <100 or if not snacking. Surveyor determined the units given would be: Breakfast, Lunch, Dinner: 0-99 = 21 Units, 100 - 150 = 25 Unites, 151 - 200 = 29 Units, 201 - 250 = 31 Units Evening Snack: 0 to 99 or if not snacking = 0 Units, 100 to 200 = 10 Units, 200 + = 12 Units Resident 3's February 2025 Medication	M 582		

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M 582	Continued From page 26 Administration Record, dated 02/01 to 02/03, documented: Novolog 100 Unit/ML (milliliter) AM, 12PM, EVE (evening), BED (snack time). Target Range: <100 -2 (23 units), 150 25 Units, 200 +2 (27 Units), 250 +4 (29 Units), 300 +6 (31 Units) Surveyor noted the MAR did not match the physician medication list. Caregiver B and Caregiver D documented the following administrations: 02/01 - AM BS - 146; 23 Units given - Does not follow medication list or MAR 02/01 - Noon BS - 91; 23 Units given - Does not follow medication list 02/01 - EVE BS - 98; 27 Units given - Does not follow medication list or MAR 02/01 - BED BS - 105; 8 Units given - Does not follow medication list, parameters not listed on MAR 02/02 - AM BS - 196; 27 Units given - Does not follow medication list or MAR 02/02 - Noon BS - 187; 27 Units given - Does not follow medication list or MAR 02/02 - EVE BS - 158; 27 Units given - Does not follow medication list or MAR 02/02 - BED BS - 141; 23 Units given - Does not follow medication list, parameters not listed on MAR 02/03 - AM BS - 171; 27 Units given - Does not follow medication list or MAR 02/03 - Noon BS - 163; 27 Units given - Does not follow medication list or MAR On 02/03/2025, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated staff were trained in medication administration. Licensee A provided Surveyor with Caregiver B's and Caregiver D's certificate of medication administration obtained by the Wisconsin Community-Based Care & Treatment	M 582		

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M 582	Continued From page 27 training registry. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	M 582		