STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016900	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 2	7925 N RIVER VIEW CT B MILWAUKEE, WI 53224

(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 10/22/2024, Surveyor completed a verification visit at Albertine House 2. Statement of Deficiency I77T11 was corrected, and 1 new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, staff interviews and record review, the provider did not ensure the facility had ramped exits with a hard surfaced pathway at all	M 262		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 262	Continued From page 1	M 262		

exits, to ensure accessibility for 1 of 4 residents who walked with the assistance of a cane or walker. Two of 2 exits were not ramped to grade.

Findings include:

The facility was licensed on 11/11/2017, to serve 4 ambulatory residents in the following client groups: emotionally disturbed/mental illness, developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, and advanced age.

Observations

On 10/22/2024, at approximately 12:00 PM, Surveyors entered the facility to complete a verification visit. Inside the front door on the landing Surveyors observed a rollator walker sitting off to the side. From the landing Surveyors had to walk down ten interior stairs leading from the front door into the partially below grade home. Surveyors toured the facility and observed the second exit, which was located at the rear of the home. The second exit had approximately 7 stairs leading up to the landing and to the rear exit of the home. Surveyors observed a standard walker in the living room

On 10/22/2024, at approximately 12:15 PM, Surveyors observed Resident 1 used the walker to ambulate from the living room to the bathroom and back into the living room.

Interviews

On 10/22/2024, at approximately 12:03 PM, Surveyors interviewed Caregiver B. Caregiver B confirmed Resident 1 used a walker for behaviors. Resident 1 was described to use

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M 262	Continued From page 2	M 262		

his/her walker when hearing voices, feeling shaky, or feeling threatened.

On 10/22/2024, at approximately 12:25 PM, Surveyors interviewed Licensee A about Resident 1 and the use of a cane and walker. Licensee A reported Resident 1 does not need a cane or walker in the facility; however, Resident 1 uses the rollator walker when s/he goes outside in the community. Surveyors informed Licensee A that Resident 1 had used his/her walker in the home to ambulate during the survey.

Licensee A reported he/she would follow up with Resident 1's guardian to discuss moving Resident 1 upstairs to the non-ambulatory facility or have Resident 1 re-assessed by a physician to determine if a walker or cane is needed. Licensee A explained that Resident 1 rarely used the walker in the home unless s/he was having a behavioral episode.

Record Review

On 10/22/2024, at approximately 12:10 PM, Surveyors reviewed Resident 1's pre-admission assessment and Individual Service Plan (ISP), The pre-admission assessment dated, 10/26/2021, indicated Resident 1 occasionally used a cane for mobility. Resident 1's ISP dated 06/04/2024, indicated s/he needed a walker to ambulate and should be reminded to use his/her walker.

Summary

This facility is located in the basement of another facility causing it to be below grade. The provider did not ensure there were ramped exits to grade, with hard surfaced pathways at the exits of the

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M 262	Continued From page 3 facility. The facility did not meet the accessibility requirement allowing Resident 1 to reside in the facility while using a walker and/or cane.	M 262		