STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019072	A. BUILDING: _____ B. WING _____	C 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE UNITY HAMPTON HOUSE LOWER	7928 W HAMPTON AVE MILWAUKEE, WI 53218

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M 000	INITIAL COMMENTS On 05/28/2024 with information gathered through 05/30/2024, Surveyors conducted a standard survey and two complaint investigations at Unique Unity Hampton House Lower, an Adult Family Home (AFH) in Milwaukee, WI. Five deficiencies identified. Two of two complaints substantiated. Census: 4	M 000		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 6 required locations. There were no smoke detectors in Resident 1's bedroom.	M 334		

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

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M 334	Continued From page 1 Findings include: On 05/28/2024, at 9:30 AM, Surveyors toured the home and observed the following: -Resident 1's bedroom did not contain a smoke detector. On 05/28/2024 at 9:45 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 1 would take his/her smoke detector down sometimes but s/he would make sure a new one gets installed immediately.	M 334		
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 2's, Resident 3's, and Resident 4's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 05/29/2024 at approximately 2:00 PM, Surveyor reviewed resident records and identified the following concerns:	M 420		

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M 420	Continued From page 2 - Resident 1 was admitted to the provider's home on 11/08/2023. Resident 1 was his/her own person. Surveyor reviewed Resident 1's ISPs dated 11/08/2023, 02/08/2024, and 05/08/2024. All ISPs were not signed by him/her. - Resident 2 was admitted to the provider's home on 05/11/2023. Resident 2 was his/her own person. Surveyor reviewed Resident 2's ISPs dated 05/11/2023, 08/11/2023, 11/11/2023, and 02/11/2024. All ISPs were not signed by him/her. - Resident 3 was admitted to the provider's home on 06/12/2023. Resident 3 was his/her own person. Surveyor reviewed Resident 3's ISPs dated 06/12//2023, 09/12/2023, 12/12/2023, and 03/12/2024. All ISPs were not signed by him/her. - Resident 4 was admitted to the provider's home on 08/15/2023. Resident 4 was his/her own person. Surveyor reviewed Resident 4's ISPs dated 08/15/2023, 11/15/2023, 02/15/2024, and 05/15/2024. All ISPs were not signed by him/her. On 05/30/2024 at 5:55 PM, Surveyor interviewed Licensee A. Licensee A stated s/he met with residents every 3 months to review their ISP and s/he thought s/he was the only one that had to sign the ISP.	M 420		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any	M 556		

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M 556	Continued From page 3	M 556		

resident who expresses a preference for more independent living to contact any agency needed to arrange it.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 4 of 4 residents were able to make decisions related to his/her activities. Resident 1, Resident 2, Resident 3 and Resident 4, who were able to come and go from the provider's home as they desired, had a curfew to be back at the home by 9:00 PM. Resident's also did not have access to kitchen after 8:00 PM and common living space after 10:00 PM.

Findings include:

On 05/28/2024 at 9:00 AM, Surveyors interviewed Caregiver B. Caregiver B stated all resident's in the home hd a curfew. Caregiver B stated all residents needed to be home by 9:00 PM and at 12:00 AM was the last time they could go outside to have cigarettes. Caregiver B stated it was to keep the resident's safe because there were so many shootings in the area.

On 05/28/2024 at 9:05 AM, Surveyors interviewed Resident 4. Resident 4 stated s/he had to be back by a certain time to the home which was frustrating at times because sometimes s/he would like to stay overnight at their friends house. Resident 4 stated s/he had been told to go back to his/her room when s/he had come out past the curfew for the common area/kitchen.

On 05/28/2024 at 9:10 AM, Surveyors interviewed Resident 1. Resident 1 stated s/he had to be back to the facility by a certain time. Resident 1

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M 556	Continued From page 4 stated s/he felt like they did not have enough control over his/her life due to facility restrictions. Resident 1 stated s/he was an adult and there should not be a curfew in his/her own home. On 05/28/2024 at 9:40 AM, Surveyors observed signs in the living room that stated, "Common Area closed 10:00 PM" and another sign in the kitchen that stated, "Kitchen Area closed 8:00 PM." On 05/28/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated residents had a curfew because they needed to take their medications at bedtime. Licensee A stated resident's were to be home by 9:00 PM every night. On 05/30/2024 at 3:00 PM, Surveyor reviewed Resident 1's and Resident 4's Individual Service Plan (ISP) and identified the following: -Resident 1 was admitted to the provider's home on 11/08/2023. Resident 1 was his/her own person. -Resident 4 was admitted to the provider's home on 08/15/2023. Resident 4 was his/her own person.	M 556		
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	M 570		

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M 570	Continued From page 5 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 the hot water in 1 of 1 resident bathroom was kept at a safe temperature. The hot water in the bathroom, shared by all 4 residents, was measure at 137° Fahrenheit (F). Findings include: The provider is licensed to serve clients with diagnoses of physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, advanced age, developmentally disabled, correctional clients and traumatic brain injury. On 05/28/2024 at approximately 10:00 AM, Surveyors toured the provider's home and tested the water temperature in the main floor bathroom, used by 4 of 4 residents. The water temperature reached 137° F. Surveyors shared concern regarding the temperature of the water with Licensee A. Licensee A stated s/he takes monthly water temperatures. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause	M 570		

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M 570	Continued From page 6 scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).	M 570		
M 610	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the licensing agency was immediately notified when there were allegations of caregiver misconduct affecting 1 of 4 residents in the home. Resident 1 stated s/he was hit and threatened by Caregiver C and the provider did not report the incident.	M 610		

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M 610	Continued From page 7 Findings include: On 02/19/024, the Department received a complaint alleging Caregiver C was pushing a resident around and punched him/her in the face. On 05/30/2024, at 2:00 PM, Surveyor reviewed Resident 1's record and identified the following: -No observation notes regarding incident between Caregiver C and Resident 1. -No incident report regarding incident between Caregiver C and Resident 1. -No investigation regarding the incident between Caregiver C and Resident 1. On 05/28/2024 at 9:10 AM, Surveyors interviewed Resident 1. Resident 1 stated s/he was punched in the head by Caregiver C. Resident 1 stated it happened shortly after s/he had came to the facility, probably about 5 months ago. Resident 1 stated s/he did not think Caregiver C liked him/her and s/he would never help him. Resident 1 stated Caregiver C did not like his/her job and had so many problems of his/her own. Resident 1 stated the incident happened on the overnight shift. On 05/28/2024 at approximately 10:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was made aware of a situation with Caregiver C and Resident 1 by Resident 1's case manager around 01/23/2024. Licensee A stated s/he followed up with the case manager and the case manager did their own investigation. Licensee A stated s/he did not get a copy of the investigation but once they were finished s/he was able to let Caregiver C work again in the facility. Caregiver C recently quit though and was no longer employed there. Surveyor asked Licensee A if s/he completed his/her own	M 610		

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M 610	Continued From page 8 investigation involving his/her staff and residents. Licensee A stated s/he did not complete his/her own investigation but just documented his/her follow up with the case manager.	M 610		