STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014371	A. BUILDING: _____ B. WING _____	R-C 07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BETTER LIVING FAMILY SERVICES SITE 3	9104 W CUSTER AVE MILWAUKEE, WI 53225

(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 07/30/2024, Surveyors completed a complaint investigation and 2 verification visits at A Better Living Family Services Site 3 for Statement of Deficiency (SOD) YGBY11 and J78H12. Five deficiencies were identified. Two of 5 were repeat deficiencies from J78H12. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{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:	M 262		

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

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M 262	Continued From page 1 Based on observation, record review, and interview, the provider did not ensure 1 of 2 exits from the home were ramped to grade. The rear exit of the home contained a ¾ inch rise between the interior floor and the threshold of the door. From the threshold of the door to the concrete to the ramp was a 1 ½ inch drop. Findings include: The facility was licensed on 12/20/2012, to serve up to 4 residents. On 07/30/2024, at 09:00 AM, Surveyors toured the facility and observed the rear exit. The rear exit of the home contained a ¾ inch rise between the interior floor and the threshold of the door. From the threshold of the door to the concrete to the ramp was a 1 ½ inch drop. Surveyors observed Resident 4 in his/her room. Surveyors observed a wheelchair in Resident 4's room. Resident 4 confirmed s/he used a wheelchair for mobility. The posted floor plan identified the rear exit as an emergency exit. On 07/30/2024, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A reported s/he thought there was a metal transitional piece inside and outside the door. Licensee A reported s/he was unsure what happened to the metal transitional piece.	M 262		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall	{M 276}		

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{M 276}	Continued From page 2 provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, and well-maintained homelike environment for 3 of 3 residents in the home. The kitchen cabinets contained mouse feces and dead cockroaches. The kitchen, basement, living room, resident rooms and bathroom were in need of cleaning and maintenance. This is a repeat deficiency. See Statement of Deficiency (SOD) J78H12, dated 05/09/2023. Findings include: On 07/10/2024, the department received a complaint regarding concerns of the cleanliness of the home. On 07/30/2024, at 9:00 AM, Surveyors toured the facility and observed the following: Kitchen: -Two cabinets contained mouse feces and 2 dead cockroaches. -Bottom cabinet next to the refrigerator, on the southside of the kitchen, contained 5 dead cockroaches in a bowl. -The range hood was covered in a substance which was sticky when Surveyors touched it. The	{M 276}		

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{M 276}	Continued From page 3 sticky substance caused a gray substance to stick to the range hood, consistent with dust. -Six cabinet doors contained a thick, sticky, black substance on the edge of the cabinet doors. Surveyor was able to scratch off the substance with a fingernail. -Under the kitchen sink, the bottom floor of the cabinet was missing, exposing the floor below the cabinet. The bottom of the cabinet contained mouse feces and shards of wood pieces which resembled broken plywood. -The baseboard register was broken; the front plate was no longer attached to the wall. Dining Room: -The rear exit on the north side of the home was missing a trim piece. -The metal transitional plate for the floor from the kitchen to the dining room had lifted. The area which was no longer attached was 6 inches long. -The dining room chandelier was missing 3 light bulbs. Basement: -The floor was littered in debris, including vinyl gloves, pieces of cloth, dryer sheets, paper, and empty cleaning supply containers. - The basement walls and ceiling were covered in a thick dust like substance consistent with dryer lint. The thick dust like substance hung from the ceiling and walls from what appeared to be spider webs.	{M 276}		

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{M 276}	Continued From page 4 -The subflooring in the north end of the basement appeared to be gone and rotted away, leaving what appeared to be the underlayment exposed. The area appeared to be under the bathroom and Resident 3's bedroom. -The basement steps sagged under the weight of Surveyors as Surveyors walked up and down the stairs. The bottom step had blocks of wood underneath which appeared to support the step. Hallway: -The smoke detector was hanging off the ceiling. -There were areas of paint missing from the corner of the wall on the north and south side of the hallway which measured approximately 3 feet in height. The areas of missing paint were consistent with wheels of a wheelchair rubbing across the area. Bathroom: -The baseboard register was no longer attached to the wall, causing a hole in the floor. - The floor next to shower was soft when Surveyors stepped on the area. The area measured approximately 25 inches in length by 11 inches wide. Resident 3's bedroom: -The ceiling was covered in small bunches of gray substance consistent with dust at a 4-foot radius around the ceiling the fan. -The walls were covered in a gray substance	{M 276}		

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{M 276}	Continued From page 5 consistent with dust. The areas covered in the gray substance measured approximately 3 feet by 1 ½ feet on the west wall and approximately 5 feet by 1 foot on east wall by the bed. -The ceiling fan was missing a light bulb. Resident 4's bedroom: -The ceiling fan was covered in a thick gray substance which resembled dust. -The north wall was covered in small bunches of gray substance consistent with dust. Resident 5's bedroom: -The ceiling fan was covered in a thick gray substance which resembled dust. On 07/30/2024, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A reported the house was sold and the new owners were starting to fix the issues. Licensee A reported staff should have been cleaning on a regular basis.	{M 276}		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire	M 332		

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M 332	Continued From page 6 extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers were mounted. The fire extinguisher, located near the kitchen, was not mounted to the wall. Findings include: On 07/30/2024, at 09:00 AM, Surveyors toured the facility and observed the fire extinguisher located near the kitchen. The fire extinguisher was located on the counter and was not mounted to the wall. There was a bracket attached to the wall next to the fire extinguisher. On 07/30/2024, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed fire extinguishers were to be mounted. Licensee A reported s/he was unsure why the fire extinguisher was not mounted.	M 332		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a	{M 384}		

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{M 384}	Continued From page 7	{M 384}		

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 each resident, guardian or designated representative, and licensee, prior to admission for 1 of 1 resident. Resident 5 did not have a service agreement with the provider.

This is a repeat deficiency. See Statement of Deficiency (SOD) J78H12, dated 05/09/2023.

Findings include:

On 7/30/2024, at 12:15 PM, Surveyors reviewed Resident 5's record. Resident 5 was admitted on 07/03/2024. Resident 5 had a court appointed guardian. Resident 5's file contained an admission agreement signed by Licensee A. Resident 5's admission agreement was not signed by Resident 5's guardian. Resident 5's file did not contain any evidence of a signed agreement between the licensee and Resident 5's guardian.

On 07/30/2024, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed

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{M 384}	Continued From page 8 s/he was aware of the requirement. When Surveyor inquired who was responsible for completing the service agreements, Licensee A reported Lead Caregiver F was responsible. Licensee A reported s/he would ensure the paperwork was completed.	{M 384}		
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 3 of 3 residents were provided a safe environment to live. The dryer duct was not connected at the bottom of the dryer, causing dust and debris to cover the basement. Findings include: On 07/30/2024, at 9:00 AM, Surveyors toured the facility. Surveyors observed the dryer duct was not connected to the dryer. Surveyors observed a thick, dust-like substance, consistent with lint, all over the wall above and behind the dryer, as well as covering cords hung from the ceiling.	M 570		

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M 570	Continued From page 9 On 07/30/2024, at 1:15 PM, Surveyors interviewed Licensee A. Licensee A confirmed s/he was unaware the dryer duct was not connected to the dryer.	M 570		