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M 000	INITIAL COMMENTS On 11/13/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at All For 1 Inc, an adult family home (AFH) located in Brookfield, WI. As a result of the survey 3 deficiencies were identified. All 3 deficiencies are repeat deficiencies from previous Statement of Deficiency (SOD) J7RJ11, dated 07/23/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provided a homelike environment. This is a repeat deficiency. See Statement of Deficiency (SOD) J7RJ11, dated 07/23/2024. Findings include:	M 276		

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

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M 276	Continued From page 1 On 11/13/2024, at approximately 9:30 a.m., Surveyor toured the environment with Licensee C and observed no toilet paper within the sole resident bathroom. Licensee C reported that this was due to Resident 1 having used it to clog the toilet previously. Of note, a medicine cabinet was located above the sink and a small cabinet above the toilet - both of which contained personal objects. Licensee C confirmed there were 2 other residents who resided with the provider. At approximately 9:33 a.m., Surveyor observed Resident 1's room. Resident 1's room contained 2 windows, neither of which were observed with coverings (Photos 1 and 2) to ensure privacy. The view from one window was the provider's driveway, and within direct view of 3 windows belonging to the house next door, which was located approximately 30 feet away. The view from Resident 1's other window was to the provider's back patio and separate garage. At approximately 10:35 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed that toilet paper was not kept in the resident restroom and showed Surveyor where 1 roll of toilet paper was kept on top of a printer located in the provider's living room. Caregiver B reported that s/he recalled this stemmed from an instance awhile back when Resident 1 used toilet paper to clog the toilet. At approximately 10:44 a.m., Surveyor observed Resident 2 enter the bathroom and close the door. Surveyor asked Caregiver B if Resident 2 would need toilet paper. Caregiver B replied that Resident 2 typically just took the toilet paper for him/herself. At approximately 1:03 p.m., Surveyor observed Resident 2 again enter the bathroom and close the door. During this, Surveyor observed the roll of toilet paper on the television stand located in	M 276		

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M 276	Continued From page 2 the living room. At approximately 11:03 a.m., Surveyor observed Resident 1's room again. Resident 1's door did not have a doorknob (Photo 3). While observing the door, Surveyor interviewed Caregiver B. Caregiver B reported s/he was aware that Resident 1's door handle was missing but wasn't sure how long it had been missing. At approximately 11:56 a.m., Surveyor observed the overhead light fixture in the small hallway between the bathroom, Resident 1's room, and Resident 3's room. The fixture was missing its cover (Photo 4). At approximately 1:30 p.m., Surveyor interviewed Administrator A regarding the above concerns. Administrator A confirmed Resident 1's windows did not have coverings and asked Surveyor if they needed to be there when Resident 1 previously tore them down. Administrator A acknowledged Surveyor's concerns regarding the toilet paper, door handle, and light fixture, and reported s/he would have them addressed.	M 276		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued	M 424		

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appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.

This Rule is not met as evidenced by:
Based on record review and interview, the individual service plan (ISP) for 3 of 3 residents reviewed was not updated to reflect the residents' needs or was reviewed with the residents' legal representatives.

Resident 1's ISP did not reflect the extent of his/her behaviors related to property destruction, his/her sleeping preferences, or his/her communication needs. Resident 1's ISP directed for staff to monitor and document his/her bowel movements, which was not being completed by staff and did not seem to be a current need per staff report.

There was no evidence that Resident 2's legal representative reviewed Resident 2's ISP since the last survey, SOD J7RJ11, dated 07/23/2024, which at that time identified no evidence that his/her legal representative was provided an opportunity to review either of his/her 2 previous ISP updates on 04/01/2024 and 10/02/2023.

Resident 3's ISP directed for staff to monitor and document his/her bowel movements, which was not being completed by staff and did not seem to be a current need per staff report.

This is a repeat deficiency. See Statement of

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M 424	Continued From page 4 Deficiency (SOD) J7RJ11, dated 07/23/2024. Findings include: Example 1 - Resident 1 On 11/13/2024, at approximately 9:30 a.m. while touring the environment with Licensee C, Surveyor interviewed him/her. Licensee C confirmed Surveyor's observation that toilet paper was not kept in the bathroom and that this was because Resident 1 had been known to clog the toilet with it. While observing Resident 1's room, it was observed to have no covers on either of his/her two windows, and no furniture other than a mattress on the ground. Licensee C reported that Resident 1 was known to be destructive with property or take things apart such as lighting fixtures or air vents, and that was why there was limited items in his/her room. Resident 1 was observed to not be communicative with either Licensee C or Surveyor. On 11/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 08/24/2023 with diagnoses including mild intellectual disabilities, autistic disorder, and Down syndrome. Resident 1's face sheet documented that his/her language was Spanish. Surveyor reviewed Resident 1's current ISP, last signed as reviewed on 09/16/2024, which documented the following: - Under the "Destructive/Abusive" heading: "Provide supervision and monitoring to help manage/redirect abusive or destructive behavior...Provide intervention." No specific interventions were listed and no specific destructive or abusive behaviors were documented.	M 424		

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M 424	Continued From page 5 - No information regarding Resident 1's sleeping arrangements was documented. - Under the "Capacity for Self Direction" heading, the box for "Cannot make needs known" was checked, but any other information regarding how staff were to communicate with Resident 1 was not documented - Under the "Bowel Movement Monitoring" heading: "Monitor and document their bowel movement." The frequency was set to daily. At approximately 12:18 p.m., Surveyor interviewed Caregiver B. Caregiver B confirmed s/he did not document Resident 1's bowel movements. Caregiver B reported that Resident 1 was not conversational but could indicate his/her needs from staff by pointing at things or saying "yes" or "no." Caregiver B reported that Resident 1 seemed to understand English questions/requests by staff, but sometimes spoke indecipherably and s/he wasn't sure if it was Spanish or slurred English. At approximately 1:30 p.m., Surveyor interviewed Administrator A. Administrator A reported s/he wasn't sure why bowel movement monitoring and documentation was in Resident 1's ISP because s/he did not think this was a current need for him/her. Administrator A confirmed that there was no evidence staff were documenting Resident 1's bowel movements. Administrator A reported s/he planned to take this directive out of Resident 1's ISP. Regarding Resident 1's lack of bed, Administrator A confirmed that it was Resident 1's preference to have his/her mattress directly on the ground and that Resident 1's legal guardian and managed care organization (MCO) were both	M 424		

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aware of and in agreement with this. Regarding Resident 1's property destruction, Administrator A confirmed that Resident 1 was known to destroy furniture that had been placed in his/her room or attempt to take apart wall fixtures, such as window coverings, light coverings, air vents, and outlets. Administrator A reported that this required close staff supervision to prevent but that recently staff had been giving him/her fidget toys that had been helping to mitigate the behaviors. Administrator A corroborated Caregiver B's report regarding Resident 1's communication needs, and confirmed that Resident 1 mostly communicated with pointing or staff asking yes/no questions of him/her. Administrator A acknowledged Surveyor's concern that the extent of Resident 1's property destruction behaviors, sleeping preference, and communication needs were not in his/her ISP and reported s/he would update it.

Example 2 - Resident 2

On 11/13/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 03/08/2023 with diagnoses including major depressive disorder. Resident 2 was documented as having a legal guardian.

At approximately 1:05 p.m., Surveyor requested from Administrator A the most recently reviewed ISP for Resident 2. Administrator A provided 2 different ISPs - one of which was signed by Administrator A as reviewed on both 10/02/2023 and 04/01/2024. The second ISP was signed as reviewed by Administrator A and Licensee C on 11/06/2024. There was no evidence that either of Resident 2's ISPs were reviewed by his/her guardian. Administrator A reported s/he was not sure if s/he had evidence of at least providing

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M 424	Continued From page 7 Resident 2's ISP to his/her legal guardian for review. At approximately 1:30 p.m., Surveyor gave a deadline to Administrator A of 5:00 p.m. that day to provide any additional evidence of Resident 2's legal guardian having been provided Resident 2's ISP to review since the last survey. Nothing further was received. Example 3 - Resident 3 On 11/13/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 06/08/2020 with diagnoses including moderate intellectual disabilities. Resident 3 was documented as having a legal guardian. Resident 3's current ISP, most recently signed as reviewed on 09/19/2024, directed for staff to monitor and document his/her bowel movements. At approximately 1:05 p.m., Surveyor interviewed Administrator A and requested documentation of Resident 3's bowel movement monitoring. Administrator A replied that there was none and that this was not a current need for Resident 3. Administrator A reported s/he would remove this directive out of Resident 3's ISP.	M 424		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.	M 462		

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This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure that medication was stored correctly or residents were assisted with taking the correct dosage for 2 of 2 residents reviewed who required assistance with medication management.

For two of Resident 1's topically-applied medications, fluocinonide solution and Eucerin ointment, staff were not applying the medications as prescribed and there was no evidence that staff's as needed (PRN) application of them was endorsed by a medical provider. Resident 1's Eucerin ointment had been expired for over 3 months. Two others of Resident 1's topically-applied medications, clotrimazole and salicylic acid wash, were not on hand, which was only discovered by Caregiver B after Surveyor specifically requested to see the medications. Caregiver B confirmed s/he had been signing off on administering Resident 1's clotrimazole but not administering it.

There was no evidence that staff administered Resident 3's daily loratadine and simvastatin tablets from 10/01/2024 - 11/12/2024, and no evidence of staffs' efforts/attempts to rectify whether these medications were still active with his/her medical provider.

This is a repeat deficiency. See Statement of Deficiency (SOD) J7RJ11, dated 07/23/2024.

Findings include:

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M 462	Continued From page 9 Example 1 - Resident 1 On 11/13/2024, at approximately 10:00 a.m., Surveyor observed the medication closet with Licensee C, where all residents' medications were located. Licensee C confirmed that staff administered the residents their medications. Surveyor observed 1 container of Resident 1's Eucerin cream, which contained a pharmacy label directing staff to, "Apply topically to entire body in the morning." The label indicated that the container was dispensed by the pharmacy on 08/03/2023 (over 15 months since the survey). The container was observed to be approximately 75% full. The label also indicated that the container was to be discarded after "8/2024" (3 months prior to the survey). There were no other containers of Eucerin cream on hand for Resident 1. Licensee C acknowledged Surveyor's observations of the container expiration date and scheduled application instructions and reported staff mostly applied it as a PRN medication to Resident 1, not daily. Licensee C could not confirm whether there was communication with Resident 1's medical provider to update him/her on how staff were utilizing the cream or to request a change in the application instructions of it. While observing the medication cart, Surveyor also observed 1 bottle of Fluocinonide 0.05% solution, which contained a pharmacy label directing staff to, "Apply topically to scalp daily for up to 14 days." The label indicated that the bottle was dispensed by the pharmacy on 09/06/2024. Surveyor observed that the 14 day mark from the time it was dispensed would be approximately 09/20/2024. Licensee C reported staff mostly applied it as a PRN medication to Resident 1. When asked if the 14-day period had come up for	M 462		

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the end of its administration, as indicated in his/her order, Licensee C replied s/he wasn't sure. Licensee C could not confirm whether there was communication with Resident 1's medical provider regarding staff's application of the solution on a PRN basis (as opposed to the temporary scheduled basis it was prescribed) or to request whether staff could still utilize the solution after the initial prescribed 14 days of use.

According to the American Academy of Family Physicians (AAFP), fluocinonide is classified as a corticosteroid medication and "the risk of adverse effects [of topical corticosteroids] increases with prolonged use...[and] higher potency...Correct patient application is critical to successful use." The AAFP also identified that fluocinonide 0.05%, whether prescribed as an ointment, cream, gel, or solution, was classified as a "high" potency topical steroid (Source: Stacey, S. and McEleney, M. (2021). Topical corticosteroids: Choice and application. American Family Physician, 103(6): 337-343).

Surveyor did not observe any other ointments, creams, lotions, or solutions for Resident 1 located within the medication closet other than the above two as well as 1 tube of prescribed IcyHot cream.

On 11/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 08/04/2023 with diagnoses mild intellectual disabilities, autistic disorder, and Down syndrome. Resident 1's prescriptions included:

- Clotrimazole 1% topical ointment, active since 08/17/2023, with instructions to, "Apply topically to affected area 2 times a day"
- Eucerin (Minerin) topical cream, active since

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05/30/2024, with instructions to, "Apply topically to entire body in the morning" (same instructions as observed by Surveyor on the container earlier)
- Fluocinonide 0.05% topical solution, active on 09/06/2024, with instructions to, "Apply topically to scalp as directed for up to 14 days" (same instructions as observed by Surveyor on the bottle earlier)
- Salicylic acid 3% wash, active since 05/29/2024, with instructions to, "Apply topically in the morning twice weekly on Wednesday and Saturday; lather on affected areas of scalp, rinse out after 5 minutes"

Surveyor reviewed Resident 1's medication administration records (MARs) from 10/01/2024 - 11/12/2024 and observed the following:

- Clotrimazole: Initialed off by staff on 35 of 86 scheduled administrations. There was one occurrence, the 10/27/2024 8:00 a.m. administration, where staff documented not administering it due to, "No pass per vitals." The remaining 50 scheduled administrations were blank on the MARs.

- Eucerin cream: Initialed off by staff on 2 of 43 scheduled administrations. There was one occurrence, the 1027/2024 administration, where staff documented not administering it due to, "No pass per vitals." The remaining 40 scheduled administrations were blank on the MARs.

- Salicylic acid wash: Initialed off by staff on 7 of 12 scheduled administrations. The remaining 5 scheduled administrations were blank on the MARs.

- No documented administrations of Resident 1's fluocinonide solution, which was an entry located

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M 462	Continued From page 12 in the "PRN" section of Resident 1's MARs At approximately 11:55 a.m., Surveyor observed the medication closet with Caregiver B. Surveyor confirmed with Caregiver B that neither were able to find Resident 1's clotrimazole ointment or salicylic acid wash. Surveyor then requested Caregiver B to provide Surveyor Resident 1's clotrimazole ointment. After a couple minutes of Caregiver B searching outside of Surveyor's view, Caregiver B confirmed s/he could not find any clotrimazole ointment. Caregiver B reported s/he wasn't sure what it was. Upon Surveyor reporting that Caregiver B signed off on administering Resident 1's clotrimazole ointment the previous evening, on 11/12/2024 at 8:00 p.m., Caregiver B confirmed s/he signed off on it but did not administer it. Regarding Resident 1's Eucerin cream, Caregiver B reported s/he did not administer it daily as prescribed but rather administered it on an as-needed basis to the back of Resident 1's neck, where s/he was sometimes known to have episodes of skin irritation. Regarding Resident 1's salicylic acid wash, Surveyor requested Caregiver B to show him/her the wash. After several minutes of searching outside of Surveyor's view, Caregiver B confirmed s/he could not find the wash anywhere, including the bathroom or Resident 1's room. Caregiver B reported s/he wasn't sure if it ran out at some point. Regarding Resident 1's fluocinonide solution, Caregiver B reported that s/he had sometimes administered this. When asked for clarification if the solution was directed by a medical provider to be used past the 14 days it was prescribed, Caregiver B replied that s/he wasn't sure. Upon reviewing Resident 1's MARs again, Surveyor observed that Resident 1 was	M 462		

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scheduled to have his/her salicylic wash applied that day. Surveyor observed that all but 1 days' worth of Resident 1's medication administrations from 10/01/2024 - 11/12/2024 were initialed off on by either Licensee C or Caregiver B, both who were interviewed by Surveyor as documented above.

At approximately 1:30 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concerns regarding Resident 1's lack of clotrimazole ointment (despite staff signing off on it) and salicylic acid wash, and non-prescribed application of his/her Eucerin ointment and fluocinonide solution. Administrator A reported s/he would have to get in contact with Resident 1's medical provider for further follow up clarification.

Example 2 - Resident 3

On 11/13/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 06/08/2020 with diagnoses including moderate intellectual disabilities and hyperlipidemia (high cholesterol). Resident 3's prescriptions included:

- Loratadine 10 mg tablets, active since 08/28/2024, with instructions to, "Take 1 tablet by mouth in the morning."
- Simvastatin 20 mg tablets, active since 07/16/2023, with instructions to, "Take 1 tablet by mouth at bedtime."

Surveyor reviewed Resident 3's medication administration records (MARs) from 10/01/2024 - 11/12/2024 and observed the following:

- Loratadine: Blank entries for 43 of 43 scheduled administrations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018147	A. BUILDING: _____ B. WING _____	R 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL FOR 1 INC	1170 GEORGES AVENUE BROOKFIELD, WI 53045

(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 462	Continued From page 14 - Simvastatin: Blank entries for 42 of 43 scheduled administrations At approximately 1:30 p.m., Surveyor interviewed Administrator A. Administrator A confirmed that Resident 3 only had 3 nighttime medications on hand. After looking at the MARs again, Surveyor confirmed with Administrator A entries for 3 other nighttime medications administered to Resident 3 besides his/her simvastatin. Administrator A acknowledged Surveyor's concern regarding the above medications and reported knowing there was one medication that s/he had past issues with because Resident 3's previous medical provider retired and so clinic staff claimed they were unable to make changes to his/her prescriptions. Administrator A reported s/he would have to contact the clinic to follow up regarding the above medications.	M 462		