STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017971	A. BUILDING: _____ B. WING _____	R-C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A GOLDEN STAR AFH V	4201 MONTEREY DRIVE RACINE, WI 53406

(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 10/28/2024, with information gathered through 10/29/2024, Surveyors conducted a standard survey, two verification visits for SOD V2VZ11, dated 11/30/2022, and SOD JWRC11 dated, 08/03/2022 and two complaint investigations at A Golden Star AFH V, an Adult Family Home (AFH) in Racine, WI. Sixteen deficiencies were identified. Three of the 16 violations are repeat violations. See Statement of Deficiency (SOD) JWRC11, dated 08/03/2022, and SOD V2VZ11, dated 11/30/2022. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
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 observation, record review, and interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of	M 216		

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

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M 216	Continued From page 1 Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 5 repeat violations. The provider did not follow Special Orders which resulted from previous statement of deficiency (SOD) JWRC11, dated 08/03/2022, V2VZ11, dated 11/30/2022. Findings include: On 12/29/2022, SOD JWRC11 and a Special Orders Letter were issued to Licensee A via email with the following: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that A Golden Star AFH: 1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code § DHS 88.07(2)(a) and will provide or arrange for the provision of individualized services specified in each resident's individual service plan (ISP) that are the licensee's responsibility. WITHIN 45 DAYS of receipt of this notice, the licensee shall: - Review each current resident's assessment to ensure the assessment identifies the person's needs regarding the level of supervision required in the home and community. - Develop or revise, as necessary, the resident's individualized service plan to comprehensively document the level and frequency of services needed. - Arrange for a service provider to be present in the licensed entity and awake at all times if any	M 216		

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M 216	Continued From page 2	M 216		

resident is in need of continuous care.
- Provide sufficient, qualified staff member to meet the personal care needs of residents, to ensure needed supervision, and to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals).
- Ensure all staff responsible for providing services to residents review the resident's individualized service plan and will provide services in accordance with the plan.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) JWRC11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the Department representatives upon request.

On 03/13/2023, SOD V2VZ11 and a Special Orders Letter were issued to Licensee A via email with the following:
Based on the results of the Department ' s investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that A Golden Star AFH:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative

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M 216	Continued From page 3	M 216		

and case manager (if any) of Resident 1 with a copy of Statement of Deficiency (SOD) V2VZ11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or an email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

On 10/28/2024 with information gathered through 10/29/2024, Surveyors conducted a standard survey, two verification visits and two complaint investigations at A Golden Star AFH V. As a result of the survey, the provider was issued 16 deficiencies. Three of the 16 were repeat deficiencies. The following repeat deficiencies were identified:

88.06(2)(b) Service Agreement Except Respite - This is a repeat deficiency.
88.06(3)(d)5 Signed Statement Of Agreement - This is a repeat deficiency.
88.07(2)(b)4 Record Of Medical Visits And Reports - This is a repeat deficiency.

On 10/28/2024 at approximately 12:00 PM, Surveyors reviewed SOD JWRC11 and V2VZ11 and the Special Orders Letter with Director E. Director E confirmed s/he did not have documentation Resident 1's legal representative and case manager was provided with a copy of SOD V2VZ11 and a copy of the Notice and Order Letter. Director E stated Licensee A handled the day-to-day operations and s/he was unaware of the issues identified.

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M 232	Continued From page 4	M 232		
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 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 ensure 1 of 1 employee (Caregiver G) reviewed was screened for communicable disease, including a tuberculosis (TB). Caregiver G did not have a communicable disease screen or TB skin test completed within 90 days prior to start of service. Findings include: On 10/28/2024, Surveyors requested to review Caregiver G's record from Director E. On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E stated s/he would send Caregiver G record via e-mail by end of day. On 10/28/2024 at 3:29 PM, Surveyors received and reviewed Caregiver G's record.	M 232		

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M 232	Continued From page 5 Caregiver G was hired on 09/16/2024. Caregiver G's record did not contain evidence of a communicable disease screen or TB skin test.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee (House Lead F) received 15 hours of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents, fire safety, and first aid within the first 6 months after starting to provide care. House Lead F completed 8 of 15 hours of the required training. Findings include: On 10/28/2024, Surveyors requested to review House Lead F record from Director E. On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E stated s/he would send House Lead F's record via e-mail by end of day.	M 244		

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M 244	Continued From page 6 On 10/28/2024 at 3:28 PM, Surveyors received and reviewed House Lead F's record. House Lead F was hired on 06/22/2022 and his/her record did not contain evidence of 15 hours of training. House Lead F completed 8 of 15 hours of the required training.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each employee completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 employee (House Lead F) who required annual training. House Lead F did not receive annual training in 2023. Findings include: On 10/28/2024, Surveyors requested to review House Lead F record from Director E.	M 246		

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M 246	Continued From page 7 On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E stated s/he would send House Lead F record via e-mail by end of day. On 10/28/2024 at 3:28 PM, Surveyors received and reviewed House Lead F's record.. House Lead F was hired on 06/22/2022 and his/her record did not contain evidence of 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents. House Lead F's record did not contain evidence of him/her receiving annual training in 2023.	M 246		
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 a well-maintained and home like environment for 4 of 4 residents in the home. The kitchen blinds were broken. The half-bathroom had duct tape on toilet seat. There were standing water concerns in the basement. Findings include: On 10/28/2024, at approximately 11:00 AM, Surveyors toured the facility. During the tour,	M 276		

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M 276	Continued From page 8 Surveyors observed the following: -kitchen blinds over back exit door was missing blinds about 2 inches by 4 inches -two and a half blinds broken above kitchen sink window -door knob loose on front door -door knob loose on Resident 4's door -backs of kitchen chairs were missing -a brown like material (consistent with dust) was caked on Resident 3's ceiling fan -basement had puddle of water on floor about 2 feet by 4 feet long by basement drain -full bathroom had no mirror -the fenced in area in the backyard had a grill in front of the door of the gate -discolored floor board in kitchen about 4 inches by 6 inches -kitchen stove was missing a knob for the stove top -there was a sign on the closet door in hallway that identified resident's name with their shower days On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E acknowledged the items and stated they would get them fixed.	M 276		
M 330	88.05(3)(o) HOME NOT BE USED FOR OTHER BUSINESS The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the resident's privacy is adversely affected.	M 330		

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M 330	Continued From page 9	M 330		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider exceeded the licensed capacity of an adult family home (AFH) by providing services to the residents from another AFH with a total of 5 residents within the home, thus running a business that regularly brings customers to the home so that the residents use of the home as their residence or the resident's privacy was adversely affected. The 2 residents between the two other AFH's were provided supervision services since they both were non-verbal and need 24/7 care.

Findings include:

The facility was licensed on 05/06/2020 to serve up to 4 residents with the client groups of advanced age, physically disabled, terminally ill, developmentally disabled, irreversible dementia/Alzheimer's, correctional clients, alcohol/drug dependent, traumatic brain injury and/or residents that are emotionally disturbed or have a mental illness.

On 10/28/2024, between 09:40 AM and 10:20 AM, Surveyors observed the following:

- The facility is a single-family home. The single-family home next door to the home, is also owned and operated by Licensee A.

- The residents were able to move freely around the facility, but had to stay in the home where they do not reside in.

-At approximately 9:45 AM, observed 5 individuals receiving care in the home with

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Caregiver C being the only caregiver in the home. Surveyors observed a small baby approximately 3-4 months old sleeping on the couch next to Caregiver C. Caregiver C stated it was his/her baby s/he had brought to work with him/her to cover for another caregiver.
-Surveyors observed Person H and Person I from the facility next door. Person H and Person I were sitting on the couch in the dark with the TV on when Surveyors arrived to the facility.

On 10/28/2024, Surveyors reviewed the resident roster and identified the following:
Resident 3 was admitted on 06/27/2022 and had a guardian.
Resident 4 was admitted on 08/09/2023 and was his/her own person.
Resident 6 was admitted on 10/02/2024 and had an activated power of attorney (POA).
Resident 7 was admitted on 04/18/2024 and was his/her own person.

On 10/28/2024, at approximately 9:50 AM, Surveyors interviewed Caregiver C. Caregiver C stated s/he had to cover for another caregiver so s/he came in around 6:00 AM and brought his/her baby with them. Caregiver C stated Resident 8 and Resident 9 came over from the other house around 9:00 AM because another resident at the home had to go see his/her parole officer and s/he could not bring Resident 8 and Resident 9 with them.

On 10/28/2024, at approximately 10:40 AM, House Lead F arrived and relieved Caregiver C and his/her baby. At this time, Resident 8 and Resident 9 went back to their facility next door.

On 10/28/2024, at approximately 10:45 AM, Surveyors interviewed House Lead F. House

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M 330	Continued From page 11 Lead F stated it was not typical for caregivers to bring their children to work with them. House Lead F stated that it was typical for other residents to come from other homes sometimes when there were appointments for residents in the home and they cannot bring them to the appointments with them and since they only have one staff on duty, they bring them over to the house nearby. On 10/28/2024, at approximately 1:00 PM, Surveyors interviewed Director E. Director E stated staff know not to bring children to the facility while they are on duty, and it is against facility policy. Director E stated staff knew residents should not be brought from other homes to have staff supervise them as well. Director E stated staff were supposed to contact him/her and let them know about appointments so they could find coverage in the home. Director E stated Caregiver C should have not had his/her baby on site and Caregiver C should have not been in charge of Resident 8 and Resident 9 since they did not live in that facility.	M 330		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.	M 336		

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M 336	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure the smoke detector was operating for 1 of 1 calendar year reviewed (2023). The provider did not test each smoke detector monthly to ensure it was operational for 9 of 12 months. Findings include: On 10/28/2024, at 11:49 AM, Surveyors requested documentation of the home's smoke detector tests from Director E. Director E provided Surveyors with a binder where smoke detectors tests were documented. The following was identified: - Smoke detectors tests were not completed in the following months: January 2023 - May 2023 - Smoke detectors tests were not completed in the following months: September 2023 - December 2023 On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed smoke detector log for 2023 was not completed in its entirety. Director E stated s/he did not know why 9 of 12 months were not completed.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.	M 348		

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M 348	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of semi-annual fire drills conducted with all household members for 1 of 1 year. The provider had no fire drills completed for calendar year 2023. Findings include: On 10/28/2024 at approximately 10:00 AM, Surveyors reviewed fire drills for calendar year 2023. There was no evidence of any fire drills conducted in calendar year 2023. On 10/28/2024, at approximately 11:00 AM, Surveyors interviewed Director E about fire drills. Director E stated the fire drills should have been in the state binder but s/he could not locate any of the fire drills for 2023. Cross Reference 0336 DHS 88.5(4)(b)2 Smoke Detectors-Testing and Maintenance	M 348		
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 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.	M 380		

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A GOLDEN STAR AFH V	4201 MONTEREY DRIVE RACINE, WI 53406

(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 380	Continued From page 14	M 380		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 3, Resident 4, and Resident 6) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission.

Findings include:

On 10/28/2024, Surveyors reviewed Resident 3's, Resident 4's, and Resident 6's record. The following was identified:

- Resident 3 was admitted to the facility on 06/27/2022. Resident 3's record did not include evidence of a health exam.

- Resident 4 was admitted to the facility on 08/09/2023. Resident 4's record did not include evidence of a health exam, including a screening for communicable disease, including a TB skin test.

- Resident 6 was admitted to the facility on 10/02/2024. Resident 6's record did not include evidence of a health exam, including a screening for communicable disease, including a TB skin test.

On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed residents did not have a health exam, including a screening for communicable disease, including a TB Skin. Director E stated information would have been in residents record if it was completed.

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{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 1 of 4 residents (Resident 6) reviewed had a service agreement completed signed and dated by the licensee, resident, or resident's guardian or designated representative prior to admission. This is a repeat deficiency. See Statement of Deficiency (SOD) #JWRC11 dated 08/03/2022. Findings include: On 10/28/2024, Surveyors reviewed Resident 6's record and identified the following: - Resident 6 was admitted to the provider's home on 10/02/2024. - Resident 6 had a legal guardian. - Resident 6's record did not contained evidence of a service agreement. On 10/28/2024 at approximately 12:00 PM,	{M 384}		

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{M 384}	Continued From page 16 Surveyors interviewed Director E regarding Resident 6's service agreement. Director E stated Resident 6 did not have a completed service agreement. Director E stated s/he contacted Resident 6's guardian regarding going over Resident 6 service agreement so s/he could sign and date. Director E stated Resident 6's guardian stated s/he was out of town.	{M 384}		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement indicating the charges for room and board and services, was provided for 3 of 3 residents (Resident 3, Resident 4, and Resident 7) reviewed. Findings include: On 10/28/2024, Surveyors reviewed Resident 3's, Resident 4's, and Resident 7's records. The following was identified: - Resident 3 was admitted to the facility on 06/27/2022. Resident 3's service agreement was signed by Resident 3, his/her guardian, and Director E on 06/27/2022. Resident 3's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services.	M 392		

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M 392	Continued From page 17 - Resident 4 was admitted to the facility on 08/09/2023. Resident 4's service agreement was signed by Resident 4 and Director E on 08/09/2023. Resident 4's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. - Resident 7 was admitted to the facility on 04/18/2024. Resident 7's service agreement was signed by Resident 7 and Director E on 04/18/2024. Resident 7's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed the service agreements did not include information relating to specific charges for each residents' room and board or other services. Director E stated all residents were assisted with county funding and they paid a specific rate agreed upon by the licensee and the funding source. Director E stated s/he was not aware it was a requirement to list the amounts of room and board and other services on the service agreement.	M 392		
{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:	{M 420}		

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{M 420}	Continued From page 18 Based on record review and interview, the provider did not ensure 2 of 4 residents (Resident 5 and Resident 6) 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 5's and Resident 6's ISP's did not include a signed statement of agreement with all parties involved. This is a repeat deficiency. See Statement of Deficiency (SOD) #JWRC11 dated 08/03/2022. Findings include: On 10/28/2024, Surveyors reviewed resident records and identified the following concerns: - Resident 5 was admitted to the provider's home on 06/14/2024. - Director E stated Resident 5 had a legal guardian. - The consumer roster identified Resident 5 had a managed care organization (MCO) case management team. - Surveyors reviewed Resident 5's ISP dated 07/08/2024. Resident 5's ISP did not contain a guardian signature or MCO case management team signatures. - Resident 6 was admitted to the provider's home on 10/02/2024. - Director E stated Resident 6 had a power of attorney. - The consumer roster identified Resident 6 had an managed care organization (MCO) case management team. - Surveyors reviewed Resident 6's ISP dated 10/23/2024. Resident 6's ISP did not contain a power of attorney signature or MCO case management team signatures.	{M 420}		

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{M 420}	Continued From page 19 On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed resident's ISP needed to be signed by all parties in agreement with the plan. Director E stated s/he would ensure all ISP's were signed by all parties.	{M 420}		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure they obtained a record of all medical visits and reports for 1 of 1 resident. Resident 7 received care from his/her oncologist and there were no reports included in his/her record. This is a repeat deficiency. See Statement of Deficiency (SOD) #V2CZ11, dated 11/30/2022. Findings include: On 08/05/2024, the Department received a complaint alleging residents attended each other's appointments due to staffing issues. On 10/28/2024, Surveyor reviewed Resident 7's record and identified the following: -Resident 7 was admitted on 04/18/2024. -Resident 7's record did not include a record of oncologist clinic visits and reports Resident 7's daily charting on 07/18/2024 stated	M 446		

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M 446	Continued From page 20 the following: "-Upon my arrival, [Resident 7] was asleep. Ate 100% all meals. Took meds. Went to [his/her] appointment. Watched TV in [his/her] room." On 10/28/2024, at 12:00 PM, Surveyors interviewed Director E regarding Resident 1's appointment on 07/18/2024. Director E stated it should be in Resident 7's file but s/he could not locate it.	M 446		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. 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 had an annual health exam by a physician. There was no record of an annual health exam for Resident 3 in 2023. Findings include: On 10/28/2024, Surveyors reviewed Resident 3's record and identified the following: - Resident 3 was admitted to the facility on 06/27/2022. Resident 3's record did not contain an annual health exam for Resident 3 in 2023. On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed Resident 3 did not have an annual health examination by a physician in 2023. Director E stated information would have been in Resident 3's record if it was completed.	M 456		

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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 specifying who by name or position could administer medications for 2 of 2 resident (Resident 4 and Resident 6) reviewed who required staff to administer his/her medications. Resident 4 and Resident 6 did not have a written order permitting the provider staff to administer medications. Findings include: On 10/28/2024, Surveyors reviewed Resident 4's record. Resident 4 was admitted to the facility on 08/09/2023. Resident 4 did not have an order specifying who by name or position could administer Resident 4's medication. Surveyors requested a written order from the physician for Resident 4 from Director E. On 10/28/2024, Surveyors reviewed Resident 6's record. Resident 6 was admitted to the facility on 10/02/2024. Resident 6 did not have an order	M 464		

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M 464	Continued From page 22 specifying who by name or position could administer Resident 6's medication. Surveyors requested a written order from the physician for Resident 6 from Director E. On 10/28/2024 at approximately 12:00 PM, Surveyors interviewed Director E. Director E confirmed Resident 4 and Resident 6 required staff to administer his/her medication. Director E stated s/he did not know why this information was not in residents' records.	M 464		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide privacy when 1 of 1 resident reviewed (Resident 7) needed to attend a medical appointment. Findings include:	M 550		

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M 550	Continued From page 23	M 550		

On 08/05/2024, the Department received a complaint alleging residents attended each other's appointments due to staffing issues. On 07/18/2024, Resident 7 had to attend his/her medical appointment with another resident present at his/her appointment because there were not enough staff for the resident to remain at home. The resident that attended Resident 7's appointment with him/her was very disruptive and Resident 7's doctor had to ask staff to take resident out of the room but staff member stated neither resident could be alone so s/he could not leave the room.

On 10/28/2024, Surveyor reviewed Resident 7's record and identified the following:
-Resident 7 was admitted on 04/18/2024
-Resident 7 was his/her own person and needed 24/7 supervision

Resident 7's daily charting on 07/18/2024 stated the following:
"-Upon my arrival, [Resident 7] was asleep. Ate 100% all meals. Took meds. Went to [his/her] appointment. Watched TV in [his/her] room."

On 10/28/2024, at 12:00 PM, Surveyors interviewed Director E regarding Resident 7's appointment on 07/18/2024. Director E confirmed sometimes when residents had doctor appointments, staff would have to take the other residents with them in the van because there were no staff to stay at the home with them. Director E stated s/he had tried to do a better job since an incident at Resident 7's oncologist appointment where the other resident who was present was disruptive. Director E stated s/he cannot remember which other resident attended the appointment with Resident 7 but knew either resident could not be alone so that was why staff

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M 550	Continued From page 24 had to take both residents to the appointment and could not just take Resident 7.	M 550		