STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019113	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE II	**4235 LATHROP AVE MOUNT PLEASANT, WI 53403**

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M 000	INITIAL COMMENTS On 10/25/2024, Surveyor conducted a standard survey and 1 complaint investigation. Seven deficiencies were identified. One complaint was unsubstantiated. Census: 1	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: homelike environment for 1 of 1 resident who resided in the facility. The family room, bathroom and hallway needed cleaning and maintenance. Findings include: On 10/25/2024, at approximately 10:00 AM, Surveyor toured the facility and identified the following: -Family room furniture consisted of 1 couch with three cushions. All of the cushions were soiled over 50 % of the surface. Two of 3 cushions were turned over to prevent use. A single cushioned chair was covered in a white powder like substance preventing its use. A love seat with one missing cushion was pushed alongside the largest couch into the northwest corner of the room preventing use.	M 276		

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

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M 276	Continued From page 1 Family Room and Hallway Carpet -Approximately 40% of beige carpet was discolored with stains and a heavy traffic pattern throughout the family room and down the hallway. Kitchen -Blinds on southern wall had 3 missing or broken slats. Bathroom -Window screen was approximately 50% covered in dust like substance and cobwebs. -Window sill was covered in dark dust like substance. -Toilet paper dispenser had no toilet paper. -Tile at floor level northeast corner of shower was broken and missing 5 tiles exposing what appeared to be crumbling sheet rock. Resident 1's Bedroom -Had an overwhelming smell of urine like odor. -The hardwood floor had dark stains covering approximately 30% of the open area. The closet floor was 90% covered in a layer of black substance, consistent with dirt and dust like substance, which rubbed off when touched. On 10/25/2024, at approximately 10:30 AM, Surveyor interviewed Caregiver B regarding the cleanliness of the home. Caregiver B reported Resident 1 lived here alone and frequently urinated throughout the home. Caregiver B reported the furniture was covered in a cleaning powder due to the presence of urine. Caregiver B was unsure how often the carpet was cleaned and did not know why there was no toilet paper supplied in the bathroom.	M 276		

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M 338	Continued From page 2	M 338		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. One of 2 emergency exits required a key to exit from the home. The key to unlock the door was kept in a kitchen cabinet which required staff to stand on a chair to retrieve it. Findings include: The adult family home was licensed on 08/15/2023 as an ambulatory Adult Family Home (AFH) able to serve up to 4 residents in the client groups advanced aged, correctional clients, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill residents. On 10/25/2024 at approximately 10:00 AM, Surveyor toured the provider's home with Caregiver B. Surveyor observed a posted evacuation plan that identified 2 exits. One exit was on the west facing wall and one exit was on the east facing wall. Surveyor noted the east facing exit required a key to gain access to the outdoors. Surveyor asked Caregiver B to unlock the east facing exit. Caregiver B left the home and went to the adjoining AFH to retrieve a key.	M 338		

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M 338	Continued From page 3 Caregiver B returned without a key and then stood on a chair to retrieve a key from the top kitchen cabinet next to the exit. Surveyor asked how Resident 1 would gain access to the outdoors in the event of a fire. Caregiver B reported the resident always has a caregiver assigned to them who would assist them in exiting. On 10/25/2024, at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware the current exit was considered an obstruction to exiting but would have the lock changed.	M 338		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 1 of 1 resident who had lived in the facility for approximately 4 months. Resident 1 did not have an evacuation assessment completed upon admission or thereafter. Findings include: On 10/25/2024, Surveyor requested to review	M 346		

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M 346	Continued From page 4 Resident 1's record. Caregiver B reported there was no record for Resident 1 who had moved into the facility sometime this summer. On 10/25/2024, at approximately 11:15 AM, Surveyor interviewed Licensee A who reported they had not yet collected any paperwork on Resident 1. Licensee A confirmed Resident 1 was an emergency admission who had arrived sometime in June of 2024 and ended up staying. Licensee A agreed to get the resident record established including the fire evacuation assessment.	M 346		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident admitted to the facility received a health examination to identify health problems and was screened for communicable disease, including tuberculosis (TB). Resident 1, did not receive a health	M 380		

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M 380	Continued From page 5 examination to identify health problems and did not get screened for communicable disease, including TB. As of 10/25/2024, Resident 1 has resided in the facility for approximately 120 days without an admission health examination and TB screening. Findings include: On 10/25/2024, Surveyor reviewed the resident roster provided by Caregiver B and identified the following: -Resident 1 did not have a confirmed admission date. On 10/25/2024 at approximately 11:00 AM, Surveyor requested to review Resident 1's record. No record was available. On 10/25/2024, at 11:15 AM, Surveyor interviewed Licensee A regarding Resident 1's lack of health examination. Licensee A confirmed they did not ensure Resident 1 received a health examination including TB, within 90 days prior to admission or 7 days after. Licensee A confirmed Resident 1 was an emergency admission who had arrived sometime in June of 2024 and ended up staying. Licensee A agreed to get the resident record established including the admission Health exam.	M 380		
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	M 384		

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M 384	Continued From page 6	M 384		

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 a service agreement was completed, dated, and signed prior to admission for 1 of 1 resident. Resident 1 has resided in the facility for approximately 120 days without a signed service agreement.

Findings include:

On 10/25/2024, Surveyor reviewed the resident roster provided by Caregiver B and identified the following:

-Resident 1 did not have a confirmed admission date.

On 10/25/2024 at approximately 11:00 AM, Surveyor requested to review Resident 1's record. No record was available.

On 10/25/2024, at 11:15 AM, Surveyor interviewed Licensee A regarding Resident 1's lack of service agreement. Licensee A confirmed they did not ensure Resident 1 had a service agreement. Licensee A confirmed Resident 1 was an emergency admission who had arrived sometime in June of 2024 and ended up staying. Licensee A agreed to get the resident record established including service agreement.

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M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure written assessment or Individual Service Plans (ISP) was completed for 1 of 1 resident. Resident 1 did not have an assessment or ISP. Findings include: On 10/25/2024, Surveyor reviewed the resident roster provided by Caregiver B and identified the following: -Resident 1 did not have a confirmed admission date. On 10/25/2024 at approximately 11:00 AM, Surveyor requested to review Resident 1's record. No record was available. On 10/25/2024, at 11:15 AM, Surveyor interviewed Licensee A regarding Resident 1's lack of written assessment or ISP. Licensee A confirmed they did not ensure Resident 1had an assessment or ISP. Licensee A confirmed Resident 1 was an emergency admission who had arrived sometime in June of 2024 and ended up staying. Licensee A agreed to get the resident record established including an	M 404		

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M 404	Continued From page 8 assessment and ISP.	M 404		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident record (Resident 1) contained all required information. Findings include: On 10/25/2024, Surveyor reviewed the resident roster provided by Caregiver B and identified the following: Resident 1 did not have a confirmed admission date. On 10/25/2024 at approximately 11:00 AM, Surveyor requested to review Resident 1's record. No record was available. Resident 1's facility record did not contain the following documents: Admission health exam Communicable disease screening and TB test Evacuation Evaluation Service/Admit Agreement Assessment Individual Service Plan	M 482		

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M 482	Continued From page 9 On 10/25/2024, at 11:15 AM, Surveyor interviewed Licensee A regarding Resident 1's lack of records. Licensee A confirmed they did not ensure Resident 1 had the required documentation. Licensee A confirmed Resident 1 was an emergency admission who had arrived sometime in June of 2024 and ended up staying. Licensee A agreed to get the resident record established.	M 482		