STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016620	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 VILLARD STREET MANOR	5277 N 29TH STREET APT 1 MILWAUKEE, WI 53208

(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 01/22/2025, Surveyors conducted a verification visit and a complaint investigation at 1 Villard Street Manor, an Adult Family Home (AFH) in Milwaukee, WI. Four deficiencies identified. Three of 4 deficiencies are repeat deficiencies. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 2	{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 it's operation complied with this chapter and all other laws governing the home and its operations potentially affecting 2 of 2 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 3 repeat violations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) LWDS15, dated 08/23/2024. This is a repeat deficiency. See Statement 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 Deficiency (SOD) LWDS15, dated 08/23/2024, SOD LWDS14, dated 02/27/2024, and SOD LWDS12, dated 10/20/2022. Findings include: On 10/04/2024, SOD LWDS15 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 1 Villard Street Manor: CONSULTANT REQUIRED 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure medication administration is safe, accurate, and appropriate to each resident's needs. The licensee will correct all deficiencies identified in Statement of Deficiency (SOD) LWDS15 in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88 and Wis. Stat. ch. 50) and knowledge of the client groups served by 1 Villard Street Manor. The licensee will provide the consultant with a copy of the SOD LWDS15, along with this Notice and Order letter prior to providing consultation services. In collaboration with the consultant, the licensee will develop (or review/revise) a written procedure to address: Medication Management and Administration Including how the provider will: (a) document	{M 216}		

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{M 216}	Continued From page 2 medication orders, medication administration, and missed/refused doses; (b) administer medications to ensure residents receive medications at the intervals and dosages prescribed; (c) prevent medication errors; (d) respond to medication errors if they occur; and (e) monitor for adverse side effects. Resources are available at: https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm Adequate Staffing The licensee shall ensure adequate and qualified staff are on duty to provide services at the level and frequency needed for the distinct living area licensed as 1 Villard Street Manor. The licensee's written procedure will ensure: (a) a service provider is present in the licensed entity and awake at all times if any resident is in need of continuous care. (b) staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, behavioral interventions, personal cares, meals), and to facilitate a safe evacuation of the building in the event of an emergency. (c) assigned staff will be separate and have distinct duties related to the care and services for residents at 1 Villard Street Manor. The assigned staff will not be shared with other programs. ADDITIONALLY, WITHIN 45 DAYS of receipt of this notice, the licensee will provide training to all managers and service providers on the corrective actions taken to resolve each deficient practice identified in	{M 216}		

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{M 216}	Continued From page 3 Statement of Deficiency LWDS15. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request. 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 LWDS15 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 01/22/2025, Surveyors conducted a verification visit and complaint investigation at 1 Villard Street Manor. As a result of the survey, the provider was issued 4 deficiencies. Three of the 4 were repeat deficiencies. The following deficiencies were identified: 88.04(2)(a) Responsibilities - This is a repeat deficiency. 88.06(2)(b) Service Agreement Except Respite.	{M 216}		

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{M 216}	Continued From page 4 88.07(1)(e) Overnight Supervision- This is a repeat deficiency. 88.07(3)(e)1 Medication - Record Keeping - This is a repeat deficiency. On 01/22/2025 at approximately 9:30 AM, Surveyors reviewed SOD LWDS15 and the Special Orders Letter with Licensee A. Licensee A stated s/he did not have the nurse they are consulting with complete a contract or sign off on documents. Licensee A stated the nurse they used to consult with needed time off because s/he needed a surgery, so s/he did not do any training with staff and neither did Licensee A. Licensee A stated s/he did send resident represenatives or case managers a copy of SOD LWDS15. Licensee A stated s/he did not follow the special orders.	{M 216}		
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 1 resident (Resident	M 384		

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M 384	Continued From page 5 4) reviewed had a service agreement completed prior to admission that was signed. Findings include: On 01/22/2025, Surveyors reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider on 12/12/2023. Resident 4's record did not contain evidence of a service agreement. On 01/22/2025 at approximately 2:50 PM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have an admission agreement for Resident 4.	M 384		
{M 434}	88.07(1)(e) OVERNIGHT SUPERVISION The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not arrange for a service provider to be present in the home when a resident required services or supervision. The licensee shared staff between 2 provider homes and did not ensure the provider's home was staffed when 1 of 1 resident (Resident 7) required	{M 434}		

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{M 434}	Continued From page 6 continuous care. This is being cited for a third time. See Statement of Deficiency (SOD) LWDS15, dated 08/23/2024, and SOD LWDS14, dated 02/27/2024. Findings include: Definition of "Continuous care" from DHS 88 means the need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night. Note: Examples of persons who need continuous care are wanderers, persons with irreversible dementia, persons who are self abusive or who become agitated or emotionally upset and persons whose changing or unstable health condition requires monitoring. On 01/22/205, at 8:55 AM, upon entrance to the adult family home (AFH), Surveyors observed the building had 4 apartments, 2 on the upper level and 2 on the lower level. The apartment on the south side was labeled as Apartment 1, the apartment on the north side was labeled as Apartment 2. The front doors to the lower-level apartments were wide open. Surveyors followed Caregiver Q into Apartment 1. Caregiver Q confirmed Apartment 1 was the licensed adult family home (AFH). Caregiver Q confirmed s/he was the only caregiver working for both sides (Apartment 1 and Apartment 2). Caregiver Q stated Apartment 2 was not a licensed home but s/he was providing cares to residents in Apartment 1 and other individuals in Apartment 2. Caregiver Q stated s/he was left alone to provide	{M 434}		

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{M 434}	Continued From page 7 cares to residents in Apartment 1 and to the other individuals in Apartment 2 around 7:00 AM when the night shift caregiver went home. Caregiver Q reported another caregiver should be coming in later to help. On 01/22/2025 at 10:00 AM, Surveyors reviewed resident records and identified the following: -Resident 7 was admitted on 04/10/2024 -Resident 7's placement referral dated 03/21/2024 stated, [Resident 7] engages in wandering behaviors for the day and night time hours. Behavior includes unsafely leaving or attempting to leave an immediate area, such as a home, community setting. Triggers include attention seeking, internal stimuli, frustration, anger, expectations, limits, and boundaries, assistance with cares, and abrupt change in routine or schedule. -Resident 7's ISP dated 10/09/2024 stated s/he had diagnoses including hyperlipidemia, hyperglycemia, pre-diabetes, obesity, chronic pain, dementia, neurocognitive disorder, anxiety, depression, schizophrenia, delusional disorder and insomnia. -"Summary of Strengths: [Resident 7] will attempt to communicate when [s/he] is comfortable with the caregiver/staff. [Resident 7] is responsive to cues such as 'meal-time', 'Time for a Shower', etc. [Resident 7] is also able to communicate a majority of [his/her] needs such as being hungry or that [s/he] soiled [him/herself]." "Summary of Concerns: We are concerned with the amount of time [Resident 7] stays in the bed. It is difficult to get [him/her] to get up or reposition. This could lead to bed sores." On 01/22/2025, at 10:30 AM, Surveyors	{M 434}		

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{M 434}	Continued From page 8 interviewed Licensee A. Licensee A confirmed there were times when there was only one caregiver for Apartment 1 (which is the licensed AFH) and Apartment 2 (which is not a licensed home). Licensee A stated the caregiver in the unlicensed home lived upstairs. Licensee A stated they were in Apartment 2 but Caregiver Q had been the staff in Apartment 2, which left Apartment 1 unattended at times. Licensee A confirmed if there was only one caregiver working and the staff were in Apartment 2 helping other individuals, that would leave Apartment 1 without any caregivers and Resident 7 required 24-hour supervision.	{M 434}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of medication administration for 1 of 2 residents (Resident 7). The Medication Administration Records (MARs) for Resident 6, and Resident 7 contained omissions in January 2025. This requirement is being cited for a fourth time.	{M 466}		

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{M 466}	Continued From page 9 See Statement of Deficiency (SOD) LWDS12, dated 10/20/2022, SOD LWDS13, dated 04/24/2023, and SOD LWDS14, dated 02/27/2024, SOD LWDS15, dated 08/23/2024. Findings include: On 01/22/2025, at 9:15 AM, Surveyors reviewed resident records and identified the following: - Resident 7 was admitted to the provider's home on 04/10/2024, Surveyors reviewed Resident 7's MAR for the month of January 2025. The following entries in Resident 7's MAR were blank: Magnesium oxide 400 milligram (mg) tablet 8:00 AM-01/05/2025. Melatonin 3 mg tablet 9:00 PM-01/12/2025, 01/14/2025, 01/16/2025, 01/20/2025 and 01/21/2025. Memantine hydrochloride (hcl) 10 mg tabs 9:00 PM-01/12/2025, 01/17/2025 and 01/21/2025. Olanzapine 5 mg tablet 9:00 PM-01/14/2025 and 01/21/2025. Omeprazole delayed release (dr) 40 mg capsule 8:00 AM-01/05/2025 Exelon 9.5 mg/24 hour (hr) patch daily-01/17/2025, 01/18/2025 and 01/19/2025. Resident 7's January 2025 had a total of 15 blank entries on the MAR. On 01/22/2025, at 10:00 AM, Surveyors interviewed Licensee A. Licensee A confirmed the MARs should have been documented accurately. Licensee A stated s/he needed to ensure all staff were documenting the medication administration properly.	{M 466}		