STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019262	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORELL MANOR LLC	6425 DURAND AVE MOUNT PLEASANT, 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 02/11/2025, with information gathered through 02/17/2025, Surveyor conducted a standard survey and a complaint investigation at Morell Manor LLC, an Adult Family Home (AFH) in Mount Pleasant, WI. Nine deficiencies were identified. Complaint unsubstantiated. Census: 2	M 000		
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 2 of 2 service providers (Caregiver B and Caregiver C) were screened for illness detrimental to residents. Caregiver B's and Caregiver C's records did not contain documentation of being screened for illness detrimental to residents.	M 232		

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

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M 232	Continued From page 1 Findings include: On 02/11/2025, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: -Caregiver B was hired on 01/02/2023. Caregiver B's employee record did not contain documentation s/he was screened for illness detrimental to residents. -Caregiver C was hired on 01/02/2023. Caregiver C's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain documentation of being screened for illness detrimental to residents. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure staff are screened for illness detrimental to residents.	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.	M 244		

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M 244	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers (Caregiver B and Caregiver C) received training within 6 months after starting to provide care related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. Findings include: On 02/11/2025, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: -Caregiver B was hired on 01/02/2023. Caregiver B's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. -Caregiver C was hired on 01/02/2023. Caregiver C's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B and Caregiver C did not have training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents within 6 months of hire. Licensee A stated s/he was not aware of this requirement.	M 244		

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M 246	Continued From page 3	M 246		
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 2 of 2 service providers (Caregiver B and Caregiver C) who required annual training. Caregiver B and Caregiver C did not receive annual training in 2024. Findings include: On 02/11/2025, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: -Caregiver B was hired on 01/02/2023. Caregiver B's record did not contain evidence of him/her receiving annual training in 2024. -Caregiver C was hired on 01/02/2023. Caregiver C's record did not contain evidence of him/her receiving annual training in 2024.	M 246		

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M 246	Continued From page 4 On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain evidence of receiving annual training in 2024. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure each employee completed 8 hours of annual training related to the health, safety, welfare, rights, and treatment of residents.	M 246		
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 ensure 1 of 1 resident reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar year 2024 using the Department's form. Findings include: The home was licensed as an ambulatory adult family home caring for up to 4 residents in the client groups of, traumatic brain injury, correctional clients, advanced aged, developmentally disabled, terminally ill, emotionally disturbed/mental illness, physically	M 346		

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M 346	Continued From page 5 disabled and irreversible dementia/Alzheimer's. On 02/11/2025, Surveyor reviewed Resident 1's record. Resident 1's record indicated the following: -Resident 1 was admitted to the provider's home on 06/23/2023. Resident 1's record did not contain evidence of an evacuation assessment for calendar year 2024 using the Department's form. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have an annual evacuation for Resident 1 for calendar year 2024. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents were evaluated annually for evacuation time, using the Department's form.	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.	M 380		

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M 380	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed received a health exam to identify health problems, including a screening for communicable disease, within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 02/11/2025, Surveyor reviewed Resident 1's and Resident 2's records and identified the following: -Resident 1 was admitted to the provider's home on 06/23/2023. Resident 1's record did not include evidence of screening for communicable disease. -Resident 2 was admitted to the provider's home on 01/23/2024. Resident 2's record did not include evidence of a health exam, including a screening for communicable disease. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 did not have an admission health exam. Licensee A confirmed Resident 1 and Resident 2 were not screened for communicable disease. Licensee A stated s/he was not aware of this requirement. Licensee A stated moving forward s/he will ensure residents receives a health exam, including a screening for communicable disease.	M 380		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS	M 386		

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M 386	Continued From page 7 A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed service agreements specified the following: the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. Findings include: On 02/11/2025, Surveyor reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the provider's home on 06/23/2023. Resident 1's service agreement did not specify the following: the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. -Resident 2 was admitted to the provider's home on 01/23/2024. Resident 2's service agreement did not specify the following: the services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's and Resident 2's service agreements did not specify the following: the	M 386		

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M 386	Continued From page 8 services that will be provided and a description of each, charges for room and board and services, the frequency, amount, source and method of payment. Licensee A stated moving forward s/he will ensure residents service agreement includes this information.	M 386		
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 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 provider did not ensure 1 of 1 resident (Resident 1) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include:	M 424		

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M 424	Continued From page 9 On 02/11/2025, Surveyors reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider's home on 06/23/2023 and had a legal guardian. Resident 1's ISP was dated 07/10/2024. There was no evidence Resident 1's ISP was reviewed and updated after 07/10/2024. At minimum, Resident 1's ISP should have been reviewed and updated in January 2025. On 02/11/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was the one who completed the ISP updates. Licensee A confirmed s/he was aware Resident 1's ISP should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Licensee A stated moving forward s/he will ensure residents ISPs were reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
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 2 of 2 residents (Resident 1 and Resident 2) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 1 in 2024. There was no record of an annual health exam for Resident 2 in 2025.	M 456		

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M 456	Continued From page 10 Findings include: On 02/11/2025, Surveyor reviewed Resident 1's and Resident 2's records and identified the following: -Resident 1 was admitted to the provider's home on 06/23/2023. Resident 1's record did not contain an annual health exam for Resident 1 in 2024. -Resident 2 was admitted to the provider's home on 01/23/2024. Resident 2's record did not contain an annual health exam for Resident 2 in 2025. On 02/11/2024 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 did not have an annual health exam. Licensee A reported Resident 2 has continuous refusals to attend medical appointments. On 02/17/2024 at approximately 10:31 AM, Surveyor interviewed Licensee A. Licensee A stated s/he is still awaiting a response from Community Care, Inc regarding the summaries of Resident 1's annual visits. Cross Reference: M0380 DHS 88.06(2)(a) - Admission-Health Exam	M 456		
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	M 570		

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M 570	Continued From page 11	M 570		

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 safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer vent made of rigid venting was attached to the dryer.

Findings include:

The provider is licensed to serve clients with diagnoses of traumatic brain injury, correctional clients, advanced aged, developmentally disabled, terminally ill, emotionally disturbed/mental illness, physically disabled and irreversible dementia/Alzheimer's.

On 02/11/2025, at approximately 10:34 AM, Surveyor conducted a tour of the facility and observed the following:

-The dryer vent made of rigid venting was not attached to the dryer. The rigid venting was laying behind the dryer on the basement floor caked with lint.

On 02/11/2025, at approximately 10:34 AM, Surveyor interviewed Licensee A. Licensee A confirmed the rigid venting was not attached to the dryer. Licensee A was not aware of how long the rigid venting was detached. Licensee A stated

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M 570	Continued From page 12 s/he would have the maintenance person attach the rigid venting to the dryer.	M 570		