STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013490	A. BUILDING: _____ B. WING _____	C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
507 PINE CONE PLACE	**507 PINE CONE PLACE HOLMEN, WI 54636**

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M 000	INITIAL COMMENTS On 11/06/2024, Surveyor conducted a standard survey and complaint investigation at 507 Pine Cone Place. Data collection continued through 11/18/2024. The complaint was substantiated. Three deficiencies were identified. Census: 4	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 safe, clean, well-maintained, and provided a homelike environment for 4 of 4 residents. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled. On 09/25/2024, the department received a complaint alleging the home was unsanitary, smelled of urine, and residents were not being assisted with personal care needs. On 11/06/2024, at approximately 10:30 AM,	M 276		

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

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M 276	Continued From page 1 Surveyor interviewed Program Supervisor (PS) A. PS A stated the home had smelled of urine and s/he wanted to pull out the living room carpet because it had been soiled with urine. PS A stated there was a plan to replace the furniture that was currently in the living room to help eliminate odor because it had also been soiled with urine. At 2:08 PM, Surveyor interviewed Program Director (PD) B and PS A. PD B stated the tan love seat in the living room had been soiled with urine. Surveyor observed the tan love seat in the living room with a white soaker pad sitting on top of it. PD B stated that if the cushion was flipped over, it would "take your breath away." PS A stated the smell had improved because residents were no longer sitting in their urine. PS A stated Resident 1 would sit on the love seat and Resident 2 would occasionally lie on it. PS A stated they were putting soaker pads on it until they replaced it. PD B stated they disposed of a couch last week because it had been soiled with urine. PD B stated the couch was initially moved to the garage and later disposed of. When asked when the couch was moved to the garage, PD B stated sometime last month. PD B stated they had the carpet cleaned on 10/28/2024. On 11/18/2024, at 10:30 AM, Surveyor interviewed PD B by phone. Surveyor shared concerns related to the environment and the love seat reported to have been soiled with urine and still being used by residents. When asked if the love seat had been removed or replaced yet, PD B stated it was in the works and s/he had to make sure any future purchases were approved. Cross Reference M0436 DHS 88.07(2)(a) Services	M 276		

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M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not safeguard all residents who could not fully guard themselves from environmental hazards. Findings include: The provider is licensed to serve up to 4 residents within the client group developmentally disabled. On 11/06/2024, from approximately 10:30 AM to 2:30 PM, Surveyor observed the following substances unsecured: Laundry Closet (closet unlocked with unlocked cabinet above washer) -Microban multipurpose cleaner -Lysol laundry sanitizer -Tide pods Lower Level Bathroom (Under the sink) -Toilet bowl cleaner All of the listed items had precautionary statements and/or hazard statements on their	M 278		

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M 278	Continued From page 3 labels. At 11:16 AM, Surveyor interviewed Program Supervisor (PS) A. When asked about the unsecured substances, PS A stated the cabinet above the washer was typically locked. PS A stated s/he started a load of laundry before s/he left and it was an oversight on his/her part. At approximately 12:15 PM, Surveyor reviewed Resident 1's records, provided by Program Director (PD) B. The records included the following: Resident 1 had a behavioral support plan (BSP), dated 12/14/2023, that included a section titled, "Summary of Functional Behavior Assessment." Pica (eating disorder in which a person eats things not usually considered food) was listed under the section. On 11/18/2024, at 10:30 AM, Surveyor interviewed PD B by phone. Surveyor shared concerns related to unsecured chemicals in the home. When asked about Resident 1's history of Pica, PD B stated s/he recalled Resident 1 eating another resident's bowel movement off of the floor shortly after Resident 1 moved to the home.	M 278		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.	M 436		

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M 436	Continued From page 4	M 436		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure it provided or arranged for the provision of individualized services specified in the individual service plan (ISP), for Resident 1, Resident 2, and Resident 3.

Findings Include:

The provider is licensed to care for 4 residents in the client group developmentally disabled.

On 09/25/2024, the department received a complaint alleging the home was unsanitary, smelled of urine, and residents were not being assisted with personal care needs.

On 11/06/2024, at approximately 10:30 AM, Surveyor interviewed Program Supervisor (PS) A. PS A stated the program did not have the best staffing recently and there had been complaints from residents' family members. PS A stated the concerns started when Caregiver C, Caregiver D and Caregiver E started working for the provider. PS A stated Caregiver C did the bare minimum when "the boss" was not around. PS A stated that when Caregiver C was informed s/he would be working with another staff member on the same shift, s/he stated s/he preferred to work alone and transferred to another home. PS A stated that after the last staff meeting, Caregiver D did not work in the home. PS A stated s/he assumed Caregiver D was no longer working for the provider.

At approximately 11:45 AM, Surveyor interviewed Program Director (PD) B. PD B stated concerns regarding resident care were reported to the

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provider at the end of September and the beginning of October. PD B stated staff were not checking residents as often as needed. PD B stated Resident 2 and Resident 3 had soaked through their mattresses and both mattresses needed to be replaced. When asked how the provider became aware of the soiled mattresses, PD B stated PM (afternoon) staff had noticed the wet bedding and soiled mattresses. PD B stated Caregiver D admitted to covering a bowel movement (BM) with a towel and leaving it on Resident 2's mattress. PD B stated Caregiver D no longer worked in the home because it was too much for him/her. PD B stated Resident 3's mattress was soiled and soaked through to the frame underneath the mattress. PD B stated Caregiver E was identified as being involved with Resident 3's mattress incident. PD B stated Caregiver E worked every other weekend and PD B had not had a chance to discuss the concerns with Caregiver E but planned too. PD B stated Caregiver E would give Resident 3 new pajamas to change into after Resident 3 was had soiled clothing, rather than change Resident 3's bedding. PD B stated there were a few times when Resident 1's incontinence products were not changed timely. PD B stated that on one occasion, there had been dried BM in Resident 1's incontinence product that appeared to be there for an extended period. When asked if PD B had any documentation to reflect the incidents, PD B stated s/he did not.

At approximately 12:15 PM, Surveyor reviewed records for Resident 1, Resident 2, and Resident 3.

Resident 1 was admitted on 10/02/2023 with multiple diagnoses, including full incontinence of feces, functional urinary incontinence, and

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intellectual disability. Resident 1 had a guardian. Resident 1's Individual Service Plan (ISP), dated 12/14/2023, indicated Resident 1 required assistance from 1 staff with toileting to maintain proper cleanliness and prevent urinary tract infections (UTI). Under a section titled, "Non-Negotiables," it read, in part, "Scheduled activities within [his/her] day should remain consistent, including two showers a day, changes of [his/her] undergarments up to 6 times per day ..." Resident 1's October 2024 Medication Administration Record (MAR) indicated Resident 1 was treated for a UTI.

Resident 2 was admitted on 05/14/2011 with multiple diagnoses, including autism. Resident 2 had a guardian. Resident 2's ISP, signed 07/09/2024, indicated staff should be checking Resident 2's brief every 2 hours for wetness or BM. It stated staff should encourage Resident 2 to use the bathroom every 2 hours.

Resident 3 was admitted on 03/04/2012 with multiple diagnoses, including autism. Resident 3 had a guardian. Resident 3's ISP, signed 04/10/2024, indicated Resident 3 required full assistance with toileting.

At approximately 12:35 PM, Surveyor interviewed PD B. PD B stated Resident 1 had frequent UTIs. PD B stated Resident 1's ISP, dated 12/14/2023, was the most accurate and up to date. When asked if Resident 1 received 2 showers per day as indicated in the ISP, PD B stated Resident 1 received 1 shower per day unless necessary.

At 2:08 PM, Surveyor interviewed PD B and PS A. Surveyor shared concerns related to residents not receiving timely assistance with personal cares. PS A stated they got rid of the problem. PS

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M 436	Continued From page 7 A stated s/he was referring to the staff members that no longer worked in the home. PS A stated they did not have issues until the new staff arrived. When asked if the provider determined any incidents that rose to the level of neglect, PD B stated it was 50/50. PD B stated staff were instructed on the importance of changing residents timely and following the ISP. PS A stated they had implemented a new task checklist for staff to ensure tasks were getting done and staff were held accountable. Cross Reference M0276 DHS 88.05(3)(a) Home Environment	M 436		