STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018065	A. BUILDING: _____ B. WING _____	C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LJB ADULT LIVING	5032 NORTH 33RD STREET MILWAUKEE, WI 53209

(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 07/18/2024 with information gathered through 07/29/2024, Surveyors conducted a standard survey and two complaint investigations at LJB Adult Living, an Adult Family Home (AFH) in Milwaukee, WI. 16 deficiencies identified. Two of two complaints unsubstantiated. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or	M 114		

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

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M 114	Continued From page 1 activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff members (Caregiver B and Caregiver D) reviewed had a background check. Caregiver B and Caregiver D did not have a background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 07/18/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 11/24/2023. Caregiver B's BID was dated 11/24/2023. Caregiver B's DOJ and IBIS were dated 07/18/2024, the same day as the start of the survey. On 07/18/2024, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 02/21/2024.	M 114		

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M 114	Continued From page 2 Caregiver D's BID was dated 02/21/2024. Caregiver D's DOJ and IBIS were dated 07/18/2024, the same day as the start of the survey. On 07/29/2024 at 11:45 AM, Surveyor interviewed Licensee A regarding the late DOJ and IBIS. Licensee A stated s/he had issues of missing employee files when s/he noticed missing pieces, s/he switched everything over to a different filing cabinet system. Licensee A stated s/he had to re-run them the day of survey because s/he did not have them.	M 114		
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 3 of 3 employees reviewed received baseline tuberculosis (TB) skin tests. Caregiver B, Caregiver C and Caregiver D did not have evidence of a TB skin test within 90 days prior to hire.	M 232		

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M 232	Continued From page 3 Findings include: On 07/18/2024 at approximately 2:30 PM, Surveyors reviewed staff records for Caregiver B, Caregiver C and Caregiver D. Surveyors identified the following: -Caregiver B was hired on 11/24/2023 -Caregiver C was hired on 06/04/2024 -Caregiver D was hired on 02/21/2024 Surveyors could not locate evidence of a TB skin test for Caregiver B, Caregiver C and Caregiver D within 90 days of hire. On 07/29/2024 at 11:50 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had switched over his/her filing cabinets and the TB skin tests had gotten lost and s/he could not locate them for Caregiver B, Caregiver C and Caregiver D.	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	M 244		

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M 244	Continued From page 4 provider did not ensure 1 of 1 caregiver (Caregiver B) received 15 hours of training related to health, safety and welfare of residents and resident rights prior to or within 6 months after starting to provide care. Findings include: On 07/18/2024 at 2:30 PM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 11/24/2023. There was no evidence of 15 hours of training related to health, safety and welfare of residents and resident rights prior to or within 6 months of hire. Caregiver B's record did not contain any evidence of prior training. On 07/29/2024 at 11:50 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had switched over his/her filing cabinets and the training had gotten lost and s/he could not locate it for Caregiver B.	M 244		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure the gas furnace was inspected by a heating contractor of local utility company at least every 3 years for 1 of 1 furnace. Findings include: On 07/18/2024, Surveyors requested to review facility's most recent furnace inspection.	M 290		

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M 290	Continued From page 5 Caregiver B could not locate a furnace inspection. On 07/18/2024 at approximately 11:00 AM, Surveyors interviewed Caregiver B. Caregiver B stated there was a water leak in the facility and it damaged all the records so they did not have any documentation for the most recent furnace inspection.	M 290		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were	M 332		

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M 332	Continued From page 6 inspected annually by an authorized dealer or the local fire department for 2 of 2 years reviewed (2023 and 2024). There was no fire extinguisher in the basement. Findings include: On 07/18/2024 at approximately 10:30 AM, Surveyors conducted an onsite tour. Surveyors observed fire extinguishers in the kitchen and at the top of staircase dated March 2022. There was no fire extinguisher in the basement. On 07/18/2024 at approximately 10:45 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he thought someone was there recently to update them and s/he would let Licensee A know about a fire extinguisher in the basement.	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.	M 334		

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M 334	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 6 required locations. There was no smoke detector in Resident 2's bedroom. Findings include: On 07/18/2024, at 10:30 AM, Surveyors toured the home and observed the following: -Resident 2's bedroom did not contain a smoke detector. On 07/18/2024 at 10:35 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he was not sure why there was not one in there and s/he would let Licensee A know.	M 334		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure monthly smoke detector testing for 3 of 3 years reviewed. There was no evidence smoke detectors were checked in 2021,	M 336		

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M 336	Continued From page 8 2022 and 2023. Findings include: The facility received a regular license on 10/13/2020, to serve up to 4 residents within the client groups: correctional clients, advanced age, physically disabled, terminally ill, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent and traumatic brain injury. On 07/18/2024, Surveyor reviewed safety records for the facility. There was no evidence of smoke detector testing to date. Facility was licensed on 10/13/2020. On 07/18/2024 at 11:00 AM, Surveyors interviewed Caregiver B regarding the smoke detector testing. Caregiver B stated there was a water leak in the facility and it damaged all the records so they did not have any documentation for monthly smoke detectors. Cross Reference 0332 DHS 88.05(4)(b) Fire Safety-Fire Extinguishers 0334 DHS 88.05(4)(b)(1) Fire Safety-Smoke Detectors 0345 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 336		
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	M 346		

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M 346	Continued From page 9 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 3 of 3 residents reviewed were evaluated within 3 days of admission for evacuation time, using the Department's form. Resident 1, Resident 2, and Resident 3 had not been evaluated, using the Department's form, for evacuation. Findings include: The facility received a regular license on 10/13/2020, to serve up to 4 residents within the client groups: correctional clients, advanced age, physically disabled, terminally ill, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent and traumatic brain injury. On 07/18/2024 at approximately 10:30 AM., Surveyors reviewed Resident 1, Resident 2 and Resident 3's records. Resident 1, Resident 2, and Resident 3's record indicated the following: -Resident 1 was admitted to the facility on 09/21/2022. Resident 1's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. -Resident 2 was admitted to the facility on 05/03/2024. Resident 2's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. -Resident 3 was admitted to the facility on 11/11/2023. Resident 3's record did not contain evidence of an evacuation assessment, using the	M 346		

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M 346	Continued From page 10 Department's form within 3 days of admission. On 07/29/2024 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he told Caregiver B to give Surveyors all resident files but s/he must have not given Surveyors the correct files. Surveyor requested the documentation from Licensee A on 07/18/2024 and again on 07/29/2024. As of 07/29/2024 at 5:00 PM, Surveyor did not receive evidence of an evacuation assessment for Resident 1, Resident 2, and Resident 3.	M 346		
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. 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 calendar year 2021, 2022 and 2023. Findings include: The facility received a regular license on 10/13/2020, to serve up to 4 residents within the client groups: correctional clients, advanced age, physically disabled, terminally ill, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent and traumatic brain injury. On 07/18/2024 at approximately 11:00 AM, Surveyors requested to review the provider's fire	M 348		

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M 348	Continued From page 11 drill records. There was no record of any fire drills conducted. Facility was licensed on 10/13/2020. On 07/18/2024 at 11:00 AM, Surveyors interviewed Caregiver B regarding the fire drill records. Caregiver B stated there was a water leak in the facility and it damaged all the records so they did not have any documentation for their annual fire drills.	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2 and Resident 3) 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 07/18/2024 at approximately 10:30 AM,	M 380		

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M 380	Continued From page 12 Surveyors reviewed Resident 1's, 2's and 3's records, including their communicable disease screens and admission health exam. -Resident 1 was admitted to the facility on 09/21/2022. Resident 1's record did not include evidence of a communicable disease screening, including a TB skin test. Resident 1's record did not include an admission health exam. -Resident 2 was admitted to the facility on 05/03/2024. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test. Resident 2's record did not include an admission health exam. -Resident 3 was admitted to the facility on 11/11/2023. Resident 3's record did not include evidence of a communicable disease screening, including a TB skin test. Resident 3's record did not include an admission health exam. On 07/29/2024 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he told Caregiver B to give Surveyors all resident files but s/he must have not given Surveyors the correct files. Surveyor requested the documentation from Licensee A on 07/18/2024 and again on 07/29/2024. Surveyor never received evidence of a communicable disease screening, including TB skin test or an admission health exam for Resident 1, Resident 2 and Resident 3.	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 13	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 3 of 3 residents (Resident 1, Resident 2 and Resident 3) reviewed had a service agreement completed prior to admission that was signed.

Findings include:

On 07/18/2024, Surveyors reviewed Resident 1, Resident 2 and Resident 3's record and identified the following:

-Resident 1 was admitted to the provider on 09/21/2022. Resident 1's record did not contain evidence of a service agreement.

-Resident 2 was admitted to the provider on 05/03/2024. Resident 2's record did not contain evidence of a service agreement.

-Resident 3 was admitted to the provider on 11/11/2023. Resident 3's record did not contain evidence of a service agreement.

On 07/29/2024 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he told Caregiver B to give Surveyors all resident files but s/he must have not given Surveyors the correct files. Surveyor requested

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M 384	Continued From page 14 the documentation from Licensee A on 07/18/2024 and again on 07/29/2024. Surveyor never received evidence of an admission agreement for Resident 1, Resident 2 and Resident 3.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2 and Resident 3) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any. Findings include: On 07/18/2024, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's record and identified the following: -Resident 1 was admitted to the provider on 09/21/2022. Resident 1's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. -Resident 2 was admitted to the provider on 05/03/2024. Resident 2's record did not contain	M 402		

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	0018065	A. BUILDING: _____ B. WING _____	C 07/29/2024

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M 402	Continued From page 15 evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. -Resident 3 was admitted to the provider on 11/11/2023. Resident 3's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. On 07/29/2024 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he told Caregiver B to give Surveyors all resident files but s/he must have not given Surveyors the correct files. Surveyor requested the documentation from Licensee A on 07/18/2024 and again on 07/29/2024. Surveyor never received evidence of resident rights and grievance procedures explained with resident and/or resident's guardian for Resident 1, Resident 2 and Resident 3.	M 402		
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 record review and interview, the licensee did not ensure a written assessment and/or individual service plan (ISP) was completed for 3 of 3 residents (Resident 1, Resident 2 and Resident 3) within 30 days of	M 404		

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M 404	Continued From page 16 placement. Resident 1, Resident 2 and Resident 3 did not have a written assessment and Resident 2 and Resident 3 did not have an ISP. Findings include: On 07/18/2024, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's record and identified the following: -Resident 1 was admitted to the facility on 09/21/2022. Resident 1's record did not contain a written assessment. -Resident 2 was admitted to the facility on 05/03/2024. Resident 2's record did not contain a written assessment. Resident 2's record did not contain an ISP. -Resident 3 was admitted to the facility on 11/11/2023. Resident 3's record did not contain a written assessment. Resident 3's record did not contain an ISP. On 07/29/2024 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he told Caregiver B to give Surveyors all resident files but s/he must have not given Surveyors the correct files. Surveyor requested the documentation from Licensee A on 07/18/2024 and again on 07/29/2024. Surveyor never received evidence of a written assessment for Resident 1 or ISP/written assessment for Resident 2 and Resident 3.	M 404		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its	M 458		

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M 458	Continued From page 17 original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 medication that required refrigeration was securely stored. Resident 3's insulin was stored in the common refrigerator, which was unlocked, and accessible to all 3 residents in the home. Findings include: On 07/18/2024 at 10:26 AM, Surveyor observed Resident 2's insulin (2 Kwikpens) in the meat drawer of the refrigerator in a Ziploc bag and not locked. The census at the time of the survey was 3 and residents were able to move freely in the facility. On 07/18/2024 at 10:45 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 05/03/2024 with a diagnosis of diabetes. Resident 2's Medication Administration Record (MAR) for 06/26/2024-07/25/2024 identified Resident 2 was prescribed the following: -Basaglar Kwikpen 100 Unit/milliliter at 8:00 PM On 07/18/2024 at 11:00 AM, Surveyors	M 458		

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M 458	Continued From page 18 interviewed Caregiver B. Caregiver B stated Resident 2 moved in a few months ago and that was how the insulin had been kept since s/he had been there.	M 458		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure, for 3 of 3 residents (Resident 1, Resident 2 and Resident 3), to include written authorization from the resident and/or legal guardian to control the resident's funds. Finding include: The facility received a regular license on 10/13/2020, to serve up to 4 residents within the client groups: correctional clients, advanced age, physically disabled, terminally ill, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent and traumatic brain injury. On 07/18/2024, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's records and identified the following: -Resident 1 was admitted to the home on 09/21/2022 with no evidence of written authorization to control resident funds. -Resident 2 was admitted to the home on	M 510		

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M 510	Continued From page 19 05/03/2024 with no evidence of written authorization to control resident funds. -Resident 3 was admitted to the home on 11/11/2023 with no evidence of written authorization to control resident funds. On 07/18/2024 at approximately 11:11 AM, Surveyor interviewed Caregiver B. Caregiver B stated the owner controlled and managed Resident 1's, Resident 2's, and Resident 3's funds.	M 510		
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 observation and interview, the provider did not ensure 3 (Residents 1, 2, and 3) of 3 residents had physical and emotional privacy in living arrangements. A camera was observed in the living room. Findings include:	M 550		

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M 550	Continued From page 20 On 07/18/2024 at approximately 10:30 AM, Surveyors conducted an onsite tour with Caregiver B. Surveyor observed 1 white recording camera located on the table underneath the television in the living room. The camera pointed downwards to the living room couch. Surveyor asked Caregiver B if residents sit in the living room and watch tv when they are in the home. Caregiver B stated yes. On 07/18/2024 at approximately 11:00 AM, Surveyors interviewed Caregiver B. Caregiver B stated the camera has always been there since s/he started working in the facility.	M 550		