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 _____	R-C 01/14/2025

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 01/14/2025, Surveyors conducted a complaint investigation and verification visit at LJB Adult Living, an Adult Family Home (AFH) in Milwaukee, WI. Five deficiencies identified. Four of 5 deficiencies are repeat deficiencies from Statement of Deficiency NVNQ11,dated 07/29/2024. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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 2 of 2 residents reviewed were evaluated annually for evacuation time, using the Department's form. Resident 1 and Resident 3 had not been evaluated for calendar year 2024, using the Department's form, for evacuation. This is a repeat deficiency. See Statement of Deficiency NVNQ11, dated 07/29/2024.	{M 346}		

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

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{M 346}	Continued From page 1 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 01/14/2025 at approximately 9:00 AM., Surveyors reviewed Resident 1's and Resident 3's records. Resident 1's and Resident 3's records indicated the following: -Resident 1 was admitted to the facility on 09/22/2022. Resident 1's record did not contain evidence of an evacuation assessment for calendar year 2024, using the Department's form. -Resident 3 was admitted to the facility on 11/11/2023. Resident 3's record did not contain evidence of an evacuation assessment for calendar year 2024, using the Department's form. On 01/14/2025 at approximately 9:18 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not do an annual evacuation for Resident 1 and Resident 3. Licensee A stated s/he thought s/he had it in the file but s/he must not have done it if it was not there.	{M 346}		
{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 2 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. This is a repeat deficiency. See Statement of Deficiency NVNQ11, dated 07/29/2024. Findings include: On 01/14/2025, Surveyors reviewed Resident 1's, Resident 2's, and Resident 3's records and identified the following: -Resident 1 was admitted to the provider on 09/22/2022. Resident 1 had a guardian. Resident 1's admission agreement dated 09/22/2022 was not signed by Resident 1's guardian. -Resident 2 was admitted to the provider on 05/03/2024. Resident 2 had a guardian. Resident 2's admission agreement dated 05/03/2024 was not signed by Resident 2's guardian. -Resident 3 was admitted to the provider on 11/11/2023. Resident 3 had a guardian.	{M 384}		

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{M 384}	Continued From page 3 Resident 3's admission agreement dated 11/11/2023 was not signed by Resident 3's guardian. On 01/14/2025 at approximately 9:22 AM, Surveyors interviewed Licensee A. Licensee A stated the guardians do not sign when they are at the facility. Licensee A stated s/he would document when they refuse to sign moving forward.	{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. This is a repeat deficiency. See Statement of Deficiency NVNQ11, dated 07/29/2024. Findings include: On 01/14/2025, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's record and identified the following:	{M 402}		

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{M 402}	Continued From page 4 -Resident 1 was admitted to the provider on 09/22/2022. Resident 1 had a guardian. Resident 1's record did not contain evidence of resident rights and grievance procedures explained with Resident 1's guardian. -Resident 2 was admitted to the provider on 05/03/2024. Resident 2 had a guardian. Resident 2's record did not contain evidence of resident rights and grievance procedures explained with Resident 2's guardian. -Resident 3 was admitted to the provider on 11/11/2023. Resident 3 had a guardian. Resident 3's record did not contain evidence of resident rights and grievance procedures explained with Resident 3's guardian. On 01/14/2025 at approximately 9:22 AM, Surveyors interviewed Licensee A. Licensee A stated and guardians do not sign when they are at the facility. Licensee A stated s/he would document when they refuse to sign moving forward.	{M 402}		
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	M 424		

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M 424	Continued From page 5 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 update the Individual Service Plan (ISP) every 6 months for 1 of 3 residents (Resident 1). Findings include: On 08/28/2024 at approximately 9:30 AM, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/22/2022 and had a guardian. Resident 1's current ISP was dated for 03/21/2024 and had no guardian signature. On 01/14/2025 at approximately 9:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not update Resident 1's ISP at his/her 6-month review. Licensee A stated s/he was aware it needed to be updated every 6 months or when there was a change in condition.	M 424		
{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.	{M 510}		

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{M 510}	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure resident records included written authorization from the resident and/or legal guardian to control the resident's funds for 1 of 1 resident (Resident 2). This is a repeat deficiency. See Statement of Deficiency NVNQ11, dated 07/29/2024. 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 01/14/2025, Surveyors reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the home on 05/03/2024 with no evidence of written authorization to control resident funds. On 01/14/2025 at approximately 9:22AM, Surveyors interviewed Licensee A. Licensee A stated s/he cashed Resident 3's monthly checks and manages his/her money. Licensee A stated s/he would get authorization from Resident 3's guardian to manage his/her funds.	{M 510}		