STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017573	A. BUILDING: _____ B. WING _____	C 05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY SUPPORTIVE HOME CARE	**6110 W DONGES LN BROWN DEER, WI 53223**

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M 000	INITIAL COMMENTS On 05/27/2025 with information gathered through 05/29/2025, Surveyor conducted a standard survey and complaint investigation, at Community Supportive Home Care, an Adult Family Home (AFH) in Brown Deer, WI. Eight deficiencies were identified. Complaint substantiated. Census: 4	M 000		
M 276	88.05(3)(a) Homelike 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 a clean, well-maintained and homelike environment. The home required cleaning and/or repairs. This had the potential to affect 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) residing in the facility. Findings include: On 05/27/2025, at approximately 10:29 AM, Surveyor conducted a tour of the facility with Care Coordinator A and observed the following:	M 276		

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

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M 276	Continued From page 1 -Lint was caked up behind dryer. -Front entrance wood door frame peeling. -Second entrance door near kitchen transition threshold strip had existing hump. -Second entrance floor vent was rusted. -Second entrance door frame strip hanging with 2 nails sticking out. -Wall vent in living room was caked with dust. -Wall vent behind couch in living room was bend. -Wall vent near living room hallway was bend -Hole in wall near couch in living room. -Hole in hallway wall above wall vent. -Kitchen cabinets wood was peeling. -Kitchen cabinets did not close. -Kitchen cabinets and wall had the appearance of food splatter. -Missing ceiling panels in basement. -White residue (resembling wet toilet tissue) on basement flooring/carpet. -Basement had a pungent odor. -Carpet in basement was stained throughout. -Walls throughout facility contained numerous dark scuff and scratch marks. -Wall trimming missing throughout facility. -Bathroom door contained scuff marks and peeling wood. -Door frames throughout facility were scuff. -Bedroom doors contained numerous dark scuff marks and had holes. On 05/27/2025, at approximately 2:00 PM, Surveyor interviewed Care Coordinator A about the above concerns. Care Coordinator A confirmed the concerns and stated s/he would have the maintenance person address the issues. On 05/29/2025, at approximately 4:47 PM, Surveyor interviewed Licensee B. Licensee B	M 276		

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M 276	Continued From page 2 confirmed the above concerns. Licensee B stated since onsite visit s/he has hired a company for deep cleaning of the facility. Licensee B stated s/he would ensure the home environment concerns are addressed.	M 276		
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 4) had a service agreement completed prior to admission, signed and dated by the provider and guardian. Resident 4's guardian did not sign his/her service agreement. Findings include: On 05/27/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 01/12/2023.	M 384		

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M 384	Continued From page 3 -Resident 4 had a legal guardian. -Resident 4's Admission Agreement, dated 01/12/2023, did not contain Resident 4's guardian's signature. On 05/27/2025, at approximately 12:24 PM, Surveyor interviewed Care Coordinator A. Care Coordinator A confirmed Resident 4's guardian did not sign his/her admission agreement. Care Coordinator A stated moving forward s/he would ensure guardians signed residents' service agreements.	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 1 of 1 resident (Resident 4) 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. Findings include: On 05/27/2025, Surveyor reviewed the record of Resident 4. Resident 4 was admitted to the facility on 01/12/2023. Resident 4's record did not contain	M 402		

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M 402	Continued From page 4 evidence of resident rights and grievance procedures explained with his/her guardian. On 05/27/2025, at approximately 12:47 PM, Surveyor interviewed Care Coordinator A about reviewing resident rights and grievance procedures. Care Coordinator A confirmed Resident 4's record did not have documentation of resident rights and grievance procedures explained with Resident 4's guardian. Care Coordinator A stated moving forward s/he would ensure resident rights and grievance procedures were explained and copies provided to the residents' guardian.	M 402		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents' (Resident 4) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 4's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 05/27/2025, Surveyor reviewed Resident 4's record and identified the following:	M 420		

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M 420	Continued From page 5 -Resident 4 was admitted to the provider's home on 01/12/2023. -Resident 4 had a legal guardian. -Resident 4's ISPs dated 01/12/2023, 06/04/2023, 12/03/2023, 06/06/2024, and 01/07/2025, were not signed by his/her legal guardian. On 05/27/2025, at approximately 11:39 AM, Surveyor interviewed Care Coordinator A. Care Coordinator A confirmed Resident 4's ISPs were not signed by his/her legal guardian. Care Coordinator A stated moving forward s/he would ensure Resident 4's guardian sign his/her ISP.	M 420		
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	M 424		

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M 424	Continued From page 6 provider did not ensure 1 of 2 residents (Resident 3) 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: On 05/27/2025, Surveyor reviewed residents' records and identified the following: -Resident 3 was admitted to the provider's home on 03/19/2021. -Resident 3 was his/her own person. -There was no evidence Resident 3's ISP was reviewed and updated after 09/19/2024. At minimum, Resident 3's ISP should have been reviewed and updated in March 2025. On 05/27/2025, at approximately 12:24 PM, Surveyor interviewed Care Coordinator A. Care Coordinator A stated s/he was the one who completed the ISP updates. Care Coordinator A confirmed s/he was aware Resident 3'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. Care Coordinator A stated s/he forgot to complete an update to Resident 3's ISP. Care Coordinator A stated moving forward s/he will ensure Resident 3's ISP was reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
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 7 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 and interview, the provider did not ensure 1 of 1 resident's (Resident 3) prescription medication was securely stored. Resident 3's insulin pens were not securely stored in the kitchen refrigerator. Findings include: On 05/27/2025, at approximately 1:57 PM, Surveyor toured the kitchen and observed the following: -Resident 3's Novolog 100 units/milliliter (ml) Flexpen (5 pens) were not securely stored in the refrigerator bread box. -Resident 3's Toujeo 300 units/ml Solostar (2 pens) were not securely stored in the refrigerator bread box. On 05/27/2025, at approximately 2:00 PM, Surveyor interviewed Care Coordinator A. Care Coordinator A stated s/he was not aware of the requirement insulin pens were to be securely stored.	M 458		

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M 570	Continued From page 8	M 570		
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 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 was constructed of hard rigid metal for 1 of 1 dryer. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of advanced aged, developmentally disabled, emotionally disturbed/mental illness, terminally ill, irreversible dementia/Alzheimer's, physically disabled, and traumatic brain injury. On 05/27/2025, at approximately 10:29 AM, Surveyor observed the dryer venting was made of a flexible material rather than rigid metal. On 05/27/2025, at approximately 10:30 AM, Surveyor interviewed Care Coordinator A. Care	M 570		

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M 570	Continued From page 9 Coordinator A confirmed the dryer venting was made of a flexible material. Care Coordinator A stated s/he was not aware of this requirement. Care Coordinator A stated s/he would have the maintenance person switch dryer venting to rigid metal. On 05/29/2025, at approximately 4:47 PM, Surveyor interviewed Licensee B about above concerns. Licensee B stated s/he was aware of this requirement. Licensee B stated s/he did not know the dryer venting was made of a flexible material rather than rigid metal.	M 570		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) received prompt and adequate treatment when Caregiver C tripped and let go of Resident 4's wheelchair and s/he rolled down the ramp and fell out of his/her wheelchair. On 05/15/2025, at approximately 9:00 AM Resident 4 had a fall and did not go to the hospital until 05/16/2025, at approximately 10:00 PM. Findings include: On 05/22/2025, the Department received a complaint alleging concerns with resident receiving proper medical care. On 05/27/2025, Surveyor reviewed Resident 4's	M 580		

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M 580	Continued From page 10 record and identified the following: -Resident 4 was admitted to the provider's home on 01/12/2023 with diagnosis of cognitive deficit. -Resident 4 had a legal guardian. -Resident 4's Emergency Department After Visit Summary, dated 05/16/2025, stated the following: Reason for visit: Fall Resident 4's diagnoses were bruising, pain, and right knee pain. -Resident 4's Incident Report, dated 05/16/2025, and timestamped 7:04 PM, written by Caregiver C stated, "I was going out with [Resident 4] when I tripped on myself and let go of [Resident 4] chair and [s/he] rolled down the ramped [sic] and fell out of [his/her] chair and onto the grass [sic] I then got the hoyer [sic] lift and got [Resident 4] back into the chair because [Resident 4] at that time said [s/he] was not feeling pain and I did not notice any injuries [sic] fall happened on the 15th in the AM [Resident 4] was sent out by another caregiver that noticed swelling on the 16th P.M." Surveyor Note: Care Coordinator A verified during interview this incident occurred on 05/15/2025 at 9:00 AM and not the date and time Caregiver C reported. -Resident 4's Incident Report, dated 05/17/2025, timestamped 12:22 PM, written by Care Coordinator A stated, "I was notified about [Resident 4] legs swelling by [Caregiver D] on 5/16 when I asked [him/her] what happened [s/he] stated that [s/he] thought [Resident 4] had fallen earlier. I then instructed [Caregiver D] to send [Resident 4] to the emergency room immediately. My initial information was that the incident happened the same day but upon further	M 580		

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M 580	Continued From page 11 investigation I found that the incident happened on 5/15 in the morning. I spoke with the [Caregiver C] as to why [s/he] had not notified me of the fall and disciplined [him/her] for not reporting incident. [Resident 4] was sent to the hospital on 5/16 and returned the next morning with minor injuries." On 05/27/2025, at approximately 2:00 PM, Surveyor interviewed Care Coordinator A. Care Coordinator A reported s/he identified this incident occurred on 05/15/2025 at 9:00 AM. When looking into the incident s/he viewed camera footage from the outdoor security camera and noted the incident occurred on 05/15/2025 at 9:00 AM. Care Coordinator A confirmed Resident 4 should have been taken to the hospital immediately following the fall. Care Coordinator A stated s/he determined if 911 should be called or if a resident needs to seek medical attention. Care Coordinator A stated staff are required to report all incidents, accidents, and change in condition immediately to him/her.	M 580		