STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018720	A. BUILDING: _____ B. WING _____	C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE INC GRAND	524 GRAND ST OSHKOSH, WI 54901

(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 02/25/2025 with additional information gathered through 03/03/2025, Surveyor conducted a standard survey and complaint investigation at Clarity Care Inc. Grand. As a result of the survey, 4 deficiencies were identified. One (1) of 1 complaints was unsubstantiated. Census: 3	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 interviews, the provider did not ensure the home was clean and well-maintained, having the potential to affect 3 of 3 residents. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally and physically disabled, emotionally disturbed/mentally ill, have a traumatic brain injury, are advanced age and/or have irreversible dementia/Alzheimer's. On 02/25/2025 at approximately 9:40 AM, Surveyor toured the home 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 *The grout surrounding the outside of the shower had a black-like substance resembling mold. *A dresser in Resident 2's room had 2 of 5 drawers broken. *A tan colored recliner chair in the living room was broken. The arm of the chair appeared to be separating from the chair as metal screws and a board were visible. *A wooden window ledge in the living room was broken. A piece of the wooden ledge appeared to be broken off. *Two white-colored patched areas on the wall in the living room that were approximately 1-2 feet in diameter. It appeared these areas have been patched over numerous times due to the recliner chair pressing up against the wall. In addition, the patched areas were white and the surrounding areas and walls were gray in color. *Two boards were missing below the kitchen sink. *A white window blind was broken in Resident 1's room. At approximately 10:00 AM, Surveyor toured the facility again with Director A who acknowledged Surveyor's concerns. S/he stated s/he would have the concerns addressed by maintenance.	M 276		
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	M 332		

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M 332	Continued From page 2 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 all required fire extinguishers were mounted in the home. The fire extinguishers on the main level of the home were locked in a closet and sitting on a table. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally and physically disabled, emotionally disturbed/mentally ill, have a traumatic brain injury, are advanced age and/or have irreversible dementia/Alzheimer's. On 02/25/2025 at approximately 9:40 AM, Surveyor toured the single level home. Surveyor did not observe any fire extinguishers.	M 332		

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M 332	Continued From page 3 At approximately 10:15 AM, Surveyor inquired about the fire extinguishers with Director A. S/he stated s/he did not know and proceeded to check the home. Director A confirmed s/he could not locate the fire extinguishers. At approximately 10:45 AM, Surveyor interviewed Program Lead B who reported the fire extinguishers are currently not mounted and are kept in a locked closet as "[Resident 1] took it off the wall and took the pin out." Surveyor observed Program Lead B unlock a closet door near the kitchen area and sitting on a table were two fire extinguishers. On 02/25/2025 at approximately 11:30 AM, Surveyor interviewed Director A who acknowledged the fire extinguishers needed to be mounted. S/he stated s/he would submit a maintenance request to have them remounted.	M 332		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by:	M 408		

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M 408	Continued From page 4 Based on record review, observation and interview, the provider did not assess 1 of 1 residents to identify the needs and abilities in the areas of activities of daily living. Resident 1's Individual Service Plan (ISP) did not identify destruction of property, behaviors, safety concerns or refusals related to incontinence care. Findings include: On 02/25/2025 at approximately 9:30 AM, Surveyor requested Resident 1's record including his/her ISP from Director A. Resident 1 was admitted to the facility on 09/06/2024 with diagnoses to include autism, attention-deficit hyperactivity disorder (ADHD), sleeping difficulty and urinary incontinence. Resident 1 is ambulatory, non-verbal, has a guardian and a managed care organization (MCO). At approximately 9:50 AM, during a tour of the home Surveyor observed Resident 1's bedroom. His/her room consisted of a bed and dresser. There were no personal items observed aside from a wooden sign hanging on the wall with Resident 1's name. Surveyor opened the top drawer of Resident 1's dresser and observed a compact disc (CD) and a couple articles of children's clothing. Surveyor did not observe any additional clothing items in any of the other drawers. Surveyor also attempted to open Resident 1's closet, but it was locked. At approximately 10:15 AM, Surveyor inquired about Resident 1's room. Surveyor asked Director A and Program Lead B if Resident 1 was assessed to have his/her items locked in his/her	M 408		

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M 408	Continued From page 5	M 408		

closet. Program Lead B stated s/he was not sure and reported this is something they have done since Resident 1 moved in as this is what his/her guardian did previously when s/he lived at home. Program Lead B stated they also lock up knives or anything that could be harmful because "[Resident 1] is very observant" and gets into things. S/he discussed how they had to put the fire extinguishers in a locked closet because Resident 1 pulled them off the wall and pulled the pin out. Program Lead B also reported the children clothing items in Resident 1's dresser drawer are clothes from his/her family so s/he can fold them as this is something s/he likes to do.

At approximately 11:30 AM, Division Administrator (DA)-C confirmed they have an ISP for Resident 1; however, it was unsigned. Director A asked for additional time to check their records for any other ISP's for Resident 1. Surveyor requested the documentation be provided by 12:00 PM on 02/26/2025.

On 02/25/2025 at 4:11 PM, Surveyor received an email with an attachment from Director A stating, "We did find this on [Division Administrator (DA)-D] Outlook Calendar for [Resident 1's] 30 day ISP also - just have to keep digging for further!" Surveyor reviewed the attachment which included DA-D's calendar from 10/04/2024. The calendar reflected a scheduled meeting on 10/04/2024 from 11:30 AM - 12:30 PM for "[Resident 1's Initials] 30 Day ISP Review" at the facility's location. Staff required to attend the scheduled meeting included Director A and Program Lead B.

At 4:13 PM, Surveyor interviewed Caregiver E via phone who stated, "[Resident 1] will not sleep if

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M 408	Continued From page 6	M 408		

[s/he] has access to anything. Anything is a distraction for [him/her]." Caregiver E reported Resident 1 likes to fold and rip clothes especially if s/he is "overstimulated." S/he reported Resident 1 did not have a routine at his/her previous placement, so s/he destroyed the house.

On 02/26/2025 at 10:36 AM, Surveyor received an email with an attachment from Director A. The attachment was titled, "[Resident 1] Signed." Surveyor reviewed the attachment and noted a digital signature from Resident 1's guardian, dated 02/26/2025 at 8:55 AM.

At 11:00 AM, Surveyor sent a follow up email to Director A requesting Resident 1's entire ISP. Director A responded at 11:03 AM and included Resident 1's ISP.

Resident 1's ISP reflected:

Eating, bathing, grooming, supervision, housekeeping and general health. Resident 1's ISP did not identify destruction of property, behaviors, refusals related to incontinence care or safety concerns. In addition, Resident 1's ISP did not identify Resident 1's clothes were to be locked up due to his/her behaviors.

Toileting - "Partial Assistance. Daily as needed. Resident requires partial assistance from staff to complete toileting tasks. Member wears briefs and needs to be checked. [S/he] will need assistance with BM's [sic - bowel movements]."

Surveyor reviewed observation notes from 09/06/2024 to 02/25/2025 and observed the following:

09/07/2024 - Incident Report (Safety Concern)

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M 408	Continued From page 7 created for [Resident 1]. Author: Caregiver F. 09/07/2024 - Observation Note, 2:30 AM, "**See incident report**...Prior to wearing [him/herself] out [Resident 1's initials] behavior was very concerning. [S/he] broke housemates TV before writer had even clocked in. Damaged property throughout home and more than likely hurt [him/herself] in the process...crawled throughout home damaging whatever [s/he] could. While writer was assisting [him/her] to change brief [s/he] ran from room, stormed in housemates room and jumped half naked into housemates bed while housemate was sleeping. Writer removed cleaning products and locked them up due to [Resident 1's initials] attempting to ingest or spray whatever [s/he] could. Despite locking main doors [Resident 1's initials] managed to leave and thankfully jumped into van... [Resident 1's initials] is a safety concern to [him/herself] and others. Writer does not feel confident that single staff can ensure safety of everyone." Author: Caregiver F. 09/23/2024 - Resident Supervision Checklist/2 hour checks, 2:05 AM - No pass: Refused by Resident - "Writer prompted [Resident 1's initials] to allow writer to assist in changing brief but [Resident 1's initials] refused. Writer ensured [s/he] was awake and [Resident 1's initials] response to writer was 'Ha Ha.' Writer will attempt again soon." Author: Caregiver F. 10/28/2024 - Observation Note, 7:45 PM - "At some point between 3rd shift and first shift [Resident 1's initials] got into cleaning closet and emptied the can of roach and spider spray and hid can in [his/her] dresser drawer found it after dinner time...make sure cleaning closet stays locked..." Author: Caregiver E.	M 408		

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M 408	Continued From page 8 11/03/2024 - Observation Note, 8:30 PM - "[Resident 1's initials] becomes very agitated and screams and growls at staff when [Resident 2] starts to lash out." Author: Caregiver E. 12/12/2024 - Incident Report (Behavior - Sexual) created for [Resident 1], 10:22 AM. Author: Program Lead B. 01/08/2025 - Incident Report (Behavior - Resisting Care of Treatment) created for [Resident 1], 5:44 AM. Author: Caregiver F. 02/25/2025 - Observation Note, 6:45 PM - "While getting [Resident 1's initials] ready for bed writer noticed [Resident 1's initials] pillow case missing which it was there upon shift starting writer asked [him/her] where it was and [s/he] got it out of [his/her] dresser didn't wanna [sic] give it to writer because it was ripped..." Author: Caregiver E. On 02/26/2025 at 1:15 PM, Surveyor interviewed Director A and DA-D who acknowledged Surveyor's concerns. Director A confirmed Resident 1 does not have a behavioral support plan, but they will discuss further with the care team. The provider did not identify Resident 1's needs and abilities in the areas of activities of daily living. Specifically related to, property destruction, behaviors, safety concerns and refusals to care or treatment.	M 408		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months	M 424		

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M 424	Continued From page 9 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 individual service plans (ISPs) reviewed were updated at least once every 6 months. Resident 2's ISP was not updated since 02/08/2024. Findings include: On 02/25/2025 at approximately 9:30 AM, Surveyor requested Resident 2's record including his/her ISP from Director A. Resident 2 was admitted to the facility on 09/09/2021 with diagnoses to include but not limited to, diabetes, obesity, severe intellectual disabilities, autism and attention-deficit hyperactivity disorder (ADHD). Resident 2 was non-verbal, has a guardian and ICA (Iris	M 424		

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M 424	Continued From page 10 Consultant Agency). At approximately 11:30 AM, Division Administrator (DA)-C reported s/he checked Resident 2's record and confirmed the last ISP was dated 02/08/2024. DA-C stated s/he was unable to locate any additional ISPs beyond 02/08/2024. Director A asked for additional time to check their records for any other ISPs for Resident 2. Surveyor requested the documentation be provided by 12:00 PM on 02/26/2025. On 02/26/2025 at 12:06 PM, Surveyor received a follow up email with an attachment from Director A. The attachment included Resident 2's unsigned ISP. On 02/26/2025 at approximately 1:15 PM, Surveyor interviewed Director A who confirmed s/he was not able to locate any additional ISPs for Resident 2. On 02/28/2025 at 1:43 PM, Surveyor received an email with an attachment from DA-D. The attachment was titled, "[Resident 2's initials] Signature 2.25.25." Surveyor reviewed the attachment and noted a digital signature page with Resident 2's name under "[Family G]/guardian - Print" and "[Family G]/guardian - Signature" dated 02/26/2025 at 11:44 AM. Surveyor note: It appears instead of Resident 2's name, it should be Family G's name. The provider did not ensure 1 of 1 individual service plans (ISPs) reviewed were updated at least once every 6 months.	M 424		