STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015282	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE ADULT FAMILY HOME LLC	6441 N 71ST STREET MILWAUKEE, WI 53225

(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 08/14/2023, Surveyor completed a complaint investigation. As a result, 2 deficiencies were identified. One of 2 were repeat deficiencies (see Statement of Deficiency (SOD) 352312, dated 06/18/2018, SOD 352315, dated 10/13/2021, and SOD 352316, dated 06/15/2022). The complaint was unsubstantiated. Census: 3	M 000		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 3 residents' bedrooms had at least 1 openable window and the window used for ventilation was screened. Resident 1's bedroom contained 2 windows. The north facing window did not stay open and did not have a screen. The east facing window did not open. Resident 3's bedroom contained 2 windows. The north facing window was covered with plastic and the west facing window did not have a screen. Findings include: On 08/14/2023, at Surveyor conducted an onsite tour and observed the following:	M 298		

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

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M 298	Continued From page 1 Resident 1's bedroom, located at the northeast corner, contained 2 windows. The north facing window opened; however, it would slam shut, as the mechanism to keep the window up was broken and it did not contain a screen. The east facing window did not open. Resident 3's bedroom contained 2 windows. The north facing window was covered with plastic. The west facing window did not have a screen. On 08/14/2023, at 9:30 AM, Surveyor interviewed Caregiver C. Caregiver C reported the windows were like that since s/he began working. Caregiver C reported her/his start date was in June 2023. On 08/16/2023, at 2:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware of the missing screens and Resident 1's windows having plastic over them. Licensee A reported s/he would have it addressed.	M 298		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure prescription medications were securely stored. Resident 2's medications were stored on the countertop of the pass way between the kitchen and living room. The medication closet, located in the hallway with the resident bedrooms, was not locked. The keypad lock did not work. This had the potential to negatively impact 3 of 3 residents.

This is being cited for the fourth time. See Statement of Deficiency (SOD) 352312, dated 06/18/2018, SOD 352315, dated 10/13/2021, and SOD 352316, dated 06/15/2022.

Findings include:

On 08/14/2023, at 9:00 AM, Surveyor toured the facility and observed the following:

A small plastic cup with loose medications was stored on the counter of the pass way between the kitchen and the living room. The medications were left unsecured on the counter for 40 minutes.

The medication closet, located in the hallway of the resident's bedrooms, was not securely closed. The medication closet contained a keypad lock. Surveyor pulled on the handle and the door opened. The keypad lock was not engaged. The door remained unlocked between 9:00 AM and 11:40 AM.

Resident 1 was observed ambulating throughout the facility during that time.
Resident 2 and Resident 3 were in wheelchairs

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M 458	Continued From page 3 and were unable to move independently. On 08/14/2023, at 11:45 AM, Surveyor interviewed Caregiver C and House Manager (HM) B regarding the unsecured medications. Caregiver C reported s/he was not aware of the code requirement to keep medications securely stored. Caregiver C reported the night shift caregiver had prepared Resident 2's medications before the end of her/his shift. Caregiver C reported her/his shift began at 8:00 AM. Caregiver C reported the medication closet keypad lock had not worked for 2 weeks. Surveyor asked HM B if s/he was aware of the code requirement for medications. HM B was unable to verbalize the requirement. HM B sated, "Can you enlighten me?" HM B reported s/he was not aware the keypad lock was not working. HM B reported s/he would replace the batteries for the lock. On 08/14/2023, at 11:30 AM, Surveyor reviewed Resident 2's August 2023 medication administration record (MAR). Resident 2 MAR indicated s/he received the following AM medications: aspirin 81 milligrams (mg), atorvastatin 80 mg, baclofen 5 mg, divalproex sodium delayed release 125 mg, gabapentin 300 mg, lactobacillus, meclizine hydrochloride (HCL) 25 mg, pantoprazole 40 mg, and venlafaxine HCL 75 mg. On 08/16/2023, at 2:00 PM, Surveyor interviewed Licensee A regarding the unsecured prescription medications. Licensee A confirmed all medications were to be securely stored. Licensee A reported s/he did not know why Resident 2's medications were left on the counter, unsecured. Licensee A reported s/he did not know why the keypad lock did not work. Licensee A reported	M 458		

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M 458	Continued From page 4 s/he would provide retraining to all staff.	M 458		