STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018955	A. BUILDING: _____ B. WING _____	C 03/18/2024

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SISTER LOVE AND CARE AFH LLC	1244 SUPERIOR ST RACINE, WI 53404

(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 03/18/2024, Surveyors completed a standard survey and 1 complaint investigation at Sister Love and Care AFH LLC. As a result of the survey, 7 deficiencies were identified, and 1 complaint was unsubstantiated. Census: 3	M 000		
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 2 of 2 service providers were screened for illness detrimental to residents, by a physician, a registered nurse, or a physician assistant within 90 days before the start of providing service. The provider did not obtain documentation for Tuberculosis (TB) screening for 2 of 2 service providers. Findings include: On 03/18/2024, at 11:30 AM, Surveyors reviewed Caregiver B's and Caregiver C's records and identified the following:	M 232		

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

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M 232	Continued From page 1 Caregiver B's record did not contain a date of hire. Caregiver B's record did not contain evidence of screening for communicable disease, including TB. Caregiver C's record did not contain a date of hire. Caregiver C's record did not contain evidence of screening for communicable disease, including TB. On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported Caregiver B and Caregiver C did receive TB tests prior to employment. Licensee A confirmed s/he did not have documentation of completed TB tests. Licensee A reported s/he was unaware service providers needed a communicable disease screening. Cross reference: DHS M0514 88.09(2)(a) Service Provider Record	M 232		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear	M 262		

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M 262	Continued From page 2	M 262		

opening of at least 32 inches.
3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure 3 of 3 exits were ramped to grade with hard surfaced pathways with handrails. The front exit contained 5 steps from the door to the ground. The side exit contained 5 steps from the door to the ground. The rear exit contained 4 steps inside the home to utilize the rear door. Resident 2 required the use of a walker and crutches to assist with ambulation.

Findings include:

The facility was licensed on 07/13/2022 to serve 4 residents in client groups including developmentally disabled and emotionally disturbed/mental illness. The facility was licensed to serve ambulatory residents only.

On 03/18/2024, at 9:00 AM, Surveyors toured the home. The front exit contained 5 steps from the door to the ground. The side exit contained 5 steps from the door to the ground. The rear exit contained 4 steps inside the home to utilize the rear door. Surveyors toured Resident 2's bedroom. Resident 2 was in bed with her/his right ankle bandaged and elevated on a pillow. Surveyors observed a set of crutches and a 2 wheeled walker next to Resident 2's bed.

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M 262	Continued From page 3 On 03/18/2024, at 9:15 AM, Surveyors interviewed Resident 2. Resident 2 reported s/he broke her/his ankle during a fall. Resident 2 confirmed s/he used the crutches and walker for assistance with ambulation. Resident 2 stated, "I don't always use them, but I am supposed to." On 03/18/2024, at 9:25 AM, Surveyors interviewed Caregiver B. Caregiver B confirmed Resident 2 had a fall and surgery on her/his ankle which required the use of crutches or the walker. Caregiver B reported Resident 2 was supposed to use the crutches or walker every day; however, Resident 2 did not like using the walker because Resident 2 said it made her/him look old. On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported Resident 2 had a fall while out in the community. Licensee A reported Resident 2 reported s/he fell, and the next morning Resident 2 was in pain. Resident 2 was sent to the emergency room where s/he was diagnosed with a right ankle fracture. Resident 2 had to have surgery when the swelling reduced. Licensee A reported after surgery was when Resident 2 was required to use the crutches. Licensee A reported s/he was unaware s/he needed to have exits ramped if Resident 2 required assistance with ambulation. Licensee A reported s/he did not apply for a waiver. On 03/18/2024, at 12:15 PM, Surveyors reviewed Resident 2's hospital report. Resident 2's hospital report, dated 02/20/2024, reported Resident 2 was to be non-weight bearing on right ankle.	M 262		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS	M 332		

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M 332	Continued From page 4 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 inspected annually by an authorized dealer or the local fire department. The fire extinguishers were due to be inspected by February 2024 and were not. Findings include: On 03/18/2024, at 9:00 AM, Surveyors conducted and onsite tour of the facility. Surveyors observed fire extinguishers in the kitchen and in the basement dated February 2023.	M 332		

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M 332	Continued From page 5 On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed fire extinguishers required annual inspection by an authorized dealer or the local fire department. Licensee A was unaware the fire extinguishers were previously tagged in February 2023 and were overdue for inspection.	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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were mounted to the ceiling in 2 of 5 required locations. Resident 3's bedroom did not contain a smoke detector. Resident 2's bedroom did not have a smoke detector mounted on the ceiling. Findings include:	M 334		

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M 334	Continued From page 6 On 03/18/2024, at 9:00 AM, Surveyors toured the facility and observed the following: - Resident 3's bedroom was missing a smoke detector. - Resident 2's bedroom had a smoke detector mounted on the wall, not on the ceiling required by code. On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code required smoke detectors on the ceiling of resident bedrooms. Licensee A was unaware 2 of 3 bedrooms did not have smoke detectors on the ceiling. Licensee A was unsure how long Resident 3 was missing their smoke detector.	M 334		
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 each resident admitted to the facility was screened for communicable	M 380		

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M 380	Continued From page 7	M 380		

disease, including tuberculosis (TB), 90 days prior to admission or within 7 days after admission, for 2 of 2 residents. Resident 1 and Resident 2 were not screened for communicable disease. Resident 1 was tested for TB 37 days after her/his date of admission. Resident 2 was tested for TB 112 days prior to admission.

Findings include:

Resident 1 was admitted to the facility on 02/01/2023. The TB test for Resident 1 was completed on 03/10/2023, 37 days after her/his date of admission. There was no evidence of Resident 1 having had a health examination by a physician and having been screened for communicable disease.

Resident 2 was admitted to the facility on 06/22/2023. The TB test for Resident 2 was completed on 03/01/2023, 112 days prior to her/his date of admission. There was no evidence of Resident 2 having had a health examination by a physician and having been screened for communicable disease.

On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported s/he was not aware residents needed to be screened for communicable diseases along with TB. Licensee A reported s/he thought residents only needed to be screened for TB. Licensee A was not aware of the timeline for communicable disease screening and TB testing. Licensee A reported s/he took Resident 1 to the doctor after Resident 1 was admitted to the facility which is why the TB test was late.

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M 410	Continued From page 8	M 410		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 of 2 residents' Individual Service Plans (ISPs) included all required information. Resident 1's ISP did not include the following: 1. Identification of the level of supervision required in the home and in the community. 2. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. Resident 2's ISP did not include the following: 1. A description of services the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and in the community. 3. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. Findings include: The provider is licensed to care for up to 4	M 410		

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M 410	Continued From page 9	M 410		

ambulatory residents in the client groups of developmentally disabled and emotionally disturbed/mental illness.

On 03/18/2024, at 9:07 AM, Surveyors observed Resident 2 had his right ankle and one finger on his right hand wrapped in gauze. Surveyors observed crutches and a walker next to Resident 2's bed.

On 03/18/2024, at 9:08 AM, Surveyors interviewed Resident 2. Surveyors inquired what happened. Resident 2 reported s/he had low blood sugar fell and broke her/his leg. Resident 2 reported s/he had surgery 2 weeks ago. Resident 2 reported s/he used crutches and walker for assistance with ambulation. Resident 2 stated, "I don't always use them, but I am supposed to."

On 03/18/2024, at approximately 11:00 AM, Surveyors reviewed Individual Service Plans (ISPs) for Resident 1 and Resident 2 and identified the following:

Resident 1 was admitted to the facility on 02/01/2023, with diagnoses including alcohol and drug abuse, tobacco dependence due to cigarettes, bilateral low back pain without sciatica, transaminitis, myalgia, decreased hearing of left ear, major depressive disorder, subdural hematoma of left cerebral convexity, polysubstance abuse, cocaine abuse, and cannabis abuse. Resident 1's ISP stated, "consumer may become combative when [s/he] has consumed liquor when member is outside in the community and returns homes [sic] at times [s/he] appears to have been drinking." The interventions on Resident 1's ISP stated, "redirect member into participating in positive things while in the community and is encouraged not to bring

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alcholol [sic] to the home." Resident 1's ISP stated, "[Resident 1] sneaks and buys alcohol and has to be watched while in the store." Resident 1's ISP did not identify the level of supervision required in the home and in the community. Resident 1 was assessed as having no safety concerns.
Resident 1's ISP was dated 04/23/2023 and 10/09/2023. Resident 1's ISP did not contain any signatures.

Resident 2 was admitted to the facility on 06/22/2023, with diagnoses including anxiety and depression, and hyperglycemia type 1 diabetes mellitus. Resident 2's ISP did not contain information regarding the fall and the assistance Resident 2 required.
Resident 2's ISP reported Resident 2 was independent with medication management. Resident 2's ISP stated Resident 2 had a high-risk safety concern due to, "will somwtimes [sic] not take meds (medications) as instructed or tries to inject more insulin so [s/he] can eat more so [s/he] has to be monitored with meds."

Resident 2's ISP was dated 04/09/2023 and 10/09/2023. Resident 2's ISP did not contain any signatures.

On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A reported s/he did not obtain signatures on Resident 1's and Resident 2's ISPs. Surveyors inquired about Resident 2's broken ankle. Licensee A reported s/he broke her/his ankle on 02/09/2024 and had surgery on 02/20/2024. Licensee A reported s/he was unaware s/he needed to update ISPs following changes, and have ISPs signed by all involved persons. Surveyors inquired if Resident 2 administered her/his own medications and

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M 410	Continued From page 11 Licensee A reported s/he did not.	M 410		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure service provider records for 2 of 2 staff members included the following: 1. Beginning date of employment. 2. Documentation of successful completion of the training requirements. Findings include: On 03/18/2024, at 11:30 AM, Surveyors reviewed records for Caregiver B and Caregiver C and identified the following: Caregiver B's record did not contain a beginning date of employment. Caregiver B's record did not contain documentation of successful completion of training approved by the licensing agency related to health, safety and welfare of residents, resident rights, and treatment appropriate to residents served, including fire safety and first aid.	M 514		

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M 514	Continued From page 12 Caregiver C's record did not contain a beginning date of employment. Caregiver C's record did not contain documentation of successful completion of training approved by the licensing agency related to resident rights and treatment appropriate to residents served. On 03/18/2024, at 12:10 PM, Surveyors interviewed Licensee A. Licensee A was unaware of the code a service provider record needed to include beginning date of employment and training documentation. Licensee A reported s/he believed the date of hire for Caregiver B was the date listed on her/his Background Information Disclosure (BID), which was 07/09/2023, and the date of hire for Caregiver C was the date listed on her/his Crime Information Bureau (CIB) background check, which was 12/05/2022. Licensee A reported Caregiver B and Caregiver C completed training with Trainer D and would have to contact her/him for documentation of the completed training. Cross reference: DHS M0232 88.04(2)(g)1 Health Screening for Staff	M 514		