STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019556	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NURTURING ADULT LIVING HOMES III LLC	**1834 BLAKE AVE 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 02/25/2025, Surveyor completed a standard survey and complaint investigation at Nurturing Adult Living Homes III. As a result, 14 deficiencies were identified. The complaint was unsubstantiated. Census: 3	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with Department requests for information during the survey process. Findings include: On 02/12/2025, at 1:02 PM, Surveyor emailed Licensee A and requested staffing schedules for October 2024 - January 2025. On 02/20/2025, at 11:21 AM, Surveyor emailed Licensee A and requested the staffing schedules. On 02/21/2025, at 10:13 AM, Licensee A called Surveyor and asked if Surveyor received the paperwork s/he sent. On 02/21/2025, 1:49 PM, Surveyor emailed Licensee A and reported s/he did not receive the paperwork.	M 204		

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

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M 204	Continued From page 1 On 02/21/2025, at 1:50 PM, Licensee A emailed Surveyor back and stated, "Ok thanks." As of 02/25/2025, at 8:00 AM, Surveyor did not receive any staff schedules.	M 204		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the home, and its operation complied with this chapter and with all other laws governing the home and its operation. Resident 1 was admitted to the adult family home when s/he was a minor. Findings include: The facility was licensed to serve 4 ambulatory residents in the client groups of developmentally disabled, alcohol/drug dependent, correctional clients, advanced aged, physically disabled, irreversible dementia/Alzheimer's, traumatic brain injury, emotionally disturbed/mental illness and terminally ill. According to Wis. Admin. Code § DHS 88.02(4) "Adult" means an individual 18 year of age or over On 02/05/2025, at 9:55 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to	M 216		

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M 216	Continued From page 2 the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1 had a guardian. Resident 1's date of birth was 01/12/2006. Resident 1 was 17 years old at the time of admission. Resident 1 remained in the home for 142 days as a minor. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was not licensed as a foster home. Licensee A reported s/he was unaware Resident 1 could not be admitted as a minor. Licensee A reported Resident 1's county worker did not say Resident 1 could not be admitted to an adult family home as a minor.	M 216		
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	M 232		

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M 232	Continued From page 3	M 232		

provider did not ensure 3 of 3 caregivers (Caregiver B, Caregiver C, and Caregiver D) were screened for communicable diseases, including tuberculosis (TB), within 90 days before the start of providing cares. Caregiver B was screen for TB 77 days after the start of providing cares. Caregiver C and Caregiver D were not screened for TB prior to providing cares. Caregiver C, Caregiver D, and Caregiver F were not screened for communicable diseases before providing cares.

Findings include:

On 02/05/2025, at 10:55 AM, Surveyor reviewed employee records and identified the following:

Caregiver B was hired on 05/01/2023. Caregiver B was screened for TB on 07/17/2023, which was 77 days after her/his start date. Caregiver B's record contained a communicable disease screening questionnaire, dated 11/07/2024. The questionnaire did not contain a signature from a registered nurse, physician, or a physician assistant on her/his communicable disease screening. Caregiver B's record did not evidence Caregiver B was screened for communicable diseases.

Caregiver C was hired on 05/01/2023. Caregiver C was not screened for TB. Caregiver C's record did not evidence Caregiver C was screened for communicable diseases.

Caregiver D was hired on 05/01/2023. Caregiver D was not screened for TB. Caregiver D's record did not evidence Caregiver D was screened for communicable diseases.

On 02/05/2025 at 11:45 AM, Surveyor interviewed

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M 232	Continued From page 4 Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was in the process of auditing employee records and developing new systems to ensure paperwork was completed on time.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff received 15 hours of training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. Caregiver B did not receive any training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents. Caregiver C did not receive any training related to resident rights. Caregiver D did not receive resident rights training or first aid training. Findings include:	M 244		

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M 244	Continued From page 5 On 02/05/2025, at 10:55 AM, Surveyor reviewed employee records and identified the following: Caregiver B was hired on 05/01/2023. Caregiver B's record did not contain any evidence of training in health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents. Caregiver C was hired on 05/01/2023. Caregiver C received standard precautions training on 11/02/2021, fire safety training on 11/04/2021, first aid training on 11/04/2021 and medication administration training on 10/28/2021. Caregiver C's record did not contain evidence of training in resident rights. Caregiver D was hired on 05/01/2023. Caregiver D received standard precautions training on 10/14/2020, fire safety training on 10/15/2016 and medication administration on 10/17/2016. Caregiver D's record did not contain evidence of training in first aid or resident rights. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed staff required 15 hours of training. Licensee A reported all staff were required to take the CBRF training. Licensee A reported s/he was in the process of developing new systems to ensure staff receive all training within the required timeframe.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of	M 246		

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M 246	Continued From page 6 training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received annual training for 2 of 2 caregivers. Caregiver B, Caregiver C, and Caregiver D did not receive annual training in 2024. Findings include: On 02/05/2025, at 10:55 AM, Surveyor reviewed employee records and identified the following: Caregiver B was hired on 05/01/2023. Caregiver B's record did not contain any evidence of annual training in 2024. Caregiver C was hired on 05/01/2023. Caregiver C's record did not contain any evidence of annual training in 2024. Caregiver D was hired on 05/01/2023. Caregiver D's record did not contain any evidence of annual training in 2024. On 02/05/2025 at 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed staff were required to have 8 hours of annual training. Licensee A reported s/he learned at a recent survey staff were missing annual training and was unsure why the trainings were not completed.	M 246		

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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 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. The fire extinguisher located in the kitchen was last inspected April 2023. The fire extinguisher located in the basement was last inspected in December 2022. Findings include: On 02/05/2025, at 11:15 AM, Surveyor toured the facility and observed the following:	M 332		

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M 332	Continued From page 8 -The fire extinguisher, located in the kitchen had an inspection tag which identified the fire extinguisher was last inspected in April 2023. -The fire extinguisher, located in the basement, had an inspection tag which identified the fire extinguisher was last inspected in December 2022. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed the fire extinguishers were to be inspected annually. Licensee A reported s/he just had the fire extinguishers inspected, and the company forgot to update the tags. Surveyor requested the receipt indicating when the fire extinguishers were inspected. Licensee A reported s/he did not have a receipt as s/he did not have to pay for the fire extinguishers to be inspected.	M 332		
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 complete an annual evacuation assessment review for 1 of 1 resident (Resident 1) who lived in the facility beyond one year. Resident 1 did not have an evacuation	M 346		

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M 346	Continued From page 9 assessment completed in 2024. Findings include: On 02/05/2025, at 9:55 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1's record contained a Resident Evacuation Assessment, dated 08/23/2023. Resident 1's record did not contain a completed or updated evacuation evaluation in 2024. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought Resident 1's assessment was completed. Licensee A reported s/he would ensure the documentation was completed.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and the evacuation time for each drill for 2 of 2 years. There was no documentation of fire drill being conducted in 2023 and 2024.	M 348		

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M 348	Continued From page 10 Findings include: On 02/05/2025, at 11:40 AM, Surveyor reviewed the facility safety files. There was no evidence of fire drill being conducted in 2023 and 2024. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A reported staff complete fire drills. Licensee A reported s/he was unaware all fire drills needed to have written documentation of the date and time of the fire drills until recently. Licensee A reported s/he had an updated form for staff to complete to ensure the fire drills contain the required documentation.	M 348		
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 disease, including tuberculosis (TB), within 90 days prior to placement of within 7 days after	M 380		

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M 380	Continued From page 11	M 380		

admission for 2 of 2 resident. Resident 1's TB screening was completed 447 days after admission. Resident 2's TB screening was completed 107 days after admission. Resident 1 and Resident 2 did not have evidence of communicable disease screening.

Findings include:

On 02/05/2025, at 9:55 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1 had a TB test completed on 11/13/2024, 447 days after admission. Resident 1's record did not contain documentation indicating Resident 4 was screened for communicable diseases.

Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion disorder, impulse disorder and attention deficit hyperactivity disorder. Resident 2 had a TB test completed on 11/13/2024, 107 days after admission. Resident 2's record did not contain documentation indicating Resident 2 was screened for communicable diseases.

On 02/05/2025 at 11:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he did an audit discovered the TB tests were not completed, which was why the TB tests were conducted after admission. Licensee A reported s/he would ensure TB and communicable

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M 380	Continued From page 12 disease screenings were completed prior to admission.	M 380		
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 an admission agreement was completed, dated, and signed by each resident, guardian or designated representative, and licensee, prior to admission for 2 of 2 residents (Resident 1 and Resident 2). Resident 1 service agreement was signed by Resident 1 when s/he was a minor. Resident 1's service agreement was not signed by her/his guardian. Resident 2's service agreement was not signed by her/his guardian. Findings include: On 02/05/2025, at 9:55 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on	M 384		

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M 384	Continued From page 13 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1 had a guardian. Resident 1's date of birth was 01/12/2006. Resident 1 was 17 years old at the time of admission. Resident 1's file contained an admission agreement signed by Resident 1 and Licensee A. Resident 1's admission agreement was not signed by Resident 1's guardian. Resident 1's file did not contain any evidence of a signed agreement between the licensee and Resident 1's guardian. Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion disorder, impulse disorder and attention deficit hyperactivity disorder. Resident 2 had a guardian. Resident 2's file contained an admission agreement signed by Resident 2 and Licensee A. Resident 2's admission agreement was not signed by Resident 2's guardian. Resident 2's file did not contain any evidence of a signed agreement between the licensee and Resident 2's guardian. On 01/15/2025, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the requirement. Licensee A reported s/he was unsure why the service agreements were not signed by the guardians. Surveyor relayed concerns regarding Resident 1 had signed the service agreement as a minor. Licensee A acknowledged Surveyor's concerns.	M 384		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall	M 410		

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(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 410	Continued From page 14 contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1's and Resident 2's) individual service plans (ISPs) contained all required information. Resident 1's ISP did not identify Resident 1's behaviors or interventions required to manage behaviors. Resident 2's ISP did not identify Resident 2's behaviors or interventions required to manage behaviors. Findings include: On 02/05/2025, at 9:55 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1's ISP, dated 10/22/2023, reported the following: "Emotional/Behavior - Delusions, combative or hallucinations. [Resident 1] states that [s/he] constantly hear [sic] voices which influence [her/him] to engage in self-harm behaviors. Goals - Hallucinations will not be traumatic resulting in fearful reaction. Interventions - One on one staff at all times to help reduce episodes of self harm [sic] behaviors."	M 410		

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	0019556	A. BUILDING: _____ B. WING _____	C 02/25/2025

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M 410	Continued From page 15 "Emotional/Behavior - Delusions, combative or hallucinations. [Resident 1] has been hospitalized on several occasions due to self harming [sic] including cutting and trying to choke [herself/himself] with clothing items. Goals - [Resident 1] will not harm [herself/himself] Interventions - Anti-psychotic medications as directed as well as one on one supervision 24 hours a day to reduce episodes of self harming." "Safety - High risk. [Resident 1] is at high risk for self harm [sic]. [S/He] has multiple episodes of choking and cutting [herself/himself]. Goal - Will be free from injury Interventions - Constant supervision of staff." "Combative behavior - [Resident 1] has a history of harming [herself/himself] and requires 24 hour supervision. Goal - [Resident 1] will be free from injury. Interventions - 24 hour one on one supervision to help prevent [Resident 1] from harming [herself/himself]." Resident 1's Crisis Plan, dated 01/17/2024, indicated Resident 1 would ingest things, cut herself/himself with sharp objects, run out in traffic, tie items around her/his neck, and make threats of self-harm or threats of harm towards others. The Crisis Plan indicated Resident 1 may experience some passive suicidal ideation and homicidal ideation at baseline. Coping skills for Resident 1 include journaling, listening to music, coloring, playing pranks, and talking care of her/his baby doll. The crisis plan indicated staff should maintain a calm and friendly demeanor. Resident 1's record indicated Resident 1 was seen at the hospital as follows:	M 410		

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M 410	Continued From page 16 01/06/2024 - ingestion of nontoxic substance 01/19/2024 - suicidal 03/20/2024 - swallowed foreign body 01/16/2025 - head injury, forehead abrasion, behavioral problem Resident 1's ISP did not include interventions for staff to provide to Resident 1 when s/he was having passive suicidal and homicidal ideation. Resident 1's ISP did not mention Resident 1's Crisis Plan. Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion disorder, impulse disorder and attention deficit hyperactivity disorder. Resident 2's ISP, undated, reported the following: "Safety - No safety concerns." "Combative behavior - [Resident 2] requires structured day to day activities to ensure safety and independence. Goal - Mood will not escalate to combativeness. Interventions - Provide structured day to day activities." Resident 2's file contained a behavior support plan (BSP) from her/his prior placement. The BSP, dated 01/23/2024, indicated Resident 2 required 1:1 supervision due to verbal aggressive behaviors towards others, physical aggressions towards others, elopement, self-injurious behaviors including ingesting objects, biting, hitting, scratching and cutting, as well as sexually inappropriate behaviors towards others. Interventions identified in the BSP include 1:1	M 410		

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M 410	Continued From page 17 supervision, redirection of Resident 2's attention with participation with activities, staff to be calm and positive in manner, offer a quiet environment, utilizing positive reinforcements such as food, activities, objects prizes and events. Resident 2's ISP did not mention Resident 2's verbal aggression, self-injurious behaviors, elopement behaviors, or the type of combative behavior they exhibited toward staff. Resident 2's ISP did not mention the previous placement's BSP. On 02/25/2025, at 2:00 PM Surveyor interviewed Licensee A. Licensee A reported Resident 1 required 1:1 supervision due to her/his behaviors of suicidal ideations. Licensee A reported Resident 2 had a couple episodes of suicidal ideation, but Resident 2 was easier to redirect than Resident 1. Licensee A confirmed the resident ISPs should have all behavior and interventions included.	M 410		
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 a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2).	M 420		

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M 420	Continued From page 18 Findings include: On 02/05/2025, at 9:55 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder and attention deficit hyperactivity disorder. Resident 1 had a guardian. Resident 1 had a managed care organization (MCO). Resident 1's individual service plan (ISP), dated 10/22/2023, was not signed by Resident 1's guardian, Resident 1's MCO, or the provider. Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion disorder, impulse disorder and attention deficit hyperactivity disorder. Resident 2 had a guardian. Resident 2 had an MCO. Resident 2's ISP, undated, was not signed by Resident 2's guardian, Resident 2's MCO, or the provider. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he recently became aware of the code requirement at a recent survey. Licensee A reported s/he would ensure the ISPs were signed by all required parties.	M 420		
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	M 458		

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M 458	Continued From page 19 specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents' prescription medications were securely stored. Medications were located in an unlocked kitchen cabinet. Resident 1, who had self-harm behaviors, was able to access the medications. Findings include: On 02/05/2025, at approximately 11:05 AM, Caregiver D arrived to open the medication cabinet for Surveyor to review resident medications. Caregiver D opened the medication cabinet, then left the facility. At 11:25 AM, Surveyor toured the kitchen. Surveyor opened an upper kitchen cupboard, which was adjacent to the medication cabinet, and not identified as a medication cabinet. Surveyor observed 2 inhalers and a clear plastic cup with a white pill inside. The cup had Resident 2's name written on it and the number 12. One of the inhalers was in a box with a pharmacy label attached indicting the inhaler was prescribed to Resident 3. The other inhaler did not have a label indicating who the inhaler was prescribed to. On 02/05/2025, at 11:30 AM, Surveyor reviewed resident records and identified the following:	M 458		

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M 458	Continued From page 20	M 458		

Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion disorder, impulse disorder and attention deficit hyperactivity disorder. Resident 2's medication administration record (MAR) for February 2025, indicated Resident 2 was prescribed the following medications: Vraylar 1.5 milligrams (mg) at 8:00 AM, Trulicity 0.75 mg every 7 days at 8:00 AM, Spiriva inhaler 1 puff at 8:00 AM, cetirizine 10 mg at 8:00 AM, Symbicort inhaler 2 puffs at 8:00 AM and 8:00 PM, metformin 500 mg at 8:00 AM and 4:00 PM, Prazosin 2 mg at 8:00 PM, doxepin 10 mg at 8:00 PM, famotidine 40 mg at 8:00 PM, and atorvastatin 40 mg at 8:00 PM. Surveyor could not locate documentation indicating what medication was scheduled to be administered at 12:00 PM.

Resident 3 was admitted on 02/16/2023, with unknown diagnoses. Resident 3's MAR for February 2025 indicated Resident 3 was prescribed the following medications: Incuse Ellipta inhaler, 1 puff at 8:00 AM, lisinopril 40 mg at 8:00 AM, hydrochlorothiazide (HCTZ) 25 mg at 8:00 AM, venlafaxine 75 mg at 8:00 AM, zinc gluconate 50 mg at 8:00 AM, vitamin D at 8:00 AM, rifampin 300 mg at 8:00 AM and 8:00 PM, metformin 500 mg at 8:00 AM and 4:00 PM, hydroxyzine 50 mg at 8:00 AM and 4:00 PM, clozapine 200 mg at 8:00 PM, benztropine 1 mg at 8:00 PM, haloperidol 5 mg at 8:00 PM haloperidol 10 mg at 8:00 PM, and trazodone 100 mg at 8:00 PM.

Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive

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M 458	Continued From page 21 disorder and attention deficit hyperactivity disorder. Resident 1's ISP, undated, indicated Resident 1 has episodes of self-harm behaviors and suicidal ideations. Resident 1's Crisis Plan, dated 01/17/2024, indicated Resident 1 would ingest things, cut herself/himself with sharp objects, run out in traffic, tie items around her/his neck, and make threats of self-harm or threats of harm towards others. On 02/05/2025, at 11:45 AM, Surveyor interviewed Licensee A. Surveyor relayed concerns regarding medications not being securely stored with Resident 1's suicidal ideations. Licensee A reported the medications were to be securely stored. Licensee A reported Caregiver D was the designated medication passer for all the licensee's adult family homes. Licensee A reported Caregiver D worked 3rd shift and would get the medications ready by dispensing the medications into medication cups with labels of who and when the medications were to be administered. Licensee A reported the staff scheduled to work would then pass the medications to the residents. Licensee A reported Caregiver D had the keys to the medication cabinets and if PRN (as needed) medication was needed, staff would contact Caregiver D or Licensee A to come and pass the medication. Licensee A reported s/he thought having 1 person responsible for medications would be better and more accountable to ensure no medication errors.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident,	M 464		

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M 464	Continued From page 22 the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 2 of 2 residents. Resident 1's and Resident 2's record did not contain a written order to administer medications. Findings include: On 02/05/2025, at 9:55 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 08/24/2023 with diagnoses including borderline personality disorder, oppositional defiant disorder, post-traumatic stress disorder, major depressive disorder, and attention deficit hyperactivity disorder. Resident 1's individual service plan (ISP), 10/22/2023, indicated Resident 1 required assistance with medication administration. Resident 1's record did not contain a written order for staff to administer medications to Resident 1. Resident 2 was admitted to the facility on 07/29/2024 with diagnoses including bipolar, epilepsy, schizoaffective disorder, conversion	M 464		

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M 464	Continued From page 23 disorder, impulse disorder, and attention deficit hyperactivity disorder. Resident 2's ISP, undated, indicated Resident 2 required assistance with medication administration. Resident 2's record did not contain a written order for staff to administer medications to Resident 2. On 02/25/2025, at 2:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he recently learned of the code requirement during a survey at another facility. Licensee A reported s/he would ensure all required paperwork was completed as required.	M 464		