STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018010	A. BUILDING: _____ B. WING _____	C 08/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE HEART LLC INDIGO	**7810 WEST BEACHWOOD AVENUE MILWAUKEE, WI 53223**

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M 000	INITIAL COMMENTS On 08/09/2023, Surveyors completed a standard survey and a complaint investigation at Compassionate Heart LLC Indigo. As a result, 8 deficiencies were identified. The complaint was substantiated. Census: 4	M 000		
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 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, and interview, the provider did not ensure 2 of 2 exits were ramped to grade. The rear exit of the home contained a 1 ½ inch rise between the interior floor and the exterior	M 262		

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

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M 262	Continued From page 1 landing. There was a 1-inch rise, approximately 39 inches wide, where the ramp transitioned to the driveway. The front exit contained a 1-inch rise between the interior floor and the exterior ramp. Findings include: On 08/03/2023, at 9:30 AM, Surveyor toured the facility and observed the following: Rear exit The rear door consisted of French doors which led to a ramp. There was a 1 ½ inch rise between the interior floor and the door frame. (Photo 01) The end of the ramp, where the ramp transitioned to the driveway, there was a 1-inch rise, which was approximately 39 inches wide. (Photo 02) Front exit There was a 1-inch rise between the interior floor and the exterior landing of the ramp. The posted emergency plan identified the front exit and rear exit as emergency exits. One of 4 residents required a wheelchair for mobility. On 08/09/2023, at 2:50 PM, Surveyor interviewed Licensee A. Licensee A reported s/he recently became aware of the rise at the end of the ramp. Licensee A reported s/he would have the maintenance person correct the rise of the ramp and the rise at the doorways.	M 262		
M 310	88.05(3)(h)5 SPACE IN BEDROOMS A resident bedroom may accommodate no	M 310		

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M 310	Continued From page 2	M 310		

more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 1 of 4 resident bedrooms had enough square footage (SF) for the non-ambulatory resident who resided in the room. Resident 1's bedroom contained 91 SF, not the 101 SF as indicated on the provider's floor plan received on 03/09/2020.

Findings include:

On 03/08/2023, at 9:30 AM, Surveyor observed Resident 1's bedroom, identified on the provider's floor plan as "Bedroom 1." Resident 1, observed in a wheelchair, resided in the room. Surveyor measured the bedroom. The room measured 91 SF. The space requirement for a non-ambulatory resident was 100 SF.

On 08/03/2023, at 3:15 PM, Surveyor reviewed the facility's department file. The facility was licensed on 05/06/2020, to serve up to 4 non-ambulatory residents. The floor plan on file, received on 03/09/2020, indicated Resident 1's bedroom, identified as bedroom 1, contained 101 SF.

On 08/09/2023, at 2:50 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was not

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M 310	Continued From page 3 aware the room was not at least 100 SF. Licensee A reported s/he had the room professionally measured. Licensee A reported s/he would look for a solution.	M 310		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not acquire a service agreement for each resident admitted to the home for 1 of 1 residents containing the following: names of the parties to the agreement, the services that will be provided and a description of each, charges for room and board and services and any other applicable expenses, frequency and amount of payment, policy on refunds, how personal funds will be handled, conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident, and a statement indicating that the resident rights and grievance procedure had been explained to the resident, resident's guardian or designated representative. Resident 3 did not have service agreements with the provider. Findings include: On 08/03/2023, at 10:00 a.m., Surveyors reviewed resident records and identified the following:	M 386		

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M 386	Continued From page 4 -Resident 3 was admitted on 07/18/2023. Resident 3's record did not contain a service agreement. On 08/09/2023, at approximately 2:50 p.m., Surveyors interviewed Licensee A. Licensee A stated s/he had the residents' service agreements, s/he just did not send them to Surveyors. S/He requested to send Surveyors the missing documentation. On 08/09/2023, at 4:15 p.m., Surveyors gave Licensee A until 08/10/2023 at 9:00 a.m. to provide documentation. As of 08/10/2023 at 4:00 p.m., no additional information was received.	M 386		
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.	M 424		

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M 424	Continued From page 5	M 424		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was reviewed and updated at least every 6 months for 2 of 2 residents. Resident 1's ISP should have been reviewed and updated at least 3 times since admission. Resident 2's ISP should have been reviewed and updated at least 3 times since admission.

Findings include:

On 08/03/2023, at 10:00 a.m., Surveyors reviewed resident records and identified the following:

RESIDENT 1
Resident 1 was admitted on 10/22/2020. Resident 1's ISPs were reviewed on 11/22/2021, 11/28/2022, and 04/07/2023. Resident 1's record did not contain documentation her/his ISP was reviewed in 05/2021, and 05/2022.

Resident 1's record contained documentation indicating Resident 1 received home health services including skilled nursing and occupational therapy (OT). The home health documentation, titled "Clinician Visit Report," dated 06/12/2023 and 06/23/2023, indicated Resident 1 was to wear compression socks daily.

Resident 1's ISP dated 04/07/2023, did not identify Resident 1 was receiving home health services or Resident 1 was to wear compression socks. Resident 1's ISP did not identify her/his refusal to sleep in the bed or wear compression stockings.

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M 424	Continued From page 6 On 08/03/2023, at 11:55 a.m., Surveyor interviewed House Manager (HM) B regarding Resident 1's needs. HM B reported Resident 1 refused to sleep in her/his bed as well as s/he would not wear the compression stockings. RESIDENT 2 Resident 2 was admitted on 01/05/2021, with a diagnosis of schizophrenia. Resident 2 was his/her own legal guardian. Resident 2's ISP was dated 01/06/2021. Resident 2's ISPs were reviewed on 01/06/2022, and 01/13/2023. Resident 2's record did not contain documentation her/his ISP was reviewed in 07/2021 and 07/2022. On 08/03/2023, at 8:55 a.m., Surveyor observed Caregiver C provide Resident 2 a cigarette from a locked closet. Caregiver C reported Resident 2 needed to sign a cigarette and lighter out before smoking. On 08/03/2023, at 9:45 a.m., Surveyor interviewed Resident 3 who explained staff restricted Resident 2's cigarettes to every 2 hours. Resident 2 was caught smoking in his/her bedroom, so Licensee A put him/her on restriction. On 08/03/2023, at 12:20 p.m., Surveyor interviewed HM B who confirmed Resident 2's cigarettes and lighter were locked up. Resident 2 received a cigarette every 2 hours to smoke outside. On 08/03/2023, at 12:25 p.m., Surveyor interviewed Resident 2 who stated, "I'd smoke more if I could, but I don't have a choice. I have to sign a log-in every time I take out a cigarette."	M 424		

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M 424	Continued From page 7 On 08/09/2023, at 2:50 p.m., Surveyors interviewed Licensee A. Licensee A reported the responsibility of reviewing and updating resident's ISPs belonged to her/himself and HM B. Licensee A confirmed Resident 1's ISP did not include home health services and refusals to wear compression stockings and sleeping in a bed were not on the current ISP. Licensee A also confirmed Resident 2's smoking schedule was not on her/his ISP. Licensee A reported s/he would update the ISPs to reflect their needs.	M 424		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's prescription medications remained in its original container as received from the pharmacy. Resident 2's medications were removed from the original packaging, placed in a weekly pill box, and stored in the closet for staff to administer later.	M 458		

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M 458	Continued From page 8 Findings include: On 08/03/2023, 10:20 AM, Surveyor, accompanied by House Manager (HM) B, observed the medication closet. Resident 2's medications were in a weekly pill box. On 08/03/2023, between 10:25 AM and 10:45 AM, Surveyor interviewed HM B regarding Resident 2's medications. HM B reported the medication procedure included HM B and Resident 2 meeting weekly to fill her/his weekly pill box. HM B and Resident 2 removed the medications from the original packaging and placed them in the pill box. HM B reported staff administered the medications later. HM B reported Resident 2's medications had been removed from the original container and placed in the pill box since Resident 2's admission. HM B reported s/he was not aware of the code requirement. HM B stated, "It's been like this since I started." HM B reported her/his start date was June 2021.	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, 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.	M 464		

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M 464	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain, prior to the licensee or service provider dispensing or administering a prescription medication to a resident, a written order from the physician for 3 of 3 residents. Staff administered medication to Resident 1, Resident 2, and Resident 3 prior to the provider obtaining a written order, specifying who by name or position, was permitted administer medication to the resident, under what circumstances, and what doses the medication was to be administered. Findings include: On 08/03/2023, at 10:00 AM, Surveyor reviewed resident records and identified the following: Resident 1 Resident 1 was admitted on 10/22/2020. Resident 1's Medication Administration Records (MARs) for July 2023 and August 2023, identified staff dispensed and administered Resident 1's medications. Resident 2 Resident 2 was admitted on 01/05/2021. Resident 2's MAR for July 2023 and August 2023 identified staff dispensed and administered Resident 2's medications. Resident 3 Resident 3 was admitted on 07/18/2023. Resident 3's MAR for July 2023 and August 2023 identified staff dispensed and administered Resident 3's medications. On 08/03/2023, at 10:45 AM, Surveyor interviewed Resident 1 and Resident 2. Resident	M 464		

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M 464	Continued From page 10 1 and Resident 2 both confirmed staff dispensed and administered their medications. On 08/3/2023, at 11:15 AM, Surveyor interviewed House Manager (HM) B. HM B confirmed staff had dispensed and administered Resident 1's, Resident 2's, and Resident 3's medications since their admission to the facility. On 08/09/2023, at 2:50 pm, Surveyor interviewed Licensee A regarding physician's orders. Licensee A confirmed the staff of the facility dispensed and administered 3 of 3 residents' medications. Licensee A confirmed s/he did not obtain written physician's orders stating who by name or position was permitted to administer medication to Resident 1, Resident 2, and Resident 3. Licensee A reported s/he was not aware of the code requirement.	M 464		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search.	M 550		

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M 550	Continued From page 11 This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure 3 of 3 residents had privacy in their home. The provider had a video camera in the living room that monitored the living room, the hallway leading to the resident bedrooms and the doorway into the kitchen. Findings include: On 07/13/2023, the department received a complaint alleging the residents' rights to privacy were violated. Licensee A had a camera in the living room. On 08/03/2023 at 08:30 a.m., Surveyors observed a video monitoring camera in the living room, in the upper corner of the room. Surveyor asked Resident 3 what it was and how long it was there. Resident 3 said it was a camera to monitor staff and residents. Resident 3 did not know how long the camera had been there. On 08/09/2023 at 2:20 p.m., Licensee A told Surveyors that the camera had been up since the assisted living opened in 2020. Licensee A explained s/he kept the camera up for the safety of his/her residents and staff. Licensee A stated, "In case anything ever happened, I have a visual record. The camera records what is happening in the facility, and I can go back in time to review past dates." Licensee A explained the videos were captured on a video surveillance application. Surveyor asked where camera was broadcasting. Licensee A described being able to see through his/her phone who entered and exited the front door, who came and went down the hallway to the residents' bedrooms and who entered and exited the kitchen.	M 550		

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M 550	Continued From page 12 Licensee A explained s/he also had a movement activated camera in the basement, where s/he kept locked resident and staff files. S/He kept the camera there for file safety. Licensee A acknowledged Resident 3 would go into the basement to do his/her laundry. This motion would activate the camera. On 08/09/2023 at 2:08 p.m., Licensee A stated that 'Residents Rights' was posted on front room wall. Licensee A stated s/he did not realize having the camera up was a violation of the resident's privacy. Licensee A told Surveyors, "I will take the cameras down immediately."	M 550		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's	Z 012		

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fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not attempt to obtain an out-of-state criminal record search for 1 of 1 employee reviewed. Caregiver C's employee file did not contain an out of state background check or evidence an attempt was made to retrieve the information.

Findings include:

On 08/03/2023, at approximately 9:00 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he had recently moved to Wisconsin from Mississippi.

On 08/03/2023, at 9:00 AM, Surveyor reviewed Caregiver C's employee record. Caregiver C was hired on 06/28/2023. Caregiver C's record did not contain an out of state background check.

On 08/09/2023, at 2:50 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C recently moved to Wisconsin from Mississippi. Licensee A reported s/he was not aware of the requirement. Licensee A reported s/he would obtain the out of state background check.