| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017903 | A. BUILDING: _____ B. WING _____ | C 01/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COMMUNITY SUPPORTIVE HOME CARE | 1835 DONGES BAY ROAD MEQUON, WI 53092 |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 01/13/2025, Surveyor conducted one (1) complaint investigation at Community Supportive Home Care. Additional information was gathered through 01/16/2025. As a result of the survey, 3 deficiencies were identified, complaint was unsubstantiated.<br><br>Census: 3 | M 000 | | |
| M 276 | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>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.<br><br>Findings include:<br><br>The provider is licensed to provide care for up to 4 non-ambulatory residents that may be emotionally disturbed/mental illness, physically disabled, traumatic brain injury, developmentally disabled, terminally ill, advanced age and/or irreversible dementia/Alzheimer's.<br><br>On 01/13/2025, from approximately 11:30 AM - 1:30 PM, Surveyor toured the home.<br><br>Surveyor observed: | M 276 | | |

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

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| M 276 | Continued From page 1<br><br>* Side bathroom - entire blind speckled resembling mold/rust; ceiling light/fan dirty; spots/dirty floor; toilet dirty resembling BM substance; shower door & shower dirty<br>* Main bathroom - 3 dirty washcloths hanging on bar, 1 dirty washcloth on floor; toilet dirty; toilet seat riser/grab bars with substance resembling BM; countertop of sink and cabinet dirty<br>* Kitchen refrigerator - food spilled/dirty, food not covered/labeled, outside of refrigerator dirty<br>* Dining room chairs 3 of 3 stained/dirty<br>* Back exit - wood ramp missing pieces of wood, obstructing exit<br>* Front entrance/exit floor dirty inside of door<br>* Resident 1 bedroom floor dirty<br><br>On 01/13/2025 at 1:00 PM, Surveyor interviewed Caregiver A. Caregiver A acknowledged the dirty chairs and stated they have been like that since s/he started in the middle of 2024. Caregiver A stated s/he puts a towel on the chair before sitting on the chair and placed a towel on the chair Surveyor sat on. Caregiver A showed Surveyor a note:<br>"READ READ READ READ READ READ READ READ"<br>"-THIRD SHIFT DOES LAUNDRY ALL OF IT, SWEEP AND MOP FLOORS, CLEAN CLIENT TOILET - REMOVE TOILET RISER AND CLEAN ENTIRE TOILET INCLUDING UNDERNEATH EVERY WEEK ON MONDAY."<br>Caregiver A stated s/he tries to clean the house when s/he has time.<br><br>The provider did not ensure the home was clean and well-maintained, having the potential to affect 3 of 3 residents. | M 276 | | |

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| M 424 | Continued From page 2 | M 424 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 individual service plans (ISPs) reviewed were updated at least once every 6 months.<br><br>Findings include:<br><br>On 01/13/2025 at approximately 12:00 p.m., Surveyor reviewed resident ISPs:<br><br>Resident 1 was admitted to the provider's home around February 2024. Resident 1's record included an ISP signed by Resident 1 and Care Coordinator (CC) B, but there was no date on the ISP. | M 424 | | |

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| M 424 | Continued From page 3<br><br>Resident 2 was admitted to the provider's home on 10/02/2023. Resident 2's record included an ISP dated 10/02/2023. There was no other ISP.<br><br>Resident 3 was admitted to the provider's home around 04/21/2024. Resident 3's record included an ISP dated 04/21/2024. There was no other ISP.<br><br>On 01/13/2025 at approximately 1:00 PM, Surveyor interviewed CC B. CC B stated Resident 1 admitted end of February 2024. CC B acknowledged Resident 2's ISP had not been reviewed since original ISP on 10/02/2023 and Resident 1 and Resident 3's ISPs were not reviewed since admission. CC B stated s/he will work on updating the 3 residents' ISPs. CC B stated s/he thought ISPs needed to be updated annually.<br><br>The provider did not ensure 3 of 3 individual service plans (ISPs) reviewed were updated at least once every 6 months. | M 424 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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 4<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure medications remained secured until time of administration for 3 of 3 residents.<br><br>Findings include:<br><br>The provider is licensed to provide care for up to 4 non-ambulatory residents that may be emotionally disturbed/mental illness, physically disabled, traumatic brain injury, developmentally disabled, terminally ill, advanced age and/or irreversible dementia/Alzheimer's.<br><br>On 01/13/2025 at approximately at 11:30 AM, Surveyor entered the home with Caregiver A. Surveyor observed the medication cabinet to have keys in the lock and cabinet unlocked. Surveyor observed Resident 2 and Resident 3 in the kitchen and moving about the house. Caregiver A was cleaning up lunch and doing work around the house. At 12:44 PM and 1:37 PM, Surveyor observed the keys to still be in the lock and the medication cabinet unlocked.<br><br>On 01/14/2025 at 1:50 PM, Surveyor interviewed Care Coordinator (CC) B. CC B confirmed staff are to lock the cabinet and stated the keys are "supposed to be on them the whole shift." CC B stated s/he will talk with staff and re-educate.<br><br>The provider did not ensure medications remained secured until time of administration for 3 of 3 residents. | M 458 | | |