STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018947	A. BUILDING: _____ B. WING _____	R-C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEE CARE AFH LLC	**5836 NORTH 75TH STREET MILWAUKEE, WI 53218**

(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 04/16/2024, Surveyors completed a complaint investigation and verification visit at Wee Care AFH. As a result, 4 of the previous 6 deficient practices were correct, 2 deficient practices were recited and 3 new deficient practices were identified, for a total of 5 deficient practices. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on interview and record review, the provider did not identify needs and abilities in all areas of activities of daily living for 3 of 3 residents. The provider required Resident 2, Resident 3, and Resident 4 to cook their own meals. Resident 2, Resident 3, and Resident 4 were not assessed for meal preparation. Findings include:	M 408		

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

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M 408	Continued From page 1 On 01/18/2024, at 9:50 AM, Surveyors interviewed Licensee A. Licensee A reported s/he was the only staff who worked in the home. Licensee A reported s/he would come to the home to administer medications. Licensee A reported the residents did not require any staff and the residents were independent. Licensee A reported the residents completed all cooking in the home. On 01/18/2024, at 10:00 AM, Surveyors reviewed resident records and identified the following: -Resident 2 was admitted to the facility on 12/26/2022 with a diagnosis of bipolar disorder. Resident 2's pre-admission assessment, dated 12/22/2022 did not identify Resident 2's needs and abilities in meal preparation or supervision in the home and community. Resident 2's ISP, dated 12/22/2023, did not identify Resident 2's needs and abilities in meal preparation. Resident 2's ISP indicated Resident 2 required 24/7 supervision. -Resident 3 was admitted to the facility on 04/04/2023 with diagnoses of bipolar disorder and autism. Resident 3's pre-admission assessment, dated 03/30/2023, did not identify Resident 3's needs and abilities in meal preparation. Resident 3's ISP, dated 10/04/2023, identified Resident 3 required a regular diet but did not identify Resident 3's needs and abilities in meal preparation. -Resident 4 was admitted to the facility on 12/26/2023 with diagnoses including schizophrenia and depression. Resident 4's record did not contain an assessment.	M 408		

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M 408	Continued From page 2 On 01/18/2024, at 10:35 AM, Surveyors interviewed Licensee A. Licensee A reported Resident 4's assessment was not completed. Licensee A stated, "S/He just got here, we are still getting things set up." On 04/16/2024, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he completed the assessments prior to the residents moving in. When Surveyors inquired about missing topics in the assessment, Licensee A reported there were no areas for topics regarding supervision and meal preparation on the assessment documentation. Licensee A kept repeating her/his residents were independent.	M 408		
{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 record review and interview, the provider did not ensure 3 of 3 residents' (Resident 2, Resident 3, and Resident 4) Individual Service Plan (ISP) included all required information. Resident 2's, Resident 3's and Resident 4's ISP did not include the following: 1. A description of the service the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and community. 3. Identification of who will monitor the plan. 4. Signed statement of agreement.	{M 410}		

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{M 410}	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency T99B11, dated 12/02/2022. Findings include: On 01/18/2024, at 10:00 AM, Surveyors reviewed resident records and identified the following: - Resident 2 was admitted to the facility on 12/26/2022 with diagnosis of bipolar disorder. Resident 2's ISP, dated 12/22/2023, indicated the following: 1. Section "Care Needs": "Diet - Meal Assist", Resident 2 had a regular diet for meals and snacks. 2. Section "Cognitive": "Specialized Services", Resident 2 required supervision/monitoring "24/7" by [residential assistant] (RA). 3. Section "Instrumental Activities of Daily Living": "Transportation" Resident 2 is "independent, drives own care or accesses transportation on own & chooses to do ... must be accompanied by an escort 24/7 supervision by RA". Resident 2's ISP stated, "Client is on 24/7 supervision must have staff with at all times when moving around in the community." Resident 2's ISP indicated the responsibility of the supervision was the resident assistant. "Housekeeping is able & chooses to do light housekeeping but wants/needs assistance with heavier cleaning tasks specify ... [pro re nata] (PRN) by RA and Resident." Resident 2's Medication Administration Record (MAR), indicated Resident 2 is prescribed an as needed medication of olanzapine 10 milligrams (mg) to be administered as needed. Resident 2's ISP does not identify the frequency	{M 410}		

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{M 410}	Continued From page 4 or how the provider will meet the assessed need for activities of daily living, behaviors, physical health, medications, community contacts, food preparation and public transportation. Resident 2's ISP does not identify how the licensee will meet the assessed need for supervision in the home and community. - Resident 3 was admitted to the facility on 04/04/2023 with diagnoses of bipolar disorder, autism and an allergy to tree nuts. Resident 3's record indicated s/he had a criminal record for child pornography. Resident 3's ISP, dated 10/04/2023, indicated the following: 1. Section "Functional": "Medications daily by self and RA, vitamins". 2. Section "Cognitive": "Specialized Services", Resident 3 required "Supervision/Monitoring daily by RA, conditional release." 3. Section "Instrumental Activities of Daily Living": "Transportation as needed by RA and self." "Laundry is able and chooses to do light laundry but wants/needs assistance with heavy laundry weekly by RA and self." "Shopping is able and chooses to do light shopping on their own but wants/needs assistance with major shopping daily by RA and self." Resident 3's ISP does not identify the frequency or how the provider will meet the assessed need for medications, physical health, behaviors, community contacts, food preparation and public transportation. Resident 3's ISP does not identify the supervision Resident 3 required in the home and community. - Resident 4 was admitted to the facility on 12/26/2023 with diagnoses including	{M 410}		

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{M 410}	Continued From page 5	{M 410}		

schizophrenia and depression. Resident 4's record indicated Resident 4 had a criminal record for murder and battery. Resident 4's ISP, dated 12/26/2023, indicated the following:
1. Section "Care Needs":
"Diet - Meal Assist, low salt intake by RA."
2. Section "Functional":
"Medications assist Haldol and amlo [sic] by RA daily."
3. Section "Cognitive":
"Orientation" Resident 4 required "reminders PRN" to be completed by RA.
"Specialized Services" Resident 4 required "Supervision/Monitoring daily by RA".
"Mental Health diagnosis schizoid/depression daily by RA"
Section "Social":
"Recreational fish hike b ball [sic] desire for new or continued recreational activity .... daily by RA Resi [sic]".
Section "Instrumental Activities of Daily Living":
"Transportation must be accompanied by an escort daily by RA OT".
"Housekeeping is able [and] chooses to do all housekeeping tasks in room/apartment ...is able [and] chooses to do light housekeeping but wants/needs assistance with heavier cleaning tasks specify .... daily by RA". The area next to "specify" was blank.

Resident 4's medication administration record for January 2024, indicated Resident 4 received the following medications: amlodipine 10 milligrams (mg) daily, cholecalciferol 50mg daily, indapamide 1.25 mg daily, pantoprazole 40mg daily, benztropine 2mg daily, Haldol 11mg daily at bedtime, and benztropine 1mg as needed every 6 hours for tremors.

Resident 4's ISP does not identify the frequency

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{M 410}	Continued From page 6 or how the provider will meet the assessed need for medications, physical health, behaviors, community contacts, food preparation and public transportation. Resident 4's ISP does not identify the supervision Resident 3 required in the home and community. On 04/16/2024, at 1:30 PM, Surveyors interviewed Licensee A. When Surveyors inquired about the resident's ISPs being incomplete, Licensee A reported her/his residents are independent and do not need services. When Surveyors would ask a question, Licensee A would not respond further.	{M 410}		
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. This Rule is not met as evidenced by:	M 424		

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M 424	Continued From page 7 Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was reviewed with the resident or the resident's guardian, the service coordinator and placing agency for 2 of 2 residents' ISPs. Resident 2's and Resident 3's ISP did not contain a signature from the resident and the placing agency. Findings include: On 01/18/2024, at 10:00 AM, Surveyors reviewed resident records and identified the following: -Resident 2 was admitted to the facility on 12/26/2022 with a diagnosis of bi-polar. Resident 2's face sheet indicated Resident 2 was her/his own person and placement in the facility was funded by Wisconsin Community Services (WCS). Resident 2's ISP, dated 12/22/2023, did not include a signature from Resident 2 and the placing agency. -Resident 3 was admitted to the facility on 04/04/2023 with diagnoses of bi-polar and autism. Resident 3's face sheet indicated Resident 3 was her/his own person and placement in the facility was funded by WCS. Resident 3's ISP, dated 10/04/2023, did not include a signature from Resident 2 and the placing agency. On 04/16/2024, at 1:30 PM, Surveyors interviewed Licensee A. Licensee A reported s/he does not have a process for updating the ISPs. Licensee A reported s/he was unaware s/he needed to have all parties sign the ISP in agreement of the plan.	M 424		

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M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services identified in each resident's Individual Service Plan (ISP) was provided for 3 of 3 residents (Resident 2, Resident 3 and Resident 4). Resident 2, Resident 3, and Resident 4 required assistance with supervision, medications, cognition, functional and activities of daily living. Findings include: On 12/26/2023, the department received a complaint regarding a lack of services provided at the home. Record Review On 01/18/2024, at 10:00 AM, Surveyors reviewed resident records and identified the following: - Resident 2 was admitted to the facility on 12/26/2022 with diagnosis of bi-polar. Resident 2's ISP, dated 12/22/2023, indicated the following: Section "Cognition": "Specialized Services", Resident 2 required	M 436		

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supervision/monitoring "24/7" by [residential assistant] (RA).
Section "Instrumental Activities of Daily Living": "Transportation" Resident 2 is "independent, drives own care or accesses transportation on own & chooses to do ... must be accompanied by an escort 24/7 supervision by RA". Resident 2's ISP stated, "Client is on 24/7 supervision must have staff with at all times when moving around in the community." Resident 2's ISP indicated the responsibility of the supervision was the resident assistant.
"Housekeeping is able & chooses to do light housekeeping but wants/needs assistance with heavier cleaning tasks specify ... [pro re nata/as needed] (PRN) by RA and Resident." The area next to "specify" was blank.
Resident 2's Medication Administration Record (MAR), indicated Resident 2 is prescribed an as needed medication of olanzapine 10 milligrams (mg) to be administered as needed.

- Resident 3 was admitted to the facility on 04/04/2023 with diagnoses of bi-polar, autism and an allergy to tree nuts. Resident 3's ISP, dated 10/04/2023, indicated the following:

Section "Functional":
"Medications daily by self and RA, vitamins"
Section "Cognitive":
"Specialized Services", Resident 3 required "Supervision/Monitoring daily by RA, conditional release."
Section "Instrumental Activities of Daily Living":
"Laundry is able and chooses to do light laundry but wants/needs assistance with heavy laundry weekly by RA and self."

- Resident 4 was admitted to the facility on 12/26/2023 with diagnoses including

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schizophrenia and depression. Resident 4's ISP, dated 12/26/2023, indicated the following:

Section "Cognition":
"Orientation" Resident 4 required "reminders PRN" to be completed by RA.
"Specialized Services" Resident 4 required "Supervision/Monitoring daily by RA".
"Mental Health diagnosis schizoid/depression daily by RA"
Section "Social":
"Recreational fish hike b ball [sic] desire for new or continued recreational activity .... daily by RA Resi [sic]".
Section "Instrumental Activities of Daily Living":
"Transportation must be accompanied by an escort daily by RA OT".
"Housekeeping is able [and] chooses to do all housekeeping tasks in room/apartment ...is able [and] chooses to do light housekeeping but wants/needs assistance with heavier cleaning tasks specify .... daily by RA". The area next to "specify" was blank.

On 02/20/2024, at 1:00 PM, Surveyors reviewed Service Agreements between the provider and the placing agency, Wisconsin Community Supervision (WCS) for the residents and identified the following:

Resident 3's service agreement, dated 07/17/2024 stated, "Wee Care will continue to provide Adult Family Home Services (beginning 12/26/23) including medication monitoring, symptom management, 24-hour supervision, support, transportation, activities of daily living, and structured activities for [Resident 3] ...."

Resident 4's service agreement, dated 02/08/2024, stated, "Wee Care will provide Adult

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Family Home Services (beginning 12/26/23) including medication monitoring, symptom management, 24-hour supervision, support, transportation, activities of daily living, and structured activities for [Resident 4] ...."

Interviews:

On 01/18/2024, at 9:45 AM, Surveyors interviewed Licensee A. Surveyors inquired about staffing scheduling at the home. Licensee A stated, "No staff, I don't need staff, my residents don't need any staff." When Surveyors inquired about the needs of the residents, Licensee A reported s/he assists the residents with medications twice a day. Licensee A reported s/he would arrive at the home in the morning to administer medications and come back in the evening to administer medications. Licensee A reported the residents are independent. Licensee A reported the residents complete the cooking and the cleaning in the home. When Surveyors inquired about groceries, Licensee A reported s/he went shopping with the residents. Surveyors requested receipts, Licensee A reported s/he does not keep the receipts, and s/he utilized QuickBooks. Licensee A reported Resident 2 and Resident 3 utilized public transport for school. Licensee A reported Resident 4 was still in her/his 30 day of admission and per her/his conditional release s/he could not leave the home without a staff member.

On 02/07/2024, at 1:30 PM, Surveyors interviewed Family Member B. Family Member B reported Resident 3 had provided food for Resident 4 when s/he moved to the home due to Resident 4 did not have her/his food stamp card. Family Member B reported Resident 4 had received her/his food stamp card and Family

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Member B completed the grocery shopping for both Resident 3 and Resident 4 by ordering the food online and had it delivered to the group home. Family Member B reported s/he would assist Resident 3 often but had only just started to order Resident 4's groceries because s/he was new to the home.

On 02/08/2024, at 12:25 PM, Surveyors interviewed Resident 3. Resident 3 reported there was no staff in the house. Resident 3 reported Licensee A, or her/his spouse would come in to administer medications. Resident 3 reported neither Licensee A or her/his spouse would stay in the home for very long, they would administer medications and leave the home. Resident 3 reported s/he had an Epi-Pen for her/his allergy to tree nuts. Resident 3 reported the Epi-Pen was locked up with the other medications. Surveyors inquired how Resident 3 would gain access to her/his Epi-Pen if s/he needed it. Resident 3 reported s/he would have to call or text Licensee A. Resident 3 reported all the residents complete all cooking and cleaning in the home. Resident 3 reported Licensee A will often send a text message about what cleaning needed to be completed in the house, or if s/he saw on the cameras the garbage was not taken to the curb. Resident 3 reported s/he and the other residents had to have food stamps to provide food in the home. Resident 3 reported sometimes Licensee A would bring in a few items, but it is the responsibility of the residents to provide the food. Resident 3 reported s/he had to buy groceries with her/his food stamp card until Resident 4's food stamp card arrived. Resident 3 reported s/he or Resident 2 were required to go out in the community with Resident 4 for the first 30 days after Resident 4 was admitted due to Resident 4 required an escort from staff to leave the house.

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Resident 3 reported Licensee A's spouse would drop off her/his clothes for the residents to wash for her/him. Resident 3 reported s/he could not remember when, but s/he had been locked out of the home due to someone had locked the door. Resident 3 reported s/he had to call Licensee A to let her/him back in the house. Resident 3 reported the residents are not allowed to answer the door unless someone had an appointment to visit the house. Resident 3 reported Licensee A and Licensee A's spouse had a meeting with all the residents to remind the residents not to talk with anyone about "what goes on in the house stays in the house."

On 02/13/2024, at 2:45 PM, Surveyors interviewed Department of Corrections (DOC) Supervisor C. DOC Supervisor C reported Resident 2, Resident 3, and Resident 4 were required to be supervised at all times, assistance with monitoring behaviors and symptoms and medication administration. DOC Supervisor C reported this was part of the conditional release, which was why Resident 2, Resident 3 and Resident 4 were placed in the adult family home. DOC Supervisor C reported s/he was not aware staff were not in the house at all times when residents were at home.

On 02/16/2024, at 1:45 PM, Surveyor interviewed Resident 4. Resident 4 confirmed Licensee A does not stay in the home. Resident 4 reported no one is at the facility during the night. Resident 4 reported Licensee A or Licensee A's spouse will come to the house and administer all medications and then would leave the home. Resident 4 reported the residents in the home complete all cooking and cleaning. Resident 4 reported all of the residents split the household chores. Resident 4 reported s/he does her/his own

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018947	A. BUILDING: _____ B. WING _____	R-C 04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEE CARE AFH LLC	5836 NORTH 75TH STREET MILWAUKEE, WI 53218

(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 436	Continued From page 14 shopping with her/his food stamp card. Resident 4 reported her/his food stamp card had finally arrived. When Surveyor inquired if the residents are allowed to answer the door if someone does not have an appointment to visit, Resident 4 shrugged her/his shoulders and would not answer. When Surveyor inquired if Licensee A and Licensee A spouse had a meeting with the residents about not talking about what goes on in the home, Resident 4 did not answer. On 04/16/2024, at 1:30 PM, Surveyors interviewed Licensee A. Licensee A reported her/his residents were independent and did not need 24-hour supervision. When Surveyors inquired about what reminders Resident 4 required for specialized services, Licensee A reported Resident 4 required reminders to indicate s/he is not institutionalized, and s/he could shower and change her/his clothes. Surveyors inquired how Licensee A knew when Resident 4 needed those reminders if s/he was not at the facility. Licensee A reported s/he would give those reminders daily when s/he was at the facility.	M 436		
{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	{M 550}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018947	A. BUILDING: _____ B. WING _____	R-C 04/16/2024

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{M 550}	Continued From page 15 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had privacy in living arrangements for 3 of 3 residents residing in the home (Resident 2, Resident 3, and Resident 4). There were electronic video and audio monitoring cameras mounted in the dining room and living room. This is a repeat deficiency. See Statement of Deficiency T99B11, dated 12/02/2022. Findings include: On 01/18/2024, at 9:45 AM, Surveyors observed 2 cameras in the facility. The camera located in the dining room window was pointed at the side door. The camera located in the living room was pointed at the front door. On 01/18/2024, at 11:00 AM, Surveyors interviewed Licensee A. Licensee A confirmed the cameras recorded audio. Licensee A confirmed the dining room and living room were used by residents. Licensee A reported a previous surveyor told Licensee A the cameras could not be pointed in the house at resident areas. Surveyors inquired about the special orders in the Notice and Order Letter, dated 03/14/2023, regarding the use of video and audio monitoring, Licensee A repeated the previous surveyor told Licensee A the cameras could not be in resident areas.	{M 550}		