STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015536	A. BUILDING: _____ B. WING _____	R-C 11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUBYS ADULT FAMILY HOME LLC	2317 W LAWN AVENUE BROWN DEER, WI 53209

(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 11/04/2024, Surveyor conducted a complaint investigation and verification visit at Rubys Adult Family Home LLC, an AFH located in Milwaukee, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation was a repeat violation from previous Statement of Deficiency (SOD) 99TT12 dated 02/23/2023. Five violations from previous SOD 99TT12 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	M 000		
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	M 458		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 458	Continued From page 1 did not ensure all prescription medications were securely stored for 1 of 1 resident. Insulin pens prescribed for Resident 6 were stored in an unlocked box in the common refrigerator. This violation is a repeat violation from previous Statement of Deficiency (SOD) 99TT12 dated 02/23/2023. Findings include: On 11/04/2024, at 10:00 AM, Surveyor toured the facility. Surveyor observed an unlocked box on the top shelf of the common refrigerator. The box contained 6 Novolog insulin pens and 9 Lantus insulin pens prescribed for Resident 6. Resident 4 was observed freely ambulating throughout the home. On 11/04/2024, at 12:00 PM, Surveyor interviewed Manager D. Manager D reported s/he was aware of the requirement for securely storing medications. Manager D acknowledged that refrigerated prescription medications should have been secured and will be going forward.	M 458		