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	0018775	A. BUILDING: _____ B. WING _____	C 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDLE GROUP LLC	**3947 N 24TH ST MILWAUKEE, WI 53206**

(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 08/13/2024, Surveyors completed a standard Survey at Randle Group LLC. As a result 8 deficiencies were identified. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a well-maintained and home like environment for 3 of 3 residents in the home. The only bathroom in the home was not maintained and needed cleaning. The kitchen area and dining room area was not maintained and needed cleaning. Findings include: On 08/13/2024, at approximately 10:50 AM, Surveyors toured the facility. During the tour, Surveyors observed the following: -there was no electrical cover for the outlet in the bathroom -there was a dirty wet washcloth hanging from the grab bar in the shower -there was no toilet paper roll holder, it was missing from the wall and there were screws left in the wall	M 276		

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

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M 276	Continued From page 1 -the vent by the toilet in the bathroom was not connected on the top and coming off the wall -the trim around the bathroom door on the right side was loose and coming off -the shower head attachment was not attached to a water source and hanging off a grab bar in the shower -the shower had an orange substance around the base where it met the walls of the shower -the plastic from the shower wall was coming off of the wall -there was a black substance (consistent with mold) on the bottom of the shower and tile of the floor -the wall behind the back of the toilet had streaks of different color paint than the white wall about 4 inches by 8 inches -the trim on the left side of the bathroom door was a different color than the brown trim already there -the vent in the kitchen was coming off the wall and had a gray fluffy substance on top of it (consistent with dust) -the fake plant in the corner of the dining room had spider webs on it that was connected to the wall On 08/13/2024 at approximately 11:00 AM, Surveyors interviewed Assistant Director A. Assistant Director A stated they would start fixing the house issues.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 2	M 278		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was free from hazards 1 of 1 resident (Resident 1) who utilized a rollator walker. The rear ramp, constructed of wood, had a slat of wood which was splintered and missing a chunk approximately 12 inches long by ¾ inch wide, causing a trip hazard.

Findings include:

On 08/13/2024, at 8:50 AM, Surveyor observed the rear ramp. Surveyor identified the ramp was constructed of wood. There was a transition piece in the upper part of the ramp which was splintered and had a piece missing which was approximately 12 inches long and ¾ inch wide causing an abrupt rise in the grade of the ramp. Surveyor observed Resident 1 utilized a rollator walker for ambulation and shuffled his/her feet under him/her when walking.

On 08/13/2024, at 8:50 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 1 preferred using the rear exit and ramp because it was close to his/her room. Caregiver B confirmed the ramp needed a repair and s/he would tell Assistant Director A.

On 08/13/2024, at approximately 11:00 AM, Surveyor interviewed Assistant Director A. Assistant Director A reported s/he was responsible for repairs at the facility and would get the ramp fixed. Assistant Director A did not know that piece was splintered.

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M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating for 1 of 1 calendar year reviewed (2023). Findings include: On 08/13/2024 at approximately 9:15 AM, Surveyor requested documentation of the home's smoke detector tests from Assistant Director A. Assistant Director A stated s/he did not have any documentation for calendar year 2023. On 08/13/2024 at approximately 9:20 AM, Surveyor interviewed Assistant Director A. Assistant Director A reported no residents had been living in the facility since they were licensed in August of 2022, so they did not complete any smoke detector tests for calendar year 2023.	M 336		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire	M 344		

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M 344	Continued From page 4 safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview the provider did not review the fire safety evacuation plan with 1 of 1 resident (Resident 1) reviewed immediately following his/her placement. Resident 1 did not have a fire evacuation plan within 3 days of admission. Findings include: On 08/13/2024, Surveyors reviewed Resident 1's record and identified the following: - Resident 1 was admitted to the facility on 05/26/2024. Resident 1 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 08/13/2024, Surveyors interviewed Assistant Director A. Assistant Director A stated Resident 1 did not have a fire safety evacuation plan completed within 3 days of admission. Assistant Director A did not offer a response of what the provider's system was to ensure all admission assessments were completed timely.	M 344		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT	M 406		

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M 406	Continued From page 5 The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) guardian was involved with the development of his/her individual service plan (ISP). Findings include: On 08/13/2024, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 05/26/2024 and had a court ordered guardian. Resident 1's current ISP was dated 05/26/2024 and was not signed by his/her guardian. On 08/13/2024 at approximately 9:38 AM, Surveyors interviewed Assistant Director A. Assistant Director A stated Resident 1's guardian did not come to sign his/her ISP.	M 406		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed	M 412		

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M 412	Continued From page 6 need. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure each individual service plan (ISP) contained a description of needs and services provided to each resident for 1 of 1 resident. Resident 1's ISP did not contain descriptions of the services and needs staff were to provide. Resident 1 required assistance with transfers, ambulation, bathing, dressing, toileting, evacuation, and had verbally aggressive behaviors. Findings include: On 08/13/2024, at 9:50 AM, Surveyor observed Resident 1 ambulate using a rollator walker with 2 staff assisting with ambulation. One staff was behind Resident 1 and the other staff was in front of Resident 1 walking backwards and holding onto the walker. Resident 1's right foot caught a rug which was in the kitchen by the sink on the way to the bathroom and lost his/her balance. The staff person from behind Resident 1, came around to help with dislodging the rug from under Resident 1's feet. On 08/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/26/2024 with diagnoses including traumatic brain injury, cellulitis, hepatitis C, cervical disc degeneration, chronic pain, difficulty in walking, type 2 diabetes, visual impairment, mood disorder, and anxiety disorder. The following was identified:	M 412		

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M 412	Continued From page 7 Resident 1's record included managed care organization care plan and behavior support plan (BSP). The BSP, dated 07/09/2018, identified Resident 1's target behaviors were social attention/seeking care, being denied access to items/activities, lack of control over environment, and sensory input/self-regulation. Resident 1's ISP, dated 05/26/2024, did not identify Resident 1's target behaviors or services for staff to provide to Resident 1 related to his/her behavior support plan. Resident 1's ISP did not make mention to Resident 1's behavior support plan. Resident 1's ISP identified the following: -The ISP contained sections with the following headings which were blank: Chronic illnesses, short-term illnesses, general health, presence and intensity of pain. The ISP did not identify any services staff of the adult family home would provide to assist Resident 1 with managing his/her health. -Physical disabilities-"Current Status: [Resident 1's] body weight is very disproportionate. Frequency of Service and Service Provided: [Resident 1's] mobility was declining but is returning to form. Desired Outcome: For [Resident 1] to gain full mobility. Service Provider Responsible: Randle Group." There was no information how staff were to assist Resident 1 with his/her mobility or how staff were to assist Resident 1 with gaining full mobility. -Eye Sight-"Current Status: [Resident 1's] vision isn't the best. Frequency of Service and Service Provided: Staff will monitor [Resident 1's] vision and the supervisor will repeat any changes. Desired Outcome: [Resident 1's] health will remain stable. Service Provider Responsible: Randle Group." There was no information regarding what Resident 1 was able to see or	M 412		

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what changes staff should observe and report regarding any changes.
-Nursing Procedures-"Current Status: [Resident 1] receives wound care. Service Provider Responsible: Randle Group." There was no information regarding where Resident 1's wound or history of wounds were located. There was no information with how staff were to assist with wound care. There was no information regarding what staff should monitor for and report to the physician. Note: Interview with Assistant Director A identified Resident 1 was not receiving wound care currently and staff never assisted with the cares as s/he had home health come to the facility to dress the wounds.
-Dressing-"Current Status: [Resident 1] is totally dependent on staff. Service Provider Responsible: Randle Group." The ISP did not describe the services staff were to provide to ensure Resident 1 received dressing appropriate to his/her own preferences and needs.
-Bathing-"Current Status: [Resident 1] is totally dependent on staff. Service Provider Responsible: Randle Group." The ISP did not describe how staff were to bathe Resident 1 or the needs and personal preferences required during bathing.
-Toileting-"Current Status: [Resident 1] is totally dependent on." There was no additional information about Resident 1's toileting needs. The ISP did not describe Resident 1 needs and preferences related to toileting.
-Sleep Patterns-"Current Status: [Resident 1] goes through phases where [s/he] doesn't sleep much at night. Frequency of Service and Service Provided: Staff will report any changes. Desired Outcome: [Resident 1] will obtain 7 to 8 hours of sleep. Service Provider Responsible: Randle Group." Resident 1's ISP did not identify what types of changes staff were to report or how to

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assist Resident 1 with sleeping when s/he was having difficulty.
-Risk of Falls-"Current Status: [Resident 1] has terrible balance and is very afraid of falling. Frequency of Service and Service Provided: Staff will assist. Desired Outcome: [Resident 1] will be able to walk on [his/her] own. Service Provider Responsible: Randle Group." There was no information regarding Resident 1's use of his/her rollator or how staff were to assist Resident 1 with reducing fall risk or interventions to help Resident 1 be able to walk on his/her own.
-Destructive of Property or Self, Physically or Mentally Abusive-"Current Status: N/A (not applicable)." Resident 1's ISP did not mention any verbally aggressive behaviors Resident 1 displayed or interventions staff were to implement when s/he had the behaviors. Note: Resident 1's record included managed care organization records. Resident 1 had a behavior support plan included with managed care organization files.
-Evacuation Capability in Emergency-"Current Status: [Resident 1] is dependent on staff assist to effectively evacuate the home in an emergency situation. Frequency of Service and Service Provided: [An evacuation is done once per month in order to keep [Resident 1] familiar with procedure." There was no information regarding how staff assisted Resident 1 with ensuring safe evacuation.

On 08/13/2024, at approximately 8:40 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 1 exhibited behaviors and was unsure of specific interventions staff were to implement for the behaviors. Caregiver B reported Resident 1 yelled at staff and called them names. Caregiver B reported Resident 1 had a lot of anxiety. Caregiver B reported Resident 1 utilized a rollator walker for mobility,

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M 412	Continued From page 10 but his/her rollator brake was broken, so it was not safe to use. Caregiver B reported Resident 1 required assistance with toileting, bathing, and dressing. On 08/13/2024, at approximately 11:00 AM, Surveyors interviewed Assistant Director A. Assistant Director A reported s/he just brought someone on to assist with ISP development. Assistant Director A reported s/he was previously responsible for ISP development. Assistant Director A reported Resident 1 had wounds on his/her lower legs due to cellulitis and received wound care from home health, not from staff at the adult family home. Assistant Director A reported Resident 1 was discharged from home health approximately 1 month ago and s/he did not specify to staff what symptoms to report to Resident 1's doctor or services staff were to provide to monitor any cellulitis recurrence. Assistant Director A confirmed Resident 1 utilized a rollator walker for ambulation and also had a gait belt. Assistant Director A did not specify when staff were to use the gait belt. Assistant Director A reported s/he updated ISPs every 6 months and confirmed s/he did not update the ISP with any changes in Resident 1's needs.	M 412		
M 488	88.09(1)(d) RESIDENT RECORDS REQUIREMENTS A resident's record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each record contained required documents/information for 1 of 1	M 488		

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M 488	Continued From page 11 resident. Resident 1's record did not include guardianship information or emergency contact information. Findings include: On 08/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/26/2024. Resident 1's record did not include information regarding his/her guardianship or contact information for those to call in case of an emergency. On 08/13/2024, at 10:12 AM, Surveyors interviewed Assistant Director A. Assistant Director A reported Resident 1 had a guardian. Assistant Director A looked through Resident 1's file for his/her guardian's phone number and could not locate it. Assistant Director A reported if there was an emergency, staff would call Assistant Director A and then s/he would use his/her own cell phone contact list to notify Resident 1's responsible party and case management team regarding any concerns.	M 488		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	M 570		

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M 570	Continued From page 12 This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards. The provider's water temperature exceeded 120° F. The hot water in the shared bathroom 3 of 3 residents used measured 137° F. Findings include: The provider is licensed to serve clients with diagnoses of irreversible dementia/Alzheimer's, terminally ill, developmentally disabled, advanced aged, physically disabled, emotionally disturbed/mental illness and traumatic brain injury. On 08/13/2024 at approximately 9:22 AM, Surveyors toured the provider's home and tested the water temperature in the main floor bathroom, used by 3 of 3 residents. The water temperature reached 137° F. On 08/13/2024, Surveyors interviewed Administrator A regarding the temperature of the water. Assistant Director A stated s/he would turn the water down. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such	M 570		

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M 570	Continued From page 13 instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).	M 570		