STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019709	A. BUILDING: _____ B. WING _____	C 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE ADULT FAMILY HOME LLC	6935 W PIONEER RD MEQUON, WI 53097

(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 01/06/2025, Surveyor conducted one (1) complaint investigation at Compassionate Adult Family Home LLC. Additional information was gathered through 01/09/2025. As a result of the survey the complaint was unsubstantiated, 3 deficiencies were identified. Census: 3	M 000		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 3 of 3 resident records reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Findings include: The provider is licensed to provide care for up to 4 ambulatory residents that may be alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, pregnant women/counseling, traumatic brain injury, developmentally disabled, terminally ill, advanced age, physically disabled and/or irreversible dementia/Alzheimer's. On 01/06/2025 at approximately 11:05 AM,	M 404		

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

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M 404	Continued From page 1	M 404		

Surveyor interviewed Caregiver (CG) A. CG A stated s/he did not know where the ISPs were and called Licensee B. Licensee B told CG A to look in the binder on the counter in the kitchen. CG A handed Surveyor the binder for Resident 1. CG A and Surveyor were unable to find an ISP for Resident 1. Surveyor observed a Behavioral Health and Wellness Plan, dated 07/01/2024. Licensee B acknowledged s/he received the Behavioral Health and Wellness Plan when Resident 1 admitted, 07/01/2024. Licensee B stated s/he was looking through his/her email as s/he may have received it back with signatures. Licensee B confirmed s/he was unable to locate an ISP for Resident 1. Surveyor looked at Resident 2's binder. Surveyor observed an ISP from Sheboygan County for Resident 2. Surveyor and CG A were unable to find an ISP completed by the facility for Resident 2. Licensee B acknowledged s/he uses the ISP completed by the county or managed care organization and s/he had not completed an ISP for Resident 2. Surveyor looked at Resident 3's binder. Surveyor observed an ISP dated 12/16/2024, for Resident 3, however, the ISP stated:
"Interest and Hobbies; personal values; ADLs/IDALs - mobility: walk, ambulatory; Supervision: 2:1; Strengths: caring, loving, kind; Weaknesses: anxiety, depression, social society; Goals/objections: live with [family in group home where they live]."
The ISP was not complete and did not address Resident 3's behaviors, smoking, medications, health, and/or level of supervision required in the home and community, vocational, recreational, social and transportation.

On 01/06/2025 at 1:15 PM, Surveyor interviewed House Manager (HM) C. HM C acknowledged the missing ISPs and stated s/he will work with

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M 404	Continued From page 2 the Licensee to complete.	M 404		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a record of 1 of 1 resident's prescription medications controlled, dispensed, or administered by the provider. Findings include: The provider is licensed to provide care for up to 4 ambulatory residents that may be alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, pregnant women/counseling, traumatic brain injury, developmentally disabled, terminally ill, advanced age, physically disabled and/or irreversible dementia/Alzheimer's. On 01/06/2025 at approximately 11:00 AM, Surveyor reviewed Resident 1's binder. Surveyor observed hospital discharge orders for Resident 1 dated 11/04/2024. Resident 1 had the following orders: Start taking these medications	M 466		

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M 466	Continued From page 3 "levofloxacin (LEVAQUIN) 750 mg tablet - Take 1 tablet (750 MG total) by mouth daily for 5 days." "gualFENesin (ROBITUSSIN) 100 mg/5ml syrup - Take 10 mLs (200 mg total) by mouth every 4 hours as needed for cough for up to 10 days." CONTINUE taking these medications "Cetaphil cream - One application daily for dry skin" "hydrOXYzine 10 MG tablet - Take 1 tablet (10 mg total) by mouth 3 (three) times a day as needed for itching." "triamcinolone 0.1% cream - Apply 1 Application to the skin 2 (two) times a day as needed (itching). On 01/06/2024 at approximately 11:20 AM, Licensee B stated Resident 1 did not have any medications. Surveyor asked about orders from 11/04/2024 for Resident 1. Licensee B stated Resident 1 was not signed up for the pharmacy as s/he did not have medications. Licensee B confirmed Resident 1's medications from 11/04/2024 discharge were picked up at Walgreens and staff gave them to Resident 1. Surveyor asked for the medication administration record (MAR). Licensee B stated they did not have a MAR as Resident 1 was not signed up with the pharmacy. Licensee B acknowledged staff gave the medications, but there was no record to know date/times Resident 1 took/refused the medications. The provider did not keep a record of 1 of 1 resident's prescription medications controlled, dispensed, or administered by the provider.	M 466		
M 482	88.09(1)(a) RESIDENT RECORDS	M 482		

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M 482	Continued From page 4 The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain records for 3 of 3 residents (Resident 1, Resident 2 and Resident 3) in a secure location within the home. Findings include: On 01/06/2024, at approximately 10:30 AM, Surveyor arrived at the home and was greeted by Caregiver (CG) A. Surveyor requested resident records from CG A. CG A went into the kitchen and showed Surveyor the resident binders sitting on the kitchen counter next to the printer. On 01/06/2024, at approximately 12:29 PM, Surveyor interviewed House Manger (HM) C. HM C stated s/he was told resident records needed to be out for guardians and care team to look at. Surveyor shared the code, stating resident records should be stored in a secure location. HM C stated s/he would talk to Licensee B and relocate the records. The provider did not maintain records for residents in a secure location within the home.	M 482		