STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018388	A. BUILDING: _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THIS HOUSE IS A HOME III AFH	6130 W APPLETON AVENUE 3 MILWAUKEE, WI 53210

(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 12/02/2024, Surveyor completed a standard survey and 1 complaint investigation at This House is a Home III AFH. As a result, 2 deficiencies were identified. One complaint was unsubstantiated. Census: 3	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver received annual training related to the health, safety, welfare, and rights and treatment of residents, for 2 of 2 caregivers reviewed. Caregiver B and Caregiver C did not have all the required continuing education in 2022 and 2023. Findings include: On 9/25/2024, at 10:57 AM, Surveyors reviewed caregiver records and identified the following: Caregiver B was hired on 2/15/2019. Caregiver B's record contained 2 total hours of continuing	M 246		

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

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M 246	Continued From page 1 education in first aid and cardiopulmonary resuscitation (CPR) for calendar 2022. Caregiver B did not have the required 8 hours of continuing education for calendar year 2022. Caregiver B's record contained 8 total hours of training in calendar year 2023, in the areas of medication administration, getting sleep, nutrition, and heat safety. Caregiver B did not have continuing education in the areas of resident rights and treatment in the calendar year 2023. Caregiver C was hired on 2/02/2018. Caregiver C's record did not contain continuing education for calendar year 2022 and 2023. Caregiver C did not have the required 8 hours of continuing education for calendar year 2022 and 2023. On 9/25/2024, at 12:00 PM, Surveyors interviewed licensee A. Licensee A reported s/he was responsible for training staff at the home and was unaware the code required 8 hours of continuing education annually. S/He was also unaware continuing education needed to include training in health, safety, welfare, rights and treatment of residents. Licensee A reported s/he would make the corrections moving forward. On 11/12/2024, at 11:30 AM, Surveyor requested Licensee A provide training documentation for the calendar years 2022, 2023, and 2024, for Caregiver B and Caregiver C. Licensee A reported s/he would provide the information by 11/15/2024. As of 12/02/2024, Surveyor has not received training documentation.	M 246		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with	M 262		

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M 262	Continued From page 2	M 262		

difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:
1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.
2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.
3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 2 of 2 exits were ramped to grade leading to hard surfaced pathways with handrails. The home was on the 2nd floor of the building, with 14 steps from the front door to the 1st floor. Resident 1 required the use of a walker to assist with ambulation and needed total assistance in the event of an evacuation. Resident 2 required the use of a wheelchair and needed total assistance in the event of an evacuation.

Findings include:

The facility was licensed as an ambulatory adult family home on 02/01/2021, to serve up to 4 residents in the following client groups: advanced age, traumatic brain injury, physically disabled,

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M 262	Continued From page 3	M 262		

developmentally disabled, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. The facility was licensed to serve ambulatory residents only.

On 09/25/2024, at 9:03 AM, Surveyors toured the home. The front exit was on the 2nd floor of the home, contained a chair lift and 14 steps from the door to the 1st floor. The rear exit was on the 2nd floor of the building and exited to a fenced balcony, which did not exit to the ground level. Resident 1's bedroom contained a walker, which was next to Resident 1's chair in which s/he was sitting. Resident 2's bedroom contained a wheelchair, which was open and next to her/his bed. Resident 2 was sleeping in her/his bed.

On 09/25/2024, at 10:16 AM, Surveyors reviewed Resident 1's and Resident 2's files.

Resident 1's file reported the following:

Resident 1 was admitted to the home on 03/03/2023.

An annual assessment was completed on 02/15/2024. Resident 1 was mobile with the assistance of a cane and required a 1 person assist. S/He had a cane/crutches/walker and needed a brace prosthesis for her/his leg. S/He had a wheelchair. Resident 1 was more likely to fall if s/he needed to navigate stairs.

An individual service plan (ISP) was created for Resident 1 on 03/15/2021 and reviewed on 07/15/2022 and 02/15/2024. The ISP stated Resident 1 was, "ambulatory with a wheel walker," and "can have an unsteady gate [sic] at times." On 11/17/2021, Resident 1 obtained a wheeled walker. A note in the ISP from 07/2022

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M 262	Continued From page 4	M 262		

stated, "[Resident 1] ambulatory very little because of the leg are swollen and [s/he] refuse medical care [sic]." A note in the ISP from 03/06/2023 stated, "[Resident 1] state [s/he] was weak and [s/he] still cant [sic] stand on [her/his] own [sic]." Resident 1 needed total assistance from 1 staff in the event of an evacuation.

A resident evacuation assessment for Resident 1 was completed on 03/06/2023. Resident 1's impaired mobility reported s/he required full assistance. Resident 1 required the need for extra staff, with limited assistance from 2 staff. An annual resident evacuation assessment for Resident 1 was completed on 03/06/2024 and did not note any changes from the previous year.

Resident 2's file reported the following:

Resident 2 was admitted to the home on 02/26/2021.

An annual assessment was completed on 02/26/2024. Resident 2 was reported to be ambulatory and required a 1 person assist. S/He had a brace prosthesis, cane/crutches/walker, and wheelchair. S/He was evaluated as having "a little" worry about having a fall.

An ISP was created for Resident 2 on 02/26/2021 and reviewed on 08/26/2022 and 02/26/2024. The ISP stated Resident 2 was "ambulatory and has very unsteady gate [sic]." A note in the ISP from 07/01/2022 stated, "staff use a [wheelchair] when transferring [Resident 2] outside of the building because when [s/he] walks, [s/he] become very unsteady [sic]." Resident 2 needed total assistance from 1 staff in the event of an evacuation.

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M 262	Continued From page 5 A resident evacuation assessment for Resident 2 was completed on 03/24/2021. Resident 2's risk of resistance was minimal. Her/His impaired mobility reported s/he required full assistance or was very slow. S/He needed only 1 staff and required supervision in a staff directed evacuation. Resident 2's waking response to an alarm was not probable, and s/he did not initiate and complete the evacuation promptly. An annual resident evacuation assessment for Resident 2 was completed on 01/27/2022, and changes included: Resident 2 had a mild resistance to leaving the facility in an evacuation; required full assistance and was very slow; required limited assistance from 2 staff; and chose and completed back-up strategy. The evaluator's remarks stated, "member will need help out the building and staff must stay with member [sic]." An annual resident evacuation assessment for Resident 2 was completed on 02/28/2023, and changes included: Resident 2 had a minimal resistance to leaving the facility in an evacuation; required full assistance or was very slow; needs only 1 staff; and did not initiate and complete the evacuation promptly. An annual resident evacuation assessment for Resident 2 was completed on 02/26/2024 and did not note any changes from the previous year. An application for paratransit eligibility certification through Transit Plus was completed and signed by Resident 2, on 09/05/2024. The application reported Resident 2 utilized a manual wheelchair all or some of the time. On 09/25/2024, at 9:20 AM, Surveyors	M 262		

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M 262	Continued From page 6 interviewed Resident 1. Resident 1 was sitting in a chair in her/his bedroom. Resident 1 reported s/he had fallen off a step ladder and was unable to walk without assistance after the fall. Surveyor inquired about the walker next to Resident 1's chair and Resident 1 reported s/he utilized a walker to ambulate. When asked how s/he would get to the main areas of the residence, Resident 1 stated, "I wouldn't because I need something to hold on to." On 09/25/2024, at 12:00 PM, Surveyors interviewed Licensee A, and s/he reported following: The chairlift was installed approximately 6 months ago. Licensee A had not notified the Department nor did s/he get prior approval. The chairlift was installed for use by Resident 1 and Resident 2, as well as a resident in the certified home across the hall. Resident 1 utilized a walker and the chairlift. Resident 2 utilized the chairlift, a wheelchair on occasion within the house, and a wheelchair when s/he went out into the community. Resident 2 started physical therapy in August 2024, following behaviors in which s/he had chosen to walk without assistance and then at other times refused to walk on her/his own and required assistance. Licensee A was unaware of the application for paratransit eligibility certification for Resident 2.	M 262		