

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011885	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2018
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NAME OF PROVIDER OR SUPPLIER A PLACE FOR MIRACLES LIVING CENTER III	STREET ADDRESS, CITY, STATE, ZIP CODE 3927 W ROOSEVELT DR MILWAUKEE, WI 53216
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N 000	<p>Initial Comments</p> <p>On 02/2018 Surveyor conducted standard survey and one complaint investigation at A Place For Miracles Living Centers III. Three deficiencies were identified. One complaint unsubstantiated. Census: 6</p>	N 000		
N 277	<p>83.25 Continuing education</p> <p>The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid.</p> <p>This Rule is not met as evidenced by: Based on employee record review and staff interview, the CBRF did not provide evidence of 2 of 3 caregivers receiving at least 15 hours of continuing education beginning with the first full year of employment in all required areas, for the years 2016 and 2017. Findings include:</p> <p>The CBRF was issued a Regular License in 2007. The facility is currently licensed as a Class CA (Ambulatory) to serve 6 residents. On 04/23/2018, the census was six. The client groups served are emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, developmentally disabled, and advanced aged.</p>	N 277		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 277	<p>Continued From page 1</p> <p>The Department received a complaint on 04/02/2018 regarding physical environment, and safety. On 04/23/2018, Surveyor visited the facility to conduct a standard survey and one complaint investigation. One complaint unsubstantiated.</p> <p>Caregiver A date of hire in the record is 04/11/2012. Caregiver A's record did not contain documentation of continuing education for 2016 and 2017. The file did not contain evidence of Caregiver A receiving continuing education relevant to job responsibilities. Caregiver A primarily works the night shifts (11:00PM to 7:00AM) and is the only staff on duty providing services to 6 residents. Six of 6 residents are ambulatory. Two of 6 have a history of elopement. 6 of 6 have cognitive limitation due to dementia and mental illness. Four of 6 require some assistance to exit the building. Administrator C stated Caregiver A is scheduled to receive continuing educations.</p> <p>Caregiver B date of hire in the record is 2015. The record did not contain evidence of Caregiver B receiving continuing education relevant to the job responsibility, client groups, resident rights, abuse, neglect, misappropriation and emergency procedures/first aid.</p> <p>Administrator C is the owner of the facility and has worked in the facility since 2007. Surveyor requested evidence of Administrator C receiving continuing education. Administrator C reported attending the annual WALA convention but did not provide evidence of training. Surveyor informed Administrator C of finding on 05/01/2018.</p>	N 277		

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N 481	Continued From page 2	N 481		
N 481	<p>83.43(1) Environment safe, clean, and comfortable</p> <p>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.</p> <p>This Rule is not met as evidenced by: Based on observations on 04/23/2018 and interview, the CBRF did not provide a living environment that is safe and clean. Findings include:</p> <p>The CBRF was issued a Regular License in 05/2007. The facility is currently licensed as a Class CA (Ambulatory) to serve 6 residents. On 04/23/2018, the census was six. The client groups served are emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, developmentally disabled, and advanced aged. The Department received a complaint on 04/02/2018 regarding physical environment, and safety. On 04/23/2018, Surveyor visited the facility to conduct a standard survey and one complaint investigation.</p> <p>On 05/03/2018, Surveyors conducted a tour of the facility accompanied by Administrator C and observed:</p> <p>First floor common room, front window pane in the lower corner of the window was broken. Broken glass observed on the window ledge. On 04/23/2018 and 04/24/2018, a large bag containing used needles was on top of the medication cabinet located in the common living room. The bag was accessible to residents.</p>	N 481		

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N 481	<p>Continued From page 3</p> <p>Facility has 6 ambulatory residents with cognitive disabilities including dementia and mental illness.</p> <p>Black marks were on the walls in the common room and hallway.</p> <p>Dining area in the kitchen - missing and misshapen curtain blinds.</p> <p>Basement Surveyor conducted a tour of the basement accompanied by Administrator C. Surveyor observed in the basement an open north side closet containing multiple documents and records of discharged residents. Documents were piled in boxes which prevented the closet from closing.</p> <p>East room, near the bottom of the stairs- the corner of the room contained piles of belongings, plastic bags and other items.</p> <p>Facility office- The floor in the facility office had large areas of peeling paint.</p> <p>Laundry room - Paint was peeling from the floor around the dryer and the washer. Behind the dryer was an accumulation of gray debris from the dryer, clothes, and other trash. Trash and debris was on the floor behind the laundry tub.</p> <p>Front yard - Debris was scattered in the front yard including broken red pieces of an automobile light cover. The ramp was missing from the front entrance. Administrator C stated on 04/24/2018, the ramp was removed after being damaged by a out of control car crashing into the ramp. The exit door was accessible. Administrator C provided to Surveyor a copy of the ramp permit obtained to rebuild the ramp. Construction was in progress during the survey.</p>	N 481		
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N 637	<p>83.59(1)(g) Proper exit locations, sidewalks, driveways.</p> <p>All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.</p> <p>This Rule is not met as evidenced by: Based on observation and staff interview, the CBRF did not ensure that all habitable floors have at least 2 exits providing unobstructed travel to the outside. One of 2 exits from the home was not free of obstruction. The CBRF did not ensure that the front exit from the home, was unobstructed when the ramp to the front exit was removed. A temporary ramp or portable steps were not provided. Facility obtained a Residential Repair Permit for replacement of the accessible ramp to the front of the building on 04/25/2018. Construction was not completed on 05/01/2018. Findings include:</p>	N 637		

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N 637	<p>Continued From page 5</p> <p>The CBRF was issued a Regular License in 05/2007. The facility is currently licensed as a Class CA (Ambulatory) to serve 6 residents. On 04/23/2018, the census was six. The client groups served are emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, developmentally disabled, and advanced aged. The Department received a complaint on 04/02/2018 regarding physical environment, and safety. On 04/23/2018, Surveyor visited the facility to conduct a standard survey and one complaint investigation.</p> <p>On 04/23/2018, Surveyor observed the ramp to the front exit was missing. One step at grade level was available to access the front entrance. The distance (rise) from the first step to the entrance porch was over 8 inches. There was no rail or other device at the front entrance for visitors and residents to hold, in order to enter and exit the building. Administrator C stated the accessible ramp was damaged by a vehicle on 01/2018.</p> <p>The exit was obstructed and a potential hazard for residents and visitors exiting and entering the building. Three of 6 resident, Residents 2, 3, and 4, walk slowly with a shuffling type gait (not lifting feet) slowly. Risers in residential building in Milwaukee cannot be higher than 8", and no less than 4." (http://city.milwaukee.gov/DNS/planning/stairs.pdf)</p> <p>On 04/23/2018, Surveyor informed Administrator C of the potential hazard and requirements for unobstructed exits. Administrator C stated the ramp was not replaced because of the weather condition and frozen ground. Administrator</p>	N 637		

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N 637	Continued From page 6 indicated the ramp was being replaced. Administrator provided a copy of the Residential Repair Permit with issue date of 04/25/2018.	N 637		