STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016899	A. BUILDING: _____ B. WING _____	C 02/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 1	7925 N RIVER VIEW CT A MILWAUKEE, WI 53224

(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 02/07/2024 with information gathered through 02/13/2024, Surveyor conducted a standard survey and complaint investigation at Albertine House 1. Two deficiencies identified. One of 2 was a repeat violation (see Statement of Deficiency (SOD) Q0KN11, dated 12/16/2019, and SOD 6GO411, dated 03/02/2021). Complaint unsubstantiated. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	M 114		

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

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M 114	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 staff members (Caregiver B) reviewed had a background check. Caregiver B did not have a background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 02/07/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 07/30/2023. Caregiver B's BID was dated 07/18/2023. Caregiver B's DOJ and IBIS were dated 02/08/2024, a day after the start of the survey. On 02/12/2024, at 5:49 PM, Surveyor interviewed	M 114		

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M 114	Continued From page 2 Licensee A regarding the late DOJ and IBIS. Licensee A reported the reason why there was no original printed background check report for Caregiver B was because they have "no record." Staff thought that since there was no record, there was no need to keep them in the file at that time.	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B received 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, first aid and fire safety prior to or within 6 months after starting to provide care. This is a repeat deficiency. See Statement of Deficiency (SOD) Q0KN11, dated 12/16/2019 and SOD 6GO411, dated 03/02/2021. Findings include: On 02/11/2024 at 3:10 PM, Surveyor reviewed	M 244		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBERTINE HOUSE 1	**7925 N RIVER VIEW CT A MILWAUKEE, WI 53224**

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M 244	Continued From page 3 Caregiver B's record. Caregiver B was hired on 07/30/2023. Caregiver B received a total of 3.75 hours of training from 02/08/2024-02/11/2024. Caregiver B's record did not contain evidence of any prior training. On 02/12/2024 at 5:46 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B only had 3.75 hours of training since their hire date of 07/30/2023. Licensee A stated house managers were responsible for ensuring staff training was completed. Licensee A was unsure why Caregiver B did not have the number of hours required for training.	M 244		