STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019517	A. BUILDING: _____ B. WING _____	C 10/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRACLES HOUSE	**443 S 5TH AVE WEST BEND, WI 53095**

(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 From 10/09/2023 to 10/13/2023, Surveyor conducted 2 complaint investigations and a standard survey at Miracles House, an AFH in West Bend. Fifteen deficiencies were identified. Two of 2 complaints were substantiated. Census: 3	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 dependent population, the funds or property of adults or minors or activities of the adult family home,	M 114		

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

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M 114	Continued From page 1	M 114		

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, Licensee A did not ensure a criminal records check was completed for 2 of 3 caregivers reviewed. Licensee A did not have a background information disclosure (BID) for Caregiver B or Caregiver C.

Findings include:

On 10/09/2023 at approximately 10:00 a.m., Surveyor conducted a review of 3 employee records, which were provided by Licensee A. Surveyor noted the following concerns:

- Caregiver B was hired 06/12/2023 and terminated 07/13/2023. Caregiver B's record did not include a BID.
- Caregiver C was hired 08/11/2023. Caregiver C's record did not include a BID.

On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed concern with Licensee A that 2 of 3 caregiver records reviewed did not include completed BIDs. Licensee A stated Caregiver B's record "mysteriously disappeared."

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M 216	Continued From page 2	M 216		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, interview and record review, Licensee A did not ensure the home and its operation complied with all laws governing the home. Findings include: From 10/09/2023 to 10/13/2023, Surveyor conducted 2 complaint investigations alleging the provider did not provide adequate staff for resident needs and a standard survey. The following concerns were identified: Environment: - A toxic chemical was accessible to residents in the home. Resident 1 had a diagnosis of Pica and was at risk to consume substances that were a danger to him/herself. - A monitor was used to provide supervision for Resident 4. - The home's refrigerator was kept locked, limiting resident access to food. Employees: - Two of 3 caregiver records reviewed did not include a background information disclosure. - Two of 3 caregiver records reviewed did not include a tuberculosis test completed within 90 days before the start of providing care. - Three of 3 caregiver records reviewed did not include training for resident rights.	M 216		

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M 216	Continued From page 3 Resident Care: - The provider did not provide 1:1 staffing patterns as required for Resident 1 and Resident 3. - One of 4 residents reviewed did not have a tuberculosis test completed. - Four of 4 resident records reviewed did not include a service agreement completed prior to admission. - Three of 4 resident records reviewed did not include an assessment and individual service plan (ISP) completed within 30 days of admission. - One of 1 ISPs reviewed did not include a signature of agreement from the resident's legal guardian. - Three of 4 resident records reviewed did not include record of medical visits or medical recommendations. - Two of 4 resident records reviewed did not include documentation of observations and/or changes in their health which resulted in hospitalizations. - Four of 4 resident records reviewed did not include a written physician order for the provider's staff to administer medications upon admission. - One of 1 resident record reviewed, whom Licensee A managed funds for, did not include written authorization from the resident's legal guardian. On 10/09/2023 at approximately 11:00 a.m., Surveyor reviewed environmental, employee and resident care and record concerns with Licensee A. Licensee A acknowledged that s/he was behind on paperwork, the home did have a history of inadequate staffing and stated s/he was unaware of some requirements. Throughout Surveyor verbalizing identified concerns,	M 216		

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M 216	Continued From page 4 Licensee A asked if the AFH's license would be taken away. Cross Reference: M0114 DHS 88.03(3)(b) Criminal Records Check M0230 DHS 88.04(2)(f) Condition Which Represents Risks Or Harm M0232 DHS 88.04(2)(g)1. Health Screening For Staff M0278 DHS 88.05(3)(b) Free Of Hazards M0380 DHS 88.06(2)(a) Admission - Health Exam M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0404 DHS 88.06(3)(a) Individual Service Plan And Assessment M0420 DHS 88.06(3)(d)5. Signed Statement Of Agreement M0446 DHS 88.07(2)(b)4. Record Of Medical Visits And Reports M0448 DHS 88.07(2)(b)5. Monitoring Health M0464 DHS 88.07(3)(d) Medication - Written Order M0510 DHS 88.09(1)(d)11. Resident Funds M0550 DHS 88.10(3)(b) Privacy M0556 DHS 88.10(3)(e) Self-Direction	M 216		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, record review and	M 230		

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M 230	Continued From page 5	M 230		

interview, the provider did not prohibit the existence or continuation of a condition in the home which placed the health, safety and welfare of residents in substantial risk of harm. Licensee A did not provide adequate staffing to ensure the safety of residents.

Findings include:

On 10/09/2023, Surveyor conducted a complaint investigation alleging the facility did not provide the 1:1 staffing patterns required to care for a resident.

The provider's home is licensed to provide care for up to 4 residents with diagnoses including developmentally disabled, terminally ill, irreversible dementia/Alzheimer's, emotionally disturbed/mentally ill, advanced age and traumatic brain injury.

On 10/09/2023 at approximately 9:00 a.m., the home had 3 caregivers present, one of which was Licensee A.

On 10/09/2023 at approximately 9:30 a.m., Surveyor reviewed resident records and interviewed Licensee A regarding resident needs, which indicated following:

- Resident 1 was admitted to the provider's home on 09/07/2023. Licensee A stated Resident 1 had a diagnosis of Pica and required 1:1 staffing at all times. Resident 1's record did not include an assessment or individual service plan (ISP).
- Resident 3 was admitted to the provider's home on 07/24/2023. Resident 3's record listed his/her diagnoses as borderline intellectual functioning, bipolar disorder, aphasia and diabetes. Licensee A stated Resident 3 required 1:1 staffing 16 hours

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M 230	Continued From page 6	M 230		

per day. Licensee A stated the 16 hours of 1:1 usually started at 7:00 a.m. Resident 3's record did not include an assessment or ISP.
- Resident 4 was admitted to the provider's home on 06/12/2023. Resident 4's record listed blindness, seizures, moderate intellectual disability, and cerebral palsy as diagnoses. Resident 4 required 24-hour supervision.
- Resident 2 resided at the provider's home form 06/15/2023 to 09/23/2023. Resident 2's diagnoses included anxiety, epilepsy, alcoholism, and Wernicke's encephalopathy. Resident 2 required 24-hour supervision.

On 10/09/2023 at approximately 10:30 a.m., Surveyor asked Licensee A what the expectation was when residents received 1:1 care. Licensee A replied, "1 designated staff. Staff should be observing resident at all times." Surveyor asked if there were times when the home did not provide adequate staffing. Licensee A explained the following incidents:

- On 07/13/2023, Licensee A received a text from Caregiver B at 5:12 p.m. that stated s/he was leaving the home because s/he believed there was a discrepancy in his/her pay from Licensee A. Licensee A stated s/he then received a call from Caregiver B's family member, who stated s/he picked Caregiver B up and contacted law enforcement because the home was unstaffed. Licensee A stated s/he had a caregiver who worked at an affiliated home provide coverage until s/he arrived to the home at approximately 8:30 p.m. Licensee A stated the caregiver arrived to the home to provide coverage at approximately 6:45 p.m.
- On 09/20/2023, Licensee A left the home to assist Caregiver B with car troubles, which left Caregiver F to care for all residents in the home.

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M 230	Continued From page 7	M 230		

Licensee A then left again in the afternoon to assist Caregiver B with transportation, leaving 1 caregiver to care for all residents in the home.

On 10/09/2023 at approximately 11:00 a.m., Surveyor discussed concern that the home did not provide adequate staffing to ensure the safety of residents on 07/13/2023 and 09/20/2023. Surveyor also shared observation that while present, caregivers were observed gathering throughout the home and not having constant supervision of Resident 1 and Resident 3. Licensee A replied, "[Resident 3]'s 1:1 is going away on October 17. [S/he] doesn't like the 1:1 attention." Caregiver E stated staff provide 30-minute checks, rather than 1:1 staffing for Resident 3.

On 10/13/2023 at approximately 3:45 p.m., Case Manager G, who followed Resident 1, reported Resident 1 required 1:1 supervision to ensure s/he did not take food from the garbage, including drinks as s/he would consume anything due to Pica. Case Manager G reported Resident 1 would often pick at his/her skin, requiring redirection to ensure skin integrity. Case Manager G reported Resident 1 could be physically resistive to cares, wander all day and night if not redirected and stated Resident 1 was an elopement risk. Case Manager G stated Licensee A accepted Resident 1 at an enhanced rate to provide 1:1 staffing. Case Manager G reported the following staffing concerns:

- On 09/08/2023 at approximately 7:00 p.m., Resident 1's guardian observed the home with only 1 staff member present.
- On 09/11/2023 and 09/18/2023, Resident 1's home health nurse reported only 1 staff member present in the home.

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M 230	Continued From page 8 - On 09/20/2023 at approximately 10:40 a.m. and again at approximately 4:00 p.m., Resident 1's managed care organization staff observed only 1 staff member present in the home. Resident 1, who required 1:1 staffing, was in his/her room alone with the door closed both times. Licensee A did not provide adequate staffing to ensure the safety of residents.	M 230		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 2 of 3 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis within 90 days before the start of providing care. Caregiver C and Caregiver D did not have tuberculosis tests completed within 90 days prior to providing care. Findings include: On 10/09/2023 at approximately 10:00 a.m.,	M 232		

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M 232	Continued From page 9 Surveyor conducted a review of 3 employee records, which were provided by Licensee A. Surveyor noted the following concerns: - Caregiver C was hired 08/11/2023. Caregiver C's record did not include a tuberculosis test. - Caregiver D was hired 01/04/2023. Caregiver D's record included a tuberculosis test, dated 02/08/2023, 35 days after his/her date of hire. On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed concern with Licensee A that 2 of 3 caregivers reviewed were not screened for illness detrimental to residents, including tuberculosis, within 90 days prior to the start of proving care. Licensee A stated s/he was unaware that the screen needed to be completed within 90 days prior to providing care.	M 232		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from dangerous substances. Toilet bowl cleaner was left accessible to residents. Findings include:	M 278		

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M 278	Continued From page 10 On 10/09/2023 at approximately 9:30 a.m., Surveyor toured the provider's home. Surveyor observed toilet bowl cleaner on a bathroom counter, accessible to residents. On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record and interviewed Licensee A regarding Resident 1's needs. Resident 1 was admitted to the provider's home on 09/07/2023. Licensee A stated Resident 1 had a diagnosis of Pica. Surveyor shared concern that toilet bowl cleaner was currently on the bathroom counter, accessible to residents. Licensee A replied, "A caregiver just cleaned that bathroom." On 10/13/2023 at approximately 3:45 p.m., Case Manager G, who followed Resident 1, reported Resident 1 would consume anything due to his/her Pica diagnosis.	M 278		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by:	M 380		

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M 380	Continued From page 11 Based on record review and interview, the provider did not ensure 1 of 4 residents reviewed were screened for communicable disease, including tuberculosis within 90 days prior to admission or within 7 days after admission. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 06/15/2023 with diagnoses including epilepsy, alcoholism, Wernicke's encephalopathy and anxiety. Resident 2's record did not include a communicable disease screen, including tuberculosis test. On 10/19/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Licensee A that Resident 2's record did not include a tuberculosis test. Licensee A reviewed Resident 2's record and confirmed s/he was unable to locate a tuberculosis test.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be	M 384		

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M 384	Continued From page 12	M 384		

provided to all parties and to the placing agency, if any.
This Rule is not met as evidenced by:
Based on record review and interview, Licensee A did not ensure 4 of 4 residents reviewed had a service agreement completed prior to admission. Resident 1, Resident 2, Resident 3 and Resident 4 did not have service agreements completed at the time of admission.

Findings include:

On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed 4 resident records, provided by Licensee A. Records and an interview with Licensee A indicated the following:

- Resident 1 was admitted to the provider's home on 09/07/2023. Resident 1 had a legal guardian. Resident 1's record did not include a service agreement. Licensee A stated s/he had not sent the service agreement to Resident 1's guardian yet.
- Resident 2 was admitted to the provider's home on 06/15/2023 and discharged on 09/23/2023. Licensee A was unable to confirm whether Resident 2 was his/her own decision maker or if the Health Care Power of Attorney was activated. Resident 2's record did not include a service agreement. Licensee A confirmed the record did not include a signed service agreement.
- Resident 3 was admitted to the provider's home on 07/24/2023. Resident 3 had a legal guardian. Resident 3's record did not include a signed service agreement. Licensee A stated, "I haven't met with [his/her] guardian yet."
- Resident 4 was admitted to the provider's home on 06/12/2023. Resident 4 had a legal guardian. Resident 4's record did not include a signed service agreement. Licensee A stated, "I keep

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M 384	Continued From page 13 missing [his/her] guardian."	M 384		
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 provider did not ensure 4 of 4 residents reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Resident 1, Resident 2, Resident 3 and Resident 4 did not have assessments and ISPs completed within 30 days after placement. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed 4 resident records, provided by Licensee A. Records indicated the following concerns: - Resident 1 was admitted to the provider's home on 09/07/2023. Resident 1's record did not include an assessment or ISP. - Resident 2 was admitted to the provider's home on 06/15/2023 and discharged on 09/23/2023. Resident 2's record did not include an assessment or ISP. - Resident 3 was admitted to the provider's home on 07/24/2023. Resident 3's record did not	M 404		

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MIRACLES HOUSE	443 S 5TH AVE WEST BEND, WI 53095

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M 404	Continued From page 14 include an assessment or ISP. - Resident 4 was admitted to the provider's home on 06/12/2023. Resident 4's ISP was dated 09/17/2023, greater than 30 days after his/her admission to the home. On 10/09/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Licensee A that 4 of 4 records reviewed did not include a written assessment and ISP completed within 30 days after placement. Licensee A replied, "I'm behind on a lot. Still working on those."	M 404		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 1 individual service plans (ISP) reviewed included a statement of agreement with the plan, signed and dated by all persons involved. Resident 4's ISP was not signed by his/her legal guardian. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's home on 06/12/2023. Resident 4 had a legal guardian. Resident 4's record included an ISP, dated 09/17/2023. The ISP was not signed or dated by his/her guardian.	M 420		

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M 420	Continued From page 15 On 10/09/2023 at approximately 11:00 a.m., Surveyor asked Licensee A why Resident 4's record was not signed by his/her guardian. Licensee A replied, "I forgot."	M 420		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure record was kept of all medical visits, reports and recommendations for 3 of 4 residents reviewed. Licensee A did not have record of Resident 1, Resident 2 or Resident 4's medical visits or medical recommendations. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed 4 resident records and interviewed Licensee A. Surveyor noted the following concerns: - Resident 1 was admitted to the provider's home on 09/07/2023. Resident 1's record did not include medical records. Licensee A stated Resident 1 had a primary care appointment on 09/27/2023, but s/he did not have record of it. Surveyor observed a tube feed pump in Resident 1's room and Licensee A confirmed Resident 1 received tube feeds from 6:00 p.m. to 10:00 a.m. daily. Surveyor requested medical information regarding Resident 1's tube feeds from Licensee A. Licensee A replied, "There is a sign on the	M 446		

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M 446	Continued From page 16 machine that states what rate the feeds should be at." Licensee A did not have a medical report related to Resident 1's tube feeds. - Resident 2 was admitted to the provider's home on 06/15/2023 with diagnosis of alcoholism. Resident 2's record included orders for a paracentesis the week of 06/14/2023, 06/21/2023, 06/28/2023, 07/05/2023, 07/12/2023, 07/19/2023, 07/26/2023 and 08/02/2023. Resident 2's record did not include reports for the paracenteses. Surveyor asked Licensee A if s/he had reports for each paracentesis. Licensee A replied, "No. I didn't get one every time." - Resident 4 was admitted to the provider's home on 06/12/2023 with diagnoses of blindness, cerebral palsy, seizures, and moderate intellectual disability. Resident 4's record did not include record of medical visits. Surveyor asked Licensee A if Resident 4 had completed medical visits while residing at the home. Licensee A stated Resident 4 had primary care appointments on 08/03/2023 and 09/21/2023, a podiatrist appointment on 08/30/2023, a dentist appointment on 08/31/2023 and a gastroenterologist appointment on 09/12/2023. Licensee A stated s/he didn't have records for any of the appointments.	M 446		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, Licensee A	M 448		

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M 448	Continued From page 17	M 448		

did not ensure the health of 2 of 4 residents reviewed was monitored, with observations and changes documented in the resident's record. Resident 4's record did not include symptoms that lead to a hospitalization on 07/19/2023. Resident 2's record did not include symptoms that lead to hospitalization on 09/23/2023.

Findings include:

On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed 4 resident records, provided by Licensee A. Record review and interview with Licensee A indicated the following:

- Resident 4 was admitted to the provider's home on 06/12/2023 with diagnoses of blindness, cerebral palsy, seizures, and moderate intellectual disability. Resident 4's record included documentation of a hospitalization from 07/19/2023 to 07/26/2023 for sinus infection, weakness and vomiting. Resident 4's record did not include documentation of symptoms or concerns that led up to the hospitalization. On 10/09/2023 at approximately 10:40 a.m., Surveyor interviewed Caregiver E. Caregiver E stated that on 07/19/2023, Resident 4 woke up and was moving slow. Caregiver E stated Resident 4 had shaky arms and was observed falling forward from a chair, so s/he called paramedics. Surveyor asked Caregiver E if s/he documented the changes in Resident 4's record. Caregiver E replied, "No."
- Resident 2 was admitted to the provider's home on 06/15/2023 with diagnosis of alcoholism. Licensee A reported that Resident 2 discharged on 09/23/2023. Resident 2's record did not include documentation related to his/her discharge. Surveyor asked Licensee A why Resident 2 discharged. Licensee A stated

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M 448	Continued From page 18 Resident 2 ran out of orders for paracenteses, which resulted in a distended abdomen and Resident 2 wheezing, so s/he had him/her sent to the hospital. Surveyor asked Licensee A if s/he documented the changes in Resident 2's health in his/her record. Licensee A replied, "No, but we started documented now."	M 448		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure a written order from the physician who prescribed medications was obtained prior to administering medications to 4 of 4 residents reviewed. The provider's staff administered medications to Resident 1, Resident 2, Resident 3 and Resident 4 without a written physician order. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed 4 resident records, provided by Licensee A. Record review and interview with	M 464		

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M 464	Continued From page 19 Licensee A indicated the following: - Resident 1 was admitted to the provider's home on 09/07/2023. Resident 1's medications were administered by the home's caregivers. Resident 1's record did not include a physician order to administer medications. Licensee A stated s/he still needed to obtain an order. - Resident 2 was admitted to the provider's home on 06/15/2023 and discharged on 09/23/2023. Resident 2's medications were administered by the home's caregivers. Resident 2's record included a physician order to administer medications, dated 08/30/2023, greater than 2 months after his/her admission. Surveyor asked Licensee A why Resident 2's physician order to administer medications was completed after his/her admission. Licensee A stated the initial request for a physician order to administer medications was not completed, so Resident 2 changed physicians. - Resident 3 was admitted to the provider's home on 07/24/2023. Resident 3's medications were administered by the home's caregivers. Resident 3's record included a physician order to administer medications, dated 08/04/2023, 11 days after his/her admission. Surveyor asked Licensee A why Resident 3's physician order to administer medications was completed after his/her admission. Licensee A stated that was the soonest s/he was able to obtain the order. - Resident 4 was admitted to the provider's home on 06/12/2023. Resident 4's medications were administered by the home's caregivers. Resident 4's record included a physician order to administer medications, dated 09/21/2023. Surveyor asked Licensee A why Resident 4's physician order to administer medications was completed 3 months after his/her admission. Licensee A stated that was the soonest s/he was	M 464		

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M 464	Continued From page 20 able to obtain the order.	M 464		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure written authorization to control funds was received for 1 of 1 residents of which Licensee A managed funds for. Licensee A did not have written authorization from Resident 3's guardian to manage Resident 3's funds. Findings include: On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home with diagnoses including borderline intellectual functioning and bipolar disorder. Resident 3 had a legal guardian. Resident 3's record did not indicate who managed Resident 3's funds. On 10/09/2023 at approximately 11:00 a.m., Surveyor interviewed Licensee A. Licensee A stated s/he assisted with management of Resident 3's funds. Licensee A stated, "I keep [his/her] money in a pouch with receipts. It's normally in the medication closet, but in my car right now." Surveyor asked Licensee A if s/he had a written authorization from Resident 3's legal guardian to manage funds. Licensee A replied, "No."	M 510		

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M 550	Continued From page 21	M 550		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 4 residents had privacy in his/her bedroom. Resident 4 had a video monitor angled at his/her bed in his/her bedroom, which was monitored by the caregivers. Findings include: On 10/09/2023 at approximately 9:30 a.m., Surveyor toured the provider's home. Surveyor observed Resident 4 had a video monitor angled on his/her bed in his/her room. Surveyor asked Licensee A why the provider had a video monitor in his/her room. Licensee A replied the video monitor was placed in Resident 4's room at the request of Resident 4's legal guardian due to Resident 4's low vision and need for assistance. On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 4's record. Resident	M 550		

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M 550	Continued From page 22 4 was admitted to the provider's home on 06/12/2023 with diagnoses including blindness, cerebral palsy, seizures and moderate intellectual disability. Resident 4's individual service plan (ISP), dated 09/17/2023, indicated s/he required full assistance for personal cares and was non-verbal. Resident 4's record, including his/her ISP, did not include documentation related to the home's video monitor use or documented consent from Resident 4's guardian. On 10/09/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Licensee A that video monitor use in Resident 4's bedroom did not respect his/her privacy. Licensee A replied, "I thought it was fine since the guardian requested it." Licensee A confirmed s/he had not requested a waiver through the department related to video monitor use.	M 550		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation, interview and record	M 556		

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M 556	Continued From page 23	M 556		

review, the provider did not ensure residents were given the right to self-direction. The home's refrigerator was locked, limiting resident access to food.

Findings include:

On 10/09/2023 at approximately 9:30 a.m., Surveyor toured the provider's home. Surveyor observed the home's refrigerator had locks on it, limiting resident access to the refrigerator. Surveyor asked why the refrigerator was kept locked. Licensee A responded, "Because [Resident 3] and [Resident 1] steal food."

On 10/09/2023 at approximately 10:30 a.m., Surveyor reviewed resident records and interviewed Licensee A regarding resident needs, which indicated following:

- Resident 1 was admitted to the provider's home on 09/07/2023. Licensee A stated Resident 1 had a diagnosis of Pica and required 1:1 staffing at all times. Resident 1's record did not include an assessment or individual service plan (ISP) to document or justify the need for refrigerator locks.
- Resident 3 was admitted to the provider's home on 07/24/2023. Resident 3's record listed his/her diagnoses as borderline intellectual functioning, bipolar disorder, aphasia and diabetes. Licensee A stated Resident 3 required 1:1 staffing 16 hours per day. Resident 3's record did not include an assessment or ISP to document or justify the need for refrigerator locks.

On 10/09/2023 at approximately 11:00 a.m., Surveyor shared concern that the home's refrigerator was kept locked, limiting resident access. Surveyor asked Licensee A if s/he applied for a waiver with the department related

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M 556	Continued From page 24 to the refrigerator locks. Licensee A replied, "No. I didn't know I had to." On 10/09/2023 at approximately 12:00 p.m., Surveyor reviewed department records and confirmed a waiver related to refrigerator locks was not on file.	M 556		