STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018555	A. BUILDING: _____ B. WING _____	R 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWSON RESIDENTIAL INC 4	4031 N 61ST 4 MILWAUKEE, WI 53216

(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 11/18/2024, Surveyors completed a verification visit at Newson Residential Inc 4. As a result, 5 of the previous cited deficiencies were corrected, 1 deficiency was recited and 2 new deficiencies were identified, therefore a total of 3 deficiencies were issued. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 1	{M 000}		
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, record review, and interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 1 of 1 resident. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. Findings include: On 10/30/2024, Surveyors conducted a verification visit and complaint investigation at Newson Residential Inc 4. As a result of the survey, the provider was issued 3 deficiencies. Two of the 3 were repeat deficiencies.	M 216		

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

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M 216	Continued From page 1 88.04(2)(a) - Responsibilities 88.07(1)(e) - Overnight Supervision - This is a repeat deficiency. 88.10(3)(e) - Self Direction On 08/09/2024, the Department issued Statement of Deficiency (SOD) 05BC11 which included the following Notice and Orders: " . . . 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request . . . Based on the results of the Department's investigation, and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Newson Residential Inc 4: . . . 1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee will ensure a service provider is present in the home to meet residents' supervision and service needs in accordance with	M 216		

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M 216	Continued From page 2 Wis. Admin. Code DHS 88.07(1)(e). WITHIN 45 DAYS of receipt of this notice, the licensee shall ensure the following: - Staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals), and to facilitate a safe evacuation of the building in the event of an emergency. - When a resident or residents (as a group) require the assistance of two or more staff members to address care and service needs, to provide supervision, or to evacuate the building in an emergency, the licensee will ensure sufficient, qualified staff members are on duty and immediately available at all times. - All staff responsible for providing services will review each resident's individualized service plan and will provide services in accordance with the plan . . . " On 11/18/2024, at 9:30 AM, Surveyors interviewed Owner A. Owner A reported s/he staffed the home to meet the resident's needs. Owner A reported none of the residents required 24-hour supervision. When Surveyors expressed concerns of staff supervision with resident behaviors and residents who were fall risks, Owner A raised her/his voice and expressed disagreement with Surveyors. Owner A reported the schedule showed there was 4 staff on, Surveyors informed Owner A of the observations and interviews Surveyors had regarding the concerns with staffing. Owner A continued to argue with Surveyors her/his compliance within	M 216		

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M 216	Continued From page 3 the home.	M 216		
{M 434}	88.07(1)(e) OVERNIGHT SUPERVISION The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not arrange for a service provider to be present in the home when a resident requires services or supervision. The provider shared staff between 4 provider homes and did not ensure the provider's home was staffed when 1 of 1 resident reviewed (Resident 1) required continuous care. This is a repeat violation. See statement of deficiency (SOD) 05BC11, dated 05/22/2024. Findings include: DHS 88.02(9) defines "continuous care" as the need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night. Observations:	{M 434}		

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{M 434}	Continued From page 4 On 10/30/2024, at 7:49 AM, upon entrance to the adult family home (AFH), Surveyors observed the building had 4 apartments, 2 on the upper level and 2 on the lower level. Each apartment is an independently licensed AFH. The front doors to all 4 licensed AFHs were closed. The door to this home, AFH 4, was locked and Caregiver H unlocked it for Surveyors. At approximately 8:10 AM, Surveyors entered and toured AFH 4. In the hallway was a set of stairs to the lower AFHs, AFH 1 and AFH 2. Both AFH 1's and AFH 2's rear exit doors were open. On 11/04/2024, at 10:55 AM, upon entrance to the AFH, Surveyors were greeted by Caregiver H. Surveyors observed 4 residents of the adjacent AFHs (Person O, Person P, Person Q, and Person R) within the building. Person S was at the AFH but left as Surveyors arrived and was planning to return at approximately 1:00 PM. Caregiver T was in AFH 1. Manager N was in the basement of the AFH with 2 unknown people. Interviews: On 10/30/2024, at 8:20 AM, Surveyors interviewed Caregiver T. Caregiver T reported s/he had started working in the facilities about a month ago. Caregiver T reported s/he and Caregiver H split the units and s/he was responsible for AFH 1 and AFH 3. Caregiver H reported they each get one of the AFHs upstairs and one downstairs. Caregiver H stated, "There's more activity down here, so that's how we divide it up." On 10/30/2024, at 9:54 AM, Surveyor interviewed Person P (Resident in AFH 1) and s/he reported on 10/29/2024, 1 staff member was working in all 4 AFHs from 12:00 AM - 7:00 AM. Person P	{M 434}		

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{M 434}	Continued From page 5	{M 434}		

reported s/he used a quad cane and a wheelchair. S/He needed 1 staff to assist with cares including showering and dressing.

On 11/04/2024, at 11:05 AM, Surveyors interviewed Manager N. Manager N reported s/he was trying to bring 2 people on as staff, which were the 2 people in the basement during the survey. Manager N reported 3 caregivers work the night shift between the 4 licensed AFHs within the building. Manager N is used as an as needed basis (PRN) and was running errands and managing the facilities when s/he was working.

On 11/04/2024, at 11:10 AM, Surveyors interviewed Caregiver H. Caregiver H confirmed there were only 2 staff working. Caregiver H reported they used to have 4 staff working, but due to staff "coming and going", they only work with 2 staff.

On 11/04/2024, at 12:31 PM, Surveyor interviewed Resident 1 and s/he reported the following:

It was typical for there to be 2 staff for all 4 AFHs working during a shift. Owner A came to the licensed AFHs once every 2 weeks. Meals were cooked in AFH 1 and brought to the other 3 AFHs.

On 11/18/2024, at 9:30 AM, Surveyors interviewed Owner A. Owner A raised her/his voice and expressed disagreement during the interview. Owner A reported s/he had enough staff to run the facility. Owner A reported s/he had Caregiver H, Caregiver T, and Manager N working. Owner A reported during the survey process, Manager N was busy helping gather the information for Surveyors. Surveyors relayed on

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{M 434}	Continued From page 6 11/04/2024, when Surveyors arrived at the facility, Manager N was in the office, located in the basement, orienting 2 staff to work in the facility. Owner A reported none of the residents required 24-hour supervision, Surveyors reported the individual service plans (ISP) indicated residents required 24-hour supervision. Record Review: On 10/30/2024, at approximately 11:00 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the home on 12/29/2022, with diagnoses including schizoaffective disorder, bipolar, and major depressive disorder. Resident 1's individual service plan (ISP), dated 12/29/2022, 06/29/2023, 12/04/2023, and 06/04/2024 reported the following: - S/He needed 24-hour supervision - Monitored food intake - Assistance with medication 5 times per day - Nightly use and monitoring of continuous positive airway pressure (CPAP) machine - Unable to use room key - staff will provide assistance in and out of apartment On 10/31/2024, at 1:55 PM, Surveyors received and reviewed staffing documents for the month of October, from Manager N. The schedule for 10/30/2024, stated, "[Caregiver E] 1st, [Caregiver J] 2nd, [Caregiver F] 1st, [Caregiver U] 2nd, [Caregiver H] 1st, [Manager N] 7am-4pm, [Caregiver V] 2nd, [Caregiver W] 2nd, and [Caregiver X] 1st." The only caregivers working on 10/30/2024 during the time of the survey were Caregiver H and Caregiver T, which was not the	{M 434}		

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{M 434}	Continued From page 7 information on the provided October schedule. Summary: Caregivers were being shared between 4 licensed AFHs. The provider did not ensure Resident 1 had a service provider present at all times for the services and supervision s/he required.	{M 434}		
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 review, the provider did not ensure residents had opportunities to make decisions relating to care, activities and other aspects of life in the adult family home (AFH) for 1 of 1 resident. Food was stored in a locked area in the basement, as well as a kitchen cabinet. There was not at least 1 complete set of eating utensils for 1 of 1 resident's use. The stove was unplugged and not readily available for use.	M 556		

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M 556	Continued From page 8 Findings include: Observations: On 10/30/2024, at 8:09 AM, Surveyor toured the home and observed the following: - The home did not contain any snack food items or ready to eat foods. - The freezer contained 1 box of Velveeta cheese, 4 unlabeled Ziploc bags, which appeared to be French fries, and 1 Ziploc bag of what appeared to be frozen meat - The refrigerator contained 2 bottles of mustard, 2 bottles of ketchup, 1 coffee creamer, 1 container of juice, 5 various containers of water, and a box of 7.5 dozen eggs, with an expiration date of 10/02/2024. - The cabinets contained minimal canned food items. - The kitchen drawers contained 3 spoons. - The basement had an area, which consisted of chicken wire and wood to form a storage type area. The area contained a door with a locking mechanism, which was engaged. Inside the storage area, were shelves containing dry storage for food and snacks. Also inside the locked storage area was a chest freezer which contained frozen foods. Interviews: On 11/04/2024, at 12:31 PM, Surveyor interviewed Resident 1 and s/he reported the following:	M 556		

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M 556	Continued From page 9	M 556		

The caregivers completed the cooking in AFH 1 and brought the food up to her/his home, AFH 4. Resident 1 was not allowed in AFH 1, where food was cooked and distributed. The stove in AFH 4 was still not plugged in and Resident 1 reported s/he broke the stove pounding on it with her/his hand. Resident 1 had a problem with overeating and required reminders and assistance from staff. Staff were not providing the assistance Resident 1 stated s/he required. Resident 1 had to request food from staff if s/he was hungry or wanted a snack.

On 11/18/2024, at 9:30 AM, Surveyors interviewed Owner A and House Manager N. When Surveyors relayed concerns regarding residents not having access to food, Owner A and House Manager N raised their voices and expressed disagreement with Surveyors. Surveyors relayed to Owner A and House Manager N snacks were still being disbursed by staff from the stock of food in the basement. Owner A reported the AFHs had snacks in them and s/he ensured there was food for the residents. House Manager N reported the snacks were in the kitchen cabinets. Owner A and House Manager N reported some of the residents had behaviors when it came to food, and the food needed to be regulated so they did not become sick. When Surveyors reviewed the concerns regarding all facilities being staffed to ensure residents who had behaviors around food would be properly assisted, House Manager N reported the residents were checked on every 2 hours.

Record Review:

On 11/04/2024, Surveyor reviewed Resident 1's individual service plan (ISP), dated 06/04/2024.

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M 556	Continued From page 10 Resident 1's ISP documented the following: " . . . uses eating for coping must regulate food intake . . . staff prepare and serve 3 meals per day and offer snack throughout the day . . . client still wants to eat more than usual staff still monitors food intake [sic] . . . client is still on a monitored food intake and has no caffeine . . . " On 11/04/2024, Surveyor reviewed Resident 1's 6-month assessment: ISP review, dated 06/13/2024. Resident 1's assessment documented the following: " . . . Eating - Independent . . . Resident's Needs/Preferences: Requires no assistance with eating meals. Resident's Desired Goals & Outcomes: To maintain independent eating habits . . . " Summary: Resident 1 desired to maintain independent eating habits. The AFH did not allow Resident 1 to access food, prepare food, or make a selection of meals or snacks. The stove in the home was not plugged in and readily available for Resident 1's use. Resident 1's food was locked inside of a cabinet, and there were no ready to eat foods available to Resident 1.	M 556		