STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018595	A. BUILDING: _____ B. WING _____	10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS	21450 LEES CT BROOKFIELD, WI 53045

(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 10/20/2023, Surveyor conducted a standard survey at Housing Matters. Four deficiencies were identified. Census: 4	M 000		
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, the provider did not ensure each service provder had been screened for illness detrimental to residents including tuberculosis (TB) within 90 days prior to the start of providing service when 1of 2 caregivers reviewed had not been screened for TB. Findings include: On 10/20/2023, Surveyor reviewed Caregiver C's employee file. S/he was hired 12/09/2022. The file contained a screen for communicable disease dated 12/06/2023 that did not include TB. The file	M 232		

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

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M 232	Continued From page 1 did not contain a TB screen/test. On 10/20/2023, Surveyor interviewed Licensee A who stated s/he would look for Caregiver C's TB test and send it to Surveyor by noon on 10/23/2023. On 10/24/2023 at 11:23 AM, Surveyor interviewed Licensee A who stated Caregiver C did not have a TB test. Licensee A stated s/he would figure out how to better track employee documentation.	M 232		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was safe, clean, well-maintained and provided a homelike environment. Resident 1's room had a heavy urine odor, a toilet tank cover was missing, and the refrigerator's freezer door's seal was partially detached causing food stored in the freezer door to thaw. Findings include: Example 1- Resident 1's Room On 10/20/2023 at 8:32 AM, Surveyor interviewed Resident 1 in his/her room. The room had a heavy urine odor.	M 276		

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M 276	Continued From page 2 On 10/20/2023 at 8:44 AM, Surveyor interviewed Licensee A and Caregiver B who stated Resident 1 was incontinent of urine, made his/her own health care decisions and was seeing a urologist. Caregiver B stated Resident 1 refused to wear an incontinence products since admission and staff did Resident 1's laundry daily or every other day. Licensee A stated Resident 1 had a waterproof mattress pad and bedding was washed frequently. Licensee A stated Resident 1 often refused showers and would change out of incontinence products into underwear. Licensee A stated the odor had decreased since staff were wiping down the mattress cover. Licensee A stated Resident 1 was being seen by a specialist due to not completely emptying bladder when voiding and had a procedure scheduled within the next couple of weeks. On 10/20/2023 at approximately 10:30 AM, Surveyor observed Caregiver B strip Resident 1's bed, open Resident 1's window, and launder the bedding with detergent and vinegar. On 10/20/2023 at 11:02 AM, when Surveyor returned to Resident 1's room the heavy urine odor was still present. Example 2- Toilet Tank At 9:09 AM while touring the home with Licensee A, Surveyor observed the toilet in the bathroom near room 2. The toilet was situated next to the sink. The sink's counter extended over the toilet. The counter over the toilet extended approximately half the depth of the toilet tank and approximately an inch above the toilet tank. The toilet tank's cover was missing. (Photo 1). On 10/20/2023 at 9:09 AM, Surveyor interviewed	M 276		

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M 276	Continued From page 3	M 276		

Licensee A who stated the toilet tank cover did not fit under the counter extension. Licensee A stated s/he would find a way to cover the tank with a thinner material than the original toilet tank cover.

Example 3- Refrigerator Freezer Seal
At 9:22 AM while touring the kitchen with Licensee A, Surveyor observed that the refrigerator's freezer door's seal gasket was dislocated from the upper right right-hand corner of the freezer door. A black sticky substance from the gasket seal had smeared out of the gasket (Photo 2). A bag of bread dough and pizza rolls were stored in the freezer door. The bread dough and pizza rolls were pliable when Surveyor squeezed the bags. The food and ice contained in the main part of the freezer was frozen solid.

On 10/22/2023 at 9:22 AM, Surveyor interviewed Caregiver B and Licensee A. Caregiver B stated the freezer door had not been opened on 10/20/2023. Licensee A stated s/he was not aware of the condition of the seal.

On 10/22/2023 at 11:45 AM, Surveyor discussed concern of the missing toilet tank cover, freezer seal and urine odor with Licensee A. Licensee A stated s/he would fix the freezer seal and adapt the toilet bowl cover to fit under the counter. Licensee A stated hopefully Resident 1's incontinence would be decreased by the procedure and they would continue to work on the urine odor in Resident 1's room.

Cross Reference:
N0298 DHS 88.05(3)(g) Windows And Ventilation

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M 298	Continued From page 4	M 298		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each window used for ventilation was screened. There was no screen on Resident 1's window. Findings include: On 10/20/2023 at 8:32 AM, Surveyor interviewed Resident 1 in his/her room. The room had a heavy urine odor. Surveyor observed there was no screen on Resident 1's window. On 10/20/2023 at 9:10 AM, Surveyor returned Resident 1's room with Licensee A. Licensee A stated Resident 1's window had been without a screen for "awhile" but s/he did not know why the screen was missing. On 10/20/2023 at approximately 10:30 AM, Surveyor observed Caregiver B open Resident 1's window to air out the heavy urine odor from the room. On 10/20/2023 at 11:45 AM, Surveyor discussed concern of Resident 1's missing window screen with Licensee A who stated s/he would get a screen on the window as soon as possible.	M 298		

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M 298	Continued From page 5 Cross Reference: N0276 DHS 88.05(3)(a) Home Environment	M 298		
M 468	88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident record contained information describing potential side effects and adverse reactions caused by each prescription medication for 2 of 2 residents reviewed. Findings include: On 10/20/2023, Surveyor reviewed Resident 1's and Resident 2's records. Example 1- Resident 1 Resident 1 was admitted on 01/16/2022. His/her record contained a medication administration record (MAR) dated 10/16/2023 -11/15/2023. From 10/16/2023 thru 10/20/2023 AM, staff documented administration of the following medications on the MAR: Midodrine HCL 5 MG 1 tablet twice daily Aspirin 81 MG 1 tablet in AM Eliquis 5 MG 1 tablet every 12 hours Finasteride 5 MG 1 tablet in AM Meclizine HCL 25 MG 1 tablet 3 times daily Meclizine HCL 25 MG 1 tablet 3 times daily Metoprolol Succinate 25 MG ER ½ table in AM Multivitamin with minerals 1 tablet in AM	M 468		

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M 468	Continued From page 6	M 468		

Naltrexone HCL 50 MG 1 tablet in AM
Potassium Chloride 20 MERQ ER 1 tablet in AM
Sertraline HCL 50 MG 1 tablet in AM
Atorvastatin Calcium 40 MG 1 tablet at bedtime

Resident 1's record did not contain information regarding potential side effects or adverse reactions for the medications.

Example 2- Resident 2
Resident 2 was admitted 03/19/2022. His/her record contained a medication administration record (MAR) dated 10/16/2023 -11/15/2023.

From 10/16/2023 thru 10/20/2023 AM, staff documented administration of the following medications on the MAR:
Levothyroxine Sodium 75 MCG 1 tablet before breakfast
Azelastine HCL 137 MCG spray/pump 2 sprays in each nostril twice daily
Budesonide 0.5 MG/2 ML Ampul-Neb inhale 2 vials via nebulizer twice daily
Fluticasone Propionate 50 MCG Spray 2 sprays in each nostril in AM
Formoterol Fumarate 20 MCG/2 ML inhale 1 vial via nebulizer twice daily
Lamotrigine 25 MG 3 tablets twice daily
Phenobarbital 64.5 MG 1 tablet twice daily
Olanzapine 2.5 MG 1 tablet at bedtime
Senna-docusate 50 MG 1 tablet at bedtime
Simvastatin 20 MG 1 tablet at bedtime

Resident 2's record did not contain information regarding potential side effects or adverse reactions for the medications.

On 10/20/2023 at 10:25 AM, Surveyor interviewed Licensee A who stated s/he previously kept information regarding side effects

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M 468	Continued From page 7 of medications but there was so much information and the medications changed frequently so it was difficult to manage. Licensee A stated s/he did not have any information regarding potential side effects or adverse reactions of medications for any of the 4 residents residing at the home. On 10/20/2023 at 11:45 AM, Surveyor discussed concern of not keeping information regarding potential side effects and adverse reactions caused by each prescription medication in the resident record. Licensee A stated s/he would obtain the information as soon as possible.	M 468		