STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016535	A. BUILDING: _____ B. WING _____	C 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW CARE FAMILY SERVICES LLC MEQUON I	9945 W WAUWATOSA ROAD MEQUON, WI 53092

(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 06/10/2024 with additional information gathered through 06/11/2024, Surveyors conducted two (2) complaint investigations at New Care Family Services LLC Mequon II. As a result, 2 of 2 complaints were substantiated and 3 deficiencies were identified. 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, the licensing agency may deny, revoke, refuse to renew or suspend a license,	M 114		

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

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M 114	Continued From page 1 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 1 staff member (Caregiver A) reviewed had a background check. Caregiver A 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 06/10/2024 at approximately 10:00 AM, Surveyors reviewed Caregiver A's record. Caregiver A was hired on 10/14/2013. Caregiver A's record did not contain evidence of a BID or DOJ report. Caregiver A did have an IBIS letter dated 09/12/2023. On 06/10/2024 at approximately 10:30 AM, Surveyors interviewed Administrator B to confirm Caregiver A's background check status. Administrator B acknowledged s/he had Caregiver A's BID and DOJ and stated s/he would	M 114		

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M 114	Continued From page 2 locate and send to Surveyors by end of the day, 06/10/2024. On 06/10/2024 at 1:47 PM, Surveyors received an email from Administrator B that stated, "BID was not located yet. ... I will continue to locate the BID." On 06/11/2024 at 10:52 AM, Surveyors received an email from Administrator B that stated, "I did not locate the BID but got it done and in [his/her] file."	M 114		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident to identify the needs and abilities in the areas of activities of daily living and level of supervision required in the home and community. Findings include: On 06/10/2024, Surveyors reviewed Resident 1's	M 408		

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M 408	Continued From page 3	M 408		

record.

Resident 1 was admitted to the facility, 05/25/2023, there was no diagnoses listed in Resident 1's record.

Resident 1's "Service Plan (ISP)" dated 06/05/2023, documented:
Eating, grooming, toileting, housekeeping and general health. Resident 1's ISP did not identify destruction of property, evacuation or community contacts.

On 6/10/2024 at 10:18 AM, Surveyors interviewed Administrator B. Administrator B gave Surveyors an updated ISP updated on 11/06/2023. Surveyor asked Administrator B when s/he became aware of the behaviors. Administrator B stated s/he was in conversations prior to, at time of admission and after admission on a regular basis with Resident 1's care team. Surveyors asked how staff knew about behaviors and s/he stated s/he had staff meetings. Administrator B acknowledged Resident 1 had went through medication changes and his/her behaviors had gotten better. Surveyors asked if there were any other assessment documents staff had access to and Administrator B acknowledged s/he did not have the behaviors documented in writing and that s/he did not have a behavioral plan for Resident 1. Administrator B stated s/he "agreed, nothing on ISP." Administrator B confirmed s/he only had care manager verbal information but "nothing in writing."

On 06/10/2024, at approximately 11:00 AM, Surveyor informed Administrator B of the identified concern. Administrator B stated, s/he was aware of the concern and would ensure behaviors/needs are identified in the ISP in

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M 408	Continued From page 4 writing going forward.	M 408		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were free from physical abuse. Resident 1 was physically abused when s/he was placed in a head lock by Caregiver A. Findings include: The provider is licensed to provide care for up to 4 residents who are emotionally disturbed, mentally ill and/or have a traumatic brain injury. On 05/28/2024 and 05/31/2024, the Department received 2 complaints alleging physical abuse. On 06/10/2024 at approximately 10:15 AM, Surveyors reviewed a police report for the police involvement at the home on 05/26/2024. Information from the report stated, "[Caregiver A] stated that [Resident 1] refused to take [his/her] prescription medicine, which is something [Resident 1] has refused to do in the past. [Caregiver A] said [Resident 1] was late to dinner and did not get a soda with dinner due to his tardiness. [Caregiver A] said [Resident 1] was upset, so [s/he] decided to eat dinner in a different room, away from the other residents. [Caregiver A] stated that [Resident 1] would not	M 572		

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M 572	Continued From page 5	M 572		

calm down from being upset and [Resident 1] "bull-rushed" [him/her]. [Caregiver A] said [s/he] put [Resident 1] in a head lock to get [him/her] to calm down ..."

On 06/10/2024 at approximately 10:30 AM, Surveyors interviewed Administrator B who acknowledged Caregiver A's behavior was "not appropriate." Administrator B reported s/he does not train staff to put hands on the residents. Administrator B confirmed residents have the right to refuse food/meds and staff should walk away and reapproach. Administrator B acknowledged s/he had not seen the police report and Caregiver A did not tell him/her s/he had put a choke hold on Resident 1. Administrator B reported Caregiver A was removed from the schedule since the incident and Administrator B stated there would be additional training for all staff in the near future.

The provider did not ensure residents were free from physical abuse.