| 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 _____ | R-C 07/09/2025 |

| 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 |

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| {M 000} | INITIAL COMMENTS<br><br>On 07/08/2025, Surveyor conducted a standard survey and verification visit for statement of deficiency (SOD) 0NNC12 at New Care Family Services LLC Mequon II. Additional information was gathered through 07/09/2025. As a result of the survey 5 new deficiencies were identified during the survey process, three (3) previous deficiencies had been corrected. One (1) of five (5) deficiencies is a repeat violation.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 3 | {M 000} | | |
| M 328 | 88.05(3)(n)2 CLEAN BEDDING AND LINENS<br><br>Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 3 of 3 resident beds had appropriate bedding and linens.<br><br>Findings Include:<br><br>The provider is licensed to serve up to 4 ambulatory residents in the client groups of emotionally disturbed/mental illness and/or traumatic brain injury.<br><br>On 07/08/2025 at approximately 11:00 AM, Surveyor toured the home and observed the | M 328 | | |

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

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| M 328 | Continued From page 1 | M 328 | | |

following:

Resident 2's bed did not have a plastic protector over the mattress, mattress pad or sheets on the bed. Resident 2 stated s/he got a new mattress about 3 weeks ago and was trying to get sheets. At 11:10 AM, Caregiver D confirmed Resident 2 did get a new mattress and acknowledged Resident 2 was sleeping on the mattress.

Resident 3's bed did not have a plastic protector over the mattress, mattress pad or sheets on the bed. At 11:32 AM, Resident 3 stated s/he would like sheets on his/her bed. Surveyor observed the plastic that is on a new mattress to be torn and have a hole in the center of the plastic. Resident 3 had a blanket rolled on his/her bed. Resident 3 stated s/he did not know what happened to his/her sheets.

Resident 4's bed did not have a plastic protector over the mattress or mattress pad on the bed. Surveyor observed a sheet folded in the corner of the bed.

On 07/08/2025 at approximately 12:00 PM, Caregiver E questioned Resident 3 and told Resident 3 to tell Surveyor what happened to his/her sheets. Resident 3 repeated several times that s/he did not know what had happened to his/her sheets. Resident 3 stated someone took them to wash a couple weeks ago and s/he never got the sheets back. Caregiver E stated they had plastic protectors on all beds after there was an incident with bed bugs in the past. Caregiver E was unsure what had happened to the plastic mattress protectors.

On 07/09/2025 at 10:47 AM, Surveyor interviewed Administrator (ADM) B. ADM B

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| M 328 | Continued From page 2<br>stated s/he was informed that Resident 2, Resident 3 and Resident 4's beds did not have appropriate bedding and linens. ADM B stated s/he will ensure the resident beds have appropriate bedding and linens on them. | M 328 | | |
| M 342 | 88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN<br><br>The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not have a plan for the immediate and safe evacuation of all occupants of the home in the event of a fire.<br><br>Findings include:<br><br>The provider is licensed to serve up to 4 ambulatory residents in the client groups of emotionally disturbed/mental illness and/or traumatic brain injury.<br><br>On 07/08/2025 at approximately 11:00 AM, Surveyor toured the facility and requested the provider's evacuation plan including meeting place. Caregiver E stated s/he did not know where the evacuation plan was and s/he would check with Administrator (ADM) B. Surveyor stated the provider could email the evacuation plan to Surveyor by noon on 07/09/2025.<br><br>On 07/09/2025 at 10:47 AM, Surveyor interviewed ADM B. ADM B stated s/he did not have the evacuation plan; however s/he believed | M 342 | | |

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| M 342 | Continued From page 3<br>it was in the home, but didn't know where it was at. ADM B stated s/he will work on the evacuation plan and ensure s/he hangs it in the home. | M 342 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 3 residents were evaluated annually for evacuation time, using the Department's form.<br><br>Findings include:<br><br>On 07/08/2025 at approximately 10:00 AM, Surveyor requested resident records from Caregiver D. Resident 4 admitted to the home on 02/26/2024. Resident 4's record had the initial evacuation form completed at admission. Surveyor interviewed Caregiver E who stated the annual evacuation form would be in the resident record. Caregiver E could not locate the annual evacuation form.<br><br>On 07/09/2025 at 10:47 AM, Surveyor interviewed Administrator (ADM) B. ADM B stated s/he would ensure Resident 4 was evaluated for evacuation time annually. | M 346 | | |

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| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 3 residents had been screened for communicable diseases within 90 days before and up to 7 days after admission.<br><br>Findings include:<br><br>On 07/08/2025 at approximately 10:00 AM, Surveyor requested resident records from Caregiver D. Resident 4 admitted to the home on 02/26/2024. Resident 4 had a TB test on 02/26/2024, but there was no documentation Resident 4 had been screened for communicable disease. Caregiver E looked through Resident 4's record, but was unable to find documentation Resident 4 had been screened for communicable disease.<br><br>On 07/09/2025 at 10:47 AM, Surveyor interviewed Administrator (ADM) B. ADM B stated s/he would schedule Resident 4 to be screened by his/her doctor for communicable | M 380 | | |

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| M 380 | Continued From page 5<br>disease.<br><br>The provider did not ensure residents were screened for communicable diseases within 90 days before and up to 7 days after admission. | M 380 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a physician order to administer medication was obtained for 1 of 3 residents reviewed. The provider did not have a physician order to administer medication to Resident 4.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) W11311, dated 08/24/2020.<br><br>Findings include:<br><br>On 07/08/2025 at approximately 10:00 AM, Surveyor requested resident records from Caregiver D. Resident 4 admitted to the home | M 464 | | |

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| M 464 | Continued From page 6<br>on 02/26/2024. Resident 4's record did not include a physician order for the provider's staff to administer medications.<br><br>Review of the individual service plan (ISP) for Resident 4 reflected Resident 4 requires staff to administer medications.<br><br>On 07/09/2025 at 10:47 AM, Surveyor interviewed Administrator (ADM) B. ADM B stated s/he would contact Resident 4's physician to get the order for staff to administer medications to Resident 4.<br><br>The provider did not have a physician order to administer medication to Resident 4. | M 464 | | |