STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017522	A. BUILDING: _____ B. WING _____	R-C 07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUTLER HOUSE	12605 W COURTLAND AVE BUTLER, WI 53007

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{N 000}	Initial Comments On 07/10/2023, with information gathered through 07/13/2023, the department conducted a verification visit and complaint investigation at Butler House. Five deficiencies were identified. Two are repeat deficiencies from Statement of Deficiency #0OH711 dated 02/24/2023. The complaint was substantiated. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 367	83.34(2)(a) Resident funds under $200, not commingled Upon written authorization, a CBRF may hold no more than $200 cash for use by the resident. The CBRF may not commingle residents ' funds with the funds or property of the CBRF, the licensee, employees, or relatives of the licensee or employees. This Rule is not met as evidenced by: Based on resident interview, staff interview, interview with representative payee, and record review, the provider did not obtain written authorization to manage Resident 1 and Resident 6's funds. Findings include: On 07/10/2023, the department investigated a concern related to the provider managing resident funds.	N 367		

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

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N 367	Continued From page 1 On 07/10/2023, at 12:15 PM, Surveyor interviewed Administrator A regarding the handling of resident funds for Resident 1 and Resident 6. Administrator A stated s/he does not manage any resident funds. Example 1- Resident 1 On 07/10/2023, at 12:15 PM, Surveyor interviewed Administrator A regarding Resident 1. Administrator A stated [Representative Payee J] who, is the payee for Resident 1, sends a monthly check of $75.00 to the facility for Resident 1's personal spending. The check is made out to the resident. When the check arrives, Resident 1 will endorse the check over to Administrator A. Administrator A will cash the check and give the cash to Resident 1. Surveyor asked Administrator A for a copy of the admission agreement and if that addressed resident funds. Administrator A stated the agreement lists that the facility does not manage resident funds. On 07/11/2023, Surveyor reviewed the admission agreement. "Resident funds and property: The resident has a right to manage his/her personal funds. If a resident or representative does not permit [facility name] to manage resident funds all liability of loss is relinquished of [facility name] and its personnel. [FACILITY NAME] reserves the right to deny managing funds at any time. Resident funds will not be co-mingled, nor will purchases. [FACILITY NAME] will legibly and accurately account for resident funds..." On 07/11/2023, at 1:20 PM, Surveyor interviewed Rep-payee J (for Resident 1). Rep-Payee J stated they do not receive any ledger sheets from [FACILITY NAME] related to Resident 1's finances. Rep-Payee J stated that each month	N 367		

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N 367	Continued From page 2 they send approximately $68.90 to [FACILITY NAME] for Resident 1's cable and a second check for $75.00 for personal spending. Rep-Payee J stated in April 2023 and May 2023 the checks were sent to [FACILITY NAME] and Rep-Payee J then learned Resident 1 did not reside there any longer and requested the checks be returned. As of 07/11/2023, Administrator A did not return the checks sent to them for Resident 1 when Resident 1 no longer lived there. On 07/11/2023 at 12:00 PM, Surveyor asked Administrator A what happened to Resident 1's checks for April and May of 2023 sent to the provider. Administrator A explained that Resident 1 went to the hospital on 02/09/2023 and did not return to the facility. On 04/05/2023, Resident 1 was formally discharged when they learned in March 2023, Resident 1 would not be returning. Surveyor again asked what happened to the checks that were sent to the provider. Administrator A stated the checks were mailed to Rep-Payee J maybe in June 2023 but was not exactly sure when. Surveyor explained that Rep-Payee J had not received the returned checks as of 07/12/2023. Administrator A stated s/he was not sure why. Example 2- Resident 6 On 07/10/2023 at approximately 12:15 PM, Surveyor asked if Administrator A assists with any checks received for resident spending. Administrator A stated yes, the payee for Resident 6 sends a monthly check of $70.00 (approximately) to the facility for their personal spending. The check is made out to the resident and when the check arrives, Resident 6 will endorse the check over to Administrator A. Administrator A will then cash the check and give	N 367		

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N 367	Continued From page 3	N 367		

the cash to Resident 6.

On 07/10/2023, at approximately 12:20 PM, Resident 6 informed Surveyor s/he was upset because s/he did not get the cash from the monthly check and needed cash. Resident 6 stated s/he told Person K, who was just at the house, to tell Administrator A s/he needed money.

On 07/11/2023, Surveyor contacted Case Manager L. Case Manager L is responsible for coordinating Resident 6's care. Case Manager L confirmed Administrator A does assist Resident 6 with personal funds and each month cashes the check and gives Resident 6 money in increments throughout the month so that Resident 6 does not spend it all at one time.

On 7/12/2023, at 4:10 PM, Surveyor interviewed Administrator A. Surveyor asked if Administrator A knew the facility provider agreement stated, [FACILITY NAME] does/can manage resident funds. Administrator A stated they do not manage funds for any residents. Administrator A confirmed they deposit/cash resident checks for resident's personal spending, "but that's not managing funds." Surveyor asked if Administrator A had written authorization from the legal representative to manage funds. Administrator A stated no, but all s/he does cash the checks and give the residents the cash. Surveyor asked about Resident 6's check. Administrator A stated the 07/03/2023 check was just dropped off at his/her home and s/he has not had the chance to give Resident 6 the money.

On 07/12/2023, at 4:20 PM, Surveyor interviewed Administrator A regarding the authorization of managing funds. Administrator A stated that in the past, they used to have authorization and

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N 367	Continued From page 4 ledger sheets to keep track of resident funds but currently they do not keep track of resident funds. Administrator A confirmed they do not have authorization to receive the checks, or cash the checks they receive for residents. Administrator A stated they do not manage funds residents including Resident 1 and Resident 6. Surveyor asked if Administrator A deposits/cashes resident checks for residents to personal spending. Administrator A stated "yes, but that's not managing funds." Surveyor asked if Administrator A had and ledgers for tracking deposits and withdrawals. Administrator A stated years ago, at a different facility, they did have ledgers but do not handle funds at this time. Surveyor asked if they receive checks and cash the checks and give the money to residents. Administrator A stated yes.	N 367		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not store equipment and utensils in a clean manner. Findings include: On 07/10/2023, at approximately 12:15 PM, Surveyor observed the kitchen with Caregiver C.	N 446		

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N 446	Continued From page 5	N 446		

The refrigerator contained numerous dried food crumbs and dried liquid on the shelves. A plastic drawer was broken. Contents of the drawer included meats. The meats were overflowing onto other refrigerated items. (Photo 905, 906 taken at 12:21 PM).

The kitchen was observed to be very dark. Surveyor asked Caregiver C if s/he would turn on the light. Caregiver C turned on the overhead light. The light was very dim. Surveyor asked Caregiver C if the light seemed dim. Caregiver C stated it did and this was reported to Administrator A "while ago." Caregiver C then removed pizza from the oven, set it on the counter top, turned to the area by the sink, began to stir the food in the crock pot. The area by the crock pot was very dark.

A full bag of sugar was stored in a plastic container inside a cabinet. The container was placed sideways on top of a large amount of plastic bags. (Photo 0904 taken at 12:20 PM).

The kitchen cabinets appeared soiled and felt greasy to the touch. A cabinet containing pots and pans was visibly dirty with food and other debris. Observed in a cabinet, was a shelf containing brown colored matter. (Photo 902 taken at 12:20 PM).

The freezer in the basement contained a layer of ice so thick that the freezer door did not close securely. A container of ice cream and what appeared to be frozen pancakes were stored in the freezer. Caregiver C did not know how long the freezer had been like this. (Photo 898 and 899 taken at 12:17 PM).

On 07/11/2023, at approximately 5:17 PM,

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N 446	Continued From page 6 Surveyor informed Administrator A of the concern related to the lack of cleanliness, lighting and food storage. Administrator A did not respond or provide any reason why the kitchen refrigerator and food storage area was not clean.	N 446		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure the living environment was clean and homelike. This is a repeat deficiency see Statement of Deficiency (SOD) # 60DX11 issued 09/12/2022 and SOD # 0OH711 issued 02/24/2023. Findings include: On 07/10/2023, at 11:50 AM, Surveyor observed the front and back lawn of the home contained numerous weeds (Photo 920, 921, 922, 924, 925 taken at 12:46). At 11:50 AM, Surveyor entered the home and observed the dining room. The two dining room table top surfaces were worn and missing varnish. The tables contained scrapes and gouges in the wood. The seam on the table top surface contained a slight gap, with various food	{N 481}		

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{N 481}	Continued From page 7	{N 481}		

particles observed in the gap. Four out of 4 dining room chairs had black stains on the oak wood chair seats. (Photo 873, 874, 875, 876, 879, 878, 879 taken at 12:11 PM).

A closet area off the dining room contained multiple exposed wires, and debris on the floor including mouse droppings. (Photo 887, 890, 891 taken at 12:13 and 12:14 PM).

The wood varnish on the windows in the dining room was water stained and had black marks. (Photo 882 taken at 12:11 PM).

The dining room carpeting was very stained throughout the entire room. (Photo 878, 879 taken at 12:11 PM). A light fixture in the dining room against the menu board did not have a cover over the bulbs.

The hallway leading from the kitchen to the medication room and the medication room itself was very dark. Caregiver C stated the light did not work. Surveyor asked if anyone was notified. Caregiver C stated yes, Administrator A was notified, "a while ago."

The wall from the kitchen to the medication room contained deep dry wall gouges in approximately 4 areas. (Photo 929, 930 taken at 12:51 PM).

Vents in the living room and hallway of the home were very rusty and contained dust. The ceiling in the living room contained a dry wall repair patch approximately 4 feet by 4 feet in diameter that was not painted. (Photo 907 taken at 12:29 PM).

Observed in the back lounge area were couches with cushions that were very stained and sagging.

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{N 481}	Continued From page 8 The floor in Resident 4's room was very sticky and contained a urine-like odor. The heating vent by the floor in the room contained a thick layer of dirt and dust. (Photo 893 taken at 12:14 PM). Resident 5's bed mattress did not contain sheets. The mattress was stained and very saggy. The floor in the room was very cluttered with various cords. The floor in Resident 6's room was very sticky and contained a urine-like odor. Surveyor went into the basement. The light on the stairs leading down to the basement did not work. Surveyor and Caregiver C used a flash light to navigate the steps. The basement lights in the main section of the basement did not work. Caregiver C stated the light did not work. Surveyor asked if anyone was notified. Caregiver C stated yes, Administrator A was notified, "a while ago." On 07/11/2023, at approximately 5:17 PM, Surveyor informed Administrator A of the concern related to the yard maintenance, lack of cleanliness, storage areas and light in the home. Administrator A did not respond or provide any reason why the home was not clean and homelike.	{N 481}		
N 498	83.45(2) Storage areas. Storage. The CBRF shall maintain storage areas in a safe, dry and orderly condition. This Rule is not met as evidenced by:	N 498		

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N 498	Continued From page 9 Based on observation and interview, the provider did not ensure all storage areas were safe and orderly. Findings include: On 07/10/2023, at 12:13 PM, Surveyor observed a storage closet. Caregiver C stated the closet is where clean linen is stored. Multiple boxes were stored on the floor. Bed sheets and pillows had fallen off the shelf onto the boxes and floor. (Photo 890, 891 taken at 12:13 PM). Caregiver C stated that the closet is usually organized and did not know why it was not today. On 07/10/2023, at 12:13 PM, Surveyor observed a storage closet off the main dining area. Mouse droppings were observed on the floor and the closet contained multiple boxes, wires, clothing and plastic bins. (Photo 896, 895, 887 taken at 12:13 PM). Caregiver C stated they really did not enter that storage closet and did not know why it was not organized and had items all over the floor. On 07/12/2023, at 4:20 PM, Surveyor interviewed Administrator A regarding the storage areas. Administrator A stated the third shift staff had cleaned the closets back in 2/2023 and did not know why it was not organized on 07/10/2023.	N 498		
{N 500}	83.45(4) Pest control. Pest control. The CBRF shall implement safe, effective procedures for control and extermination of insects, rodents and vermin. This Rule is not met as evidenced by:	{N 500}		

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{N 500}	Continued From page 10	{N 500}		

Based on observation and staff interview, the provider did not implement a safe and effective procedure for extermination of mice.

This is a repeat deficiency. See Statement of Deficiency (SOD) 0OH711 dated 02/24/2023.

Findings include:

On 07/10/2023, at 11:50 AM, Surveyor requested the pest control contract and service records since the last survey in 02/24/2023. Administrator A stated they did not have any mice in the home and believed Licensee B had the pest control information but they had not had any recent services due to no pest problems. Surveyor requested that the information be provided to the department by 4:30 PM on 07/10/2023.

On 07/10/2023, at 12:13 PM, Surveyor observed a storage closet off the main dining room. A thick accumulation of rodent feces was observed on the floor of the storage closet. (Photo 887 taken at 12:13 PM). Surveyor asked Caregiver C if s/he had observed mice in the home. Caregiver C stated s/he did not.

At 12:20 PM, Surveyor asked Caregiver C if there were any residents Surveyor could interview who were alert and oriented to answer questions. Caregiver C stated Resident 6. Surveyor interviewed Resident 6 who confirmed that "yes, I see mice in the living room of the home all the time."

On 07/11/2023 at 6:40 PM, Surveyor requested that Administrator A provide the pest control contract or program again. Surveyor requested that the contract be provided to the department

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{N 500}	Continued From page 11 by 07/12/2023 at 12:00 PM. On 07/12/2023, Surveyor received an electronic correspondence from Licensee B at 1:01 PM. Licensee B stated "As a pest control program we have 911 pest solutions coming on quarterly basis to monitor and reload stations, inside and outside of house." No documentation of the program, the last visit or service agreement was provided to the department.	{N 500}		