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	0015274	A. BUILDING: _____ B. WING _____	R 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TINYS HOUSE	7054 W HERBERT AVENUE MILWAUKEE, WI 53218

(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 From 06/25/2024 to 06/26/2024, Surveyor conducted a standard survey, verification visit and complaint investigation at Tinys House, an AFH in Milwaukee. Eight deficiencies of DHS Ch. 83 were identified. One deficiency of DHS Ch. 50 was identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 0RSO11, dated 01/02/2019, SOD 0RSO12, dated 06/28/2019, and SOD 0RSO13, dated 01/20/2022. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	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	M 114		

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

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M 114	Continued From page 1	M 114		

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, 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 a criminal records check was completed for all new service providers. Caregiver H did not have a complete background check completed upon hire. 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.

Findings include:

On 06/25/2024 at approximately 9:00 a.m., Surveyor requested employee records from

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M 114	Continued From page 2 General Manager B. On 06/25/2024 at approximately 11:20 a.m., Surveyor reviewed Caregiver H's record, which indicated s/he was hired on 07/20/2023. Caregiver H's record did not include a BID, DOJ, or IBIS. On 06/25/2024 at approximately 12:00 p.m., General Manager B apologized for not providing complete employee records. General Manager B stated the internet was down and s/he was unable to access records, but the internet was going to be restored that afternoon. General Manager B stated s/he would provide Surveyor with records later that afternoon. On 06/25/2024 at approximately 7:00 p.m., Surveyor received follow up records from General Manager B. Records did not include background checks for Caregiver H. On 06/26/2024 at approximately 2:25 p.m., Surveyor contacted General Manager B to inform him/her that s/he had not received Caregiver H's background check. General Manager B replied, "Okay." General Manager B was given until the end of the day to provide additional records. As of 06/28/2024 at approximately 9:00 a.m., Surveyor had not received background checks for Caregiver H.	M 114		
{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	{M 232}		

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{M 232}	Continued From page 3 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 1 of 1 caregiver reviewed had a communicable disease screen, including tuberculosis test, completed within 90 days before the start of providing service. The provider did not have documentation to indicate Caregiver H had a communicable disease screen, including tuberculosis test, completed within 90 days of providing service. This is a repeat deficiency. See Statement of Deficiency (SOD) 0RSO13, dated 01/20/2022. Findings include: On 06/25/2024 at approximately 9:00 a.m., Surveyor requested employee records, including Caregiver H's communicable disease screen with a tuberculosis test, from General Manager B. On 06/25/2024 at approximately 11:20 a.m., Surveyor reviewed Caregiver H's record, which indicated s/he was hired on 07/20/2023. Caregiver H's record did not include a communicable disease screen, including tuberculosis test. On 06/25/2024 at approximately 12:00 p.m.,	{M 232}		

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{M 232}	Continued From page 4 General Manager B apologized for not providing complete employee records. General Manager B stated the internet was down and s/he was unable to access records, but the internet was going to be restored that afternoon General Manager B stated s/he would provide Surveyor with records later that afternoon. On 06/25/2024 at approximately 7:00 p.m., Surveyor received follow up records from General Manager B. Records did not include a communicable disease screen or tuberculosis test for Caregiver H. On 06/26/2024 at approximately 2:25 p.m., Surveyor contacted General Manager B to inform him/her that s/he had not received Caregiver H's communicable disease screen. General Manager B replied, "Okay." General Manager B was given until the end of the day to provide additional documentation. As of 06/28/2024 at approximately 9:00 a.m., Surveyor had not received a communicable disease screen for Caregiver H.	{M 232}		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.	M 244		

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M 244	Continued From page 5	M 244		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed had completed at least 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. The provider did not have include documentation indicating Caregiver H had received at least 15 hours of training.

Findings include:

On 06/25/2024 at approximately 9:00 a.m., Surveyor requested employee records from General Manager B.

On 06/25/2024 at approximately 11:20 a.m., Surveyor reviewed Caregiver H's record, which indicated s/he was hired on 07/20/2023. Caregiver H's record did not include trainings.

On 06/25/2024 at approximately 12:00 p.m., General Manager B apologized for not providing complete employee records. General Manager B stated the internet was down and s/he was unable to access records, but the internet was going to be restored that afternoon. General Manager B stated s/he would provide Surveyor with records later that afternoon.

On 06/25/2024 at approximately 7:00 p.m., Surveyor received follow up records from General Manager B. Records did not include documentation of trainings for Caregiver H.

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M 244	Continued From page 6 On 06/26/2024 at approximately 2:25 p.m., Surveyor contacted General Manager B to inform him/her that s/he had not received Caregiver H's trainings. General Manager B replied, "Okay." General Manager B was given until the end of the day to provide follow up records. As of 06/28/2024 at approximately 9:00 a.m., Surveyor had not received documentation of trainings for Caregiver H.	M 244		
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 all windows were screened for ventilation. Resident 4's bedroom window did not have a screen. This is a repeat deficiency. See Statement of Deficiency (SOD) 0RSO11, dated 01/02/2019 and 0RSO12, dated 06/28/2019. Findings include: On 06/25/2024 at approximately 8:40 a.m., Surveyor toured the provider's home. Surveyor observed Resident 4's bedroom window did not have a screen.	M 298		

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M 298	Continued From page 7 On 06/25/2024 at approximately 9:15 a.m., Surveyor interviewed General Manager B. Surveyor toured the provider's home with General Manager B and pointed out that Resident 4's bedroom window did not have a screen. General Manager B looked at the window, confirmed there was no screen and stated s/he would follow up on the concern.	M 298		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the living room had a smoke detector. This is a repeat deficiency. See Statement of Deficiency (SOD) 0RSO11, dated 01/02/2019	M 334		

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M 334	Continued From page 8 Findings include: On 06/25/2024 at approximately 8:40 a.m., Surveyor toured the provider's home and observed the living room did not have a smoke detector. On 06/25/2024 at approximately 9:15 a.m., Surveyor interviewed General Manager B. Surveyor toured the provider's home with General Manager B and pointed out the living room did not have a smoke detector. General Manager B stated maintenance had just been working on renovations over the weekend and must not have re-installed the smoke detector. Surveyor observed the dining room table had not been moved back its original setting, but did not observe tools or any evidence to indicate maintenance was returning.	M 334		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 458		

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M 458	Continued From page 9 did not ensure medication was securely stored for 1 of 1 storage area. The home's medication closet was kept unlocked. Findings include: On 06/25/2024 at approximately 8:40 a.m., Surveyor toured the provider's home. Surveyor observed the provider's medication closet did not have a door handle. Surveyor observed a latch that would allow the closet to be locked by a paddle lock; however, there was not a lock engaged. On 06/25/2024 at approximately 9:00 a.m., Surveyor asked Caregiver B if the closet was usually kept locked. Caregiver B replied, "No. It's like [unlocked]." On 06/25/2024 at approximately 9:30 a.m., Surveyor showed Human Resources Manager A the provider's unlocked medication cabinet. Human Resources Manager A stated s/he was unaware the closet had been kept unlocked.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.	M 466		

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M 466	Continued From page 10	M 466		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure record was kept of all prescription medications administered or omitted for 2 of 2 residents reviewed. Resident 3's and Resident 4's medication administration was not accurately documented.

Findings include:

On 06/25/2024 at approximately 9:00 a.m., Surveyor reviewed resident records. Surveyor identified the following concerns with medication record keeping:

Resident 3:

Resident 3 admitted to the provider's home on 01/16/2021. Resident 3's record indicated the provider's staff managed Resident 3's medications. Resident 3's medication administration record (MAR), dated 06/11/2024 to 06/25/2024, documented the following concerns:

- Aspirin 81 milligrams (mg) (Start Date: 12/06/2018), calcium acetate 667 mg (Start Date: 12/06/2018), docusate sodium 100 mg (Start Date: 12/06/2018), duloxetine hydrochloride (Hcl) 30 mg (Start Date: 12/06/2018), folic acid 1 mg (Start Date: 12/06/2018), furosemide 20 mg (Start Date: 04/11/2019), Incruse Ellipta 62.5 micrograms (mcg)/actuation (Start Date: 12/03/2018), levetiracetam 750 mg (Start Date: 12/06/2018), magnesium chloride 64 mg (Start Date: 12/06/2018), metoprolol succinate 50 mg (Start Date: 12/06/2018), senna-docusate 8.6-5 mg (Start Date: 11/27/2023) and vitamin B-1 100 mg (Start Date: 12/09/2020) were ordered daily at 8:00 a.m. These medications had blank entries

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for 06/14/2024, 06/17/2024, 06/19/2024 - 06/21/2024, 06/24/2024, and 06/25/2024.
- Reguloid 3 gram/5.8 gram powder (Start Date: 11/25/2020) was ordered daily every morning. This medication had blank entries for 06/13/2024 - 06/25/2024.
- Vitamin D2 1250 mcg (Start Date: 12/15/2022) was ordered weekly every Friday. This medication had blank entries for 06/14/2024 and 06/21/2024 blank.
- Magnesium chloride 64 mg (Start Date: 12/06/2018) was ordered daily at 12:00 p.m. This medication had blank entries for 06/14/2024, 06/17/2024 and 06/19/2024 - 06/21/2024.
- Magnesium chloride 64 mg (Start Date: 12/06/2018) was ordered daily at 4:00 p.m. This medication had blank entries for 06/11/2024 - 06/16/2024 and 06/18/2024 - 06/20/2024.
- Calcium acetate 667 mg (Start Date: 12/06/2018) was ordered daily at 5:00 p.m. This medication had blank entries for 06/11/2024 - 06/20/2024.
- Atorvastatin calcium 20 mg (Start Date: 12/06/2018), Docusate Sodium 100 mg (Start Date: 12/06/2018), levetiracetam 750 mg (Start Date: 12/06/2018), Melatonin 5 mg (Start Date: 01/30/2020) and tamsulosin Hcl .4 mg (Start Date: 12/06/2018) were ordered daily at 8:00 p.m. These medications had blank entries for 06/11/2024 -06/16/2024 and 06/19/2024 - 06/20/2024.

Resident 4:

Resident 4 admitted to the provider's home on 01/09/2023. Resident 4's record indicated the provider's staff managed Resident 4's medications. Resident 4's MAR, dated 06/11/2024 to 06/25/2024, documented the following concerns:

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M 466	Continued From page 12 - Chlorthalidone 25 mg (State Date: 02/01/2023), escitalopram oxalate 10 mg (State Date: 02/01/2023), levothyroxine sodium 88 mcg (State Date: 05/03/2024), losartan potassium 100 mg (State Date: 03/22/2023), metformin Hcl extended release (Er) 750 mg (State Date: 02/01/2023), nystatin 100,000 unit/gram powder (State Date: 02/01/2023) and polyethylene glycol 17 gram/dose powder (State Date: 02/01/2023) were ordered daily at 8:00 a.m. These medications had blank entries for 06/14/2024, 06/17/2024 and 06/19/2024 -06/21/2024. - Terbinafine Hcl 250 mg (State Date: 02/01/2023) was ordered daily on Sundays. This medication had blank entries on 06/16/2024 and 06/23/2024. - Trulicity .75 mg/.5ml (State Date: 02/05/2024) was ordered weekly on Wednesdays. This medication had blank entries on 06/12/2024 and 06/19/2024. - Metformin Hcl Er 750 mg (State Date: 02/01/2023) was ordered daily at 4:00 p.m. This medication had blank entries on 06/11/2024 - 06/16/2024 and 06/19/2024 - 06/20/2024. - Rosuvastatin calcium 10 mg (Start Date: 02/01/2023) was ordered daily at 9:00 p.m. This medication had blank entries on 06/11/2024 - 06/16/2024 and 06/19/2024 - 06/20/2024. On 06/25/2024 at approximately 9:15 a.m., Surveyor interviewed General Manager B. Surveyor reviewed the provider's MARs with General Manager B and pointed out the blank entries. General Manager B acknowledged the blank entries were a concern and stated the provider was switching to electronic charting in hopes of improving documentation.	M 466		

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M 570	Continued From page 13	M 570		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards in 1 of 1 bathroom. The provider's water temperature measured 140.5° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency (SOD) 0RSO11, dated 01/02/2019 and 0RSO12, dated 06/28/2019. Findings include: The provider is licensed to serve clients with diagnoses of developmentally disabled, physically disabled, advanced age, terminally ill, traumatic brain injury, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. On 06/25/2024 at approximately 8:40 a.m., Surveyor toured the provider's home and tested the water temperature in the main floor bathroom, used by 2 of 2 residents. The water temperature reached 140.5° F.	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015274	A. BUILDING: _____ B. WING _____	R 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TINYS HOUSE	7054 W HERBERT AVENUE MILWAUKEE, WI 53218

(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 570	Continued From page 14 "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). On 06/25/2024 at approximately 9:15 a.m., Surveyor shared concern regarding the home's water temperature with General Manager B. Surveyor asked if the provider had a thermometer in the home. General Manager B replied, "No. Maintenance checks that routinely. I'll have [him/her] turn [the water] down."	M 570		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.	Z 019		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015274	A. BUILDING: _____ B. WING _____	R 06/26/2024

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Z 019	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed every 4 years for 1 of 1 caregiver that worked for the employer greater than 4 years. The provider had not completed a background check for Caregiver I since 2018. - 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. Findings include: On 06/25/2024 at approximately 9:00 a.m., Surveyor requested employee records from General Manager B. On 06/25/2024 at approximately 11:20 a.m., Surveyor reviewed Caregiver I's record, which indicated s/he was hired on 04/11/2016. Caregiver I's record included the following: - BID, dated 02/06/2018. - DOJ, dated 03/26/2018. - IBIS, dated 03/26/2018. On 06/25/2024 at approximately 12:00 p.m., Surveyor interviewed General Manager B. Surveyor asked General Manager B if the provider had completed a background check for Caregiver I within the past 4 years. General Manager B stated s/eh did not have a more recent background check to share.	Z 019		