STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019325	A. BUILDING: _____ B. WING _____	C 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN HOME	19700 W CLEVELAND AVE NEW BERLIN, WI 53146

(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
N 000	Initial Comments On 05/13/2024 with information gathered through 05/22/2024, Surveyor conducted a complaint investigation and attempted to conduct a verification visit for statement of deficiency #FSTF11, dated 02/22/2024 at Victorian Home. Two deficiencies were identified. The complaint was substantiated. Census: 0	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interviews the licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. The licensee did not ensure compliance with DHS 83 was achieved and maintained. The licensee did not comply with the Department's repeated requests to conduct complaint investigation and verification visit due for statement of deficiency (SOD) FSTF11, dated 02/22/2024. The licensee did not ensure financial stability was maintained evidenced by electricity being shut off and staff not being paid for work. Findings include: Example 1: Compliance with DHS 83	N 196		

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

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N 196	Continued From page 1 The facility is a 8-bed CBRF that serves individuals in the following client groups: emotionally disturbed, traumatic brain injury, developmentally disabled, terminally ill, physically disabled, advanced age, and irreversible dementia/Alzheimer's. On 06/09/2023, the provider was issued a probationary license with an expiration date of 05/31/2024. On 02/22/2024, Surveyor conducted a probationary licensing survey at the facility. On 03/13/2024, SOD FSTF11 and Notice and Order letter was sent via email to Licensee A. The following deficiencies were identified: 83.20(2)(a)-(d) Department Approved Training Courses 83.42(1) Resident Record Maintained 83.43(1) Environment Safe, Clean, And Comfortable 83.46(3) Public Water Supply Or Well Water Test 83.47(3) Fire Inspection 83.48(8)(b) Sprinkler System Installation And Maintenance 83.54(4)(a) Bath And Toilet Areas: Privacy The Notice and Order letter included the following: Order to Comply with Requirements "1. Pursuant to Wis. Stat. § 50.03(5g) (b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety, and welfare of the residents.	N 196		

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N 196	Continued From page 2 AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request. Special Orders: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Victorian Home: PROBATIONARY LICENSE: 1.Based on the results of the Department's investigation, and pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., the licensee shall correct all violations identified in Statement of Deficiency (SOD) FSTF11 and will achieve substantial compliance with all laws and administrative rules governing the facility and its operation prior to expiration of the facility's Probationary License. IF the licensee has not achieved substantial compliance with all laws and administrative rules governing the facility and its operation AND IF the violations identified in SOD FSTF11 remain substantially uncorrected, the PROBATIONARY LICENSE for Victorian Home may be INVALID and the Department may NOT ISSUE A REGULAR LICENSE for Victorian Home, 19700 W. Cleveland Avenue, New Berlin, WI 53146. This NOTICE is provided in accordance with: - Wis. Stat. § 50.03(4m)(b), whereby, if the applicant for licensure as a community-based residential facility has not been previously	N 196		

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N 196	Continued From page 3 licensed under this subchapter or if the community-based residential facility is not in operation at the time application is made, the department shall issue a probationary license. Prior to the expiration of a probationary license, the department shall evaluate the community-based residential facility. In evaluating the community-based residential facility, the department may conduct an inspection of the community-based residential facility. If, after the department evaluates the community-based residential facility, the department finds that the community-based residential facility meets the applicable requirements for licensure, the department shall issue a regular license under sub. (4)(a)1.b. If the department finds that the community-based residential facility does not meet the requirements for licensure, the department may not issue a regular license under sub. (4)(a)1.b. - Wis. Admin. Code § DHS 83.08(2), whereby the Department shall deny a probationary license or regular license to any applicant who does not substantially comply with any provision of Wis. Admin. Code ch. DHS 83 or Wis. Stat. ch. 50." Example 2: Attempts to complete surveys On 05/13/2024 at 9:30 AM, Surveyor arrived at facility for a verification visit. Surveyor knocked on the door and waited for 10 minutes for someone to answer the door. At 9:40 AM, Surveyor called Licensee A and reported a verification visit to statement of deficiency (SOD) #FSTF11 was trying to be conducted at the facility and no staff were answering the door. Licensee A stated on 05/10/2024 MCO C removed all residents from the facility and no staff were scheduled to work without residents. Surveyor asked why all residents were removed from the facility.	N 196		

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N 196	Continued From page 4 Licensee A stated "you would have to ask [MCO C]." Surveyor asked if there were any health and safety risks that would warrant MCO C to remove all residents on an emergency basis. Licensee A did not respond. On 05/13/2024 at 9:47 AM, Surveyor called Licensee A and stated Licensee A or another designated staff would need to come to the facility as soon as possible to conduct verification visit. Licensee A stated s/he would call the Surveyor back within 10 minutes with a plan to complete survey. Between 9:47 AM and 10:29 AM, Licensee A made no attempts to call the Surveyor with a plan to complete survey. On 05/13/2024 at 10:30 AM, Surveyor called Licensee A and left a voicemail noting a call back was never received from him/her, and s/he was still waiting in the area to complete required verification visit. On 05/13/2024, Surveyor waited in the city of New Berlin, Wisconsin until 1:00 PM, in attempt to conduct required verification visit as the provider's probationary license was set to expire 05/31/2024. On 05/13/2024, the Department received a complaint alleging concerns staff were not being paid and the facility's electric was shut off. Between 05/14/2024-05/21/2024, Licensee A made no attempts to contact the Department regarding conducting verification visit for SOD #FSTF11. On 05/21/2024 at 2:35 PM, Surveyor sent the	N 196		

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N 196	Continued From page 5	N 196		

following email to Licensee A:
"Hi [Licensee A],
We received a complaint alleging concerns with staff not getting paid and the electricity being shut off at the facility effective 5/13/24. I need the following documents from you within 24 hours (2:30 PM on 5/22/24) or violations will be issued and the Department will not grant a regular license. Also, I attempted to conduct a verification visit at the home on 5/13/24 and I never received a call back to conduct the survey. Those 7 violations are still outstanding and will also play into consideration when additional enforcement action is taken.
-Facesheets for all residents at time of discharge
-Staff roster as of 5/10/2024
-WE Energies utility bill noting unpaid balance was paid."

As of 05/28/2024, no documentation or correspondence was provided by Licensee A regarding conducting complaint investigation and verification visit.

Example 3: Financial instability

On 05/22/2024 at 8:32 AM, Surveyor interviewed MCO Supervisor B. MCO Supervisor B stated on 05/10/2024 resident care teams were getting calls from facility with reports staff were not going to report for 2nd shift due to Licensee A not paying staff. MCO Supervisor B stated staff reported they had not been paid for this most recent pay period and had issues in the past with money missing from checks. MCO Supervisor B stated care teams made visits with members that morning and found reports of staff unpaid and plan for staff to walkout were truthful. MCO Supervisor B while on site, staff showed a notice posted by the utility company noting the facility's

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N 196	Continued From page 6 electricity would be shut off effective 05/13/2024. MCO Supervisor B stated a staff member from MCO C's quality department also made a visit to the facility on 05/10/2024. MCO Supervisor B stated s/he talked to Licensee A on 05/10/2024 after getting the above reports. MCO Supervisor B reported: Licensee A confirmed staff had not been paid and utility shut off. Licensee A reported both concerns were due to banking error and was trying to fix error. Licensee A educated on risk to health and safety posed by these indicators of financial instability and operational errors in finance. Licensee A was given 2 hour period to provide evidence of pending payroll deposits and utility payment forthwith. Licensee A never submitted evidence and all members of the facility were relocated on 05/10/2024. Cross Reference: Y3098 DHS 50.07 Prohibited Acts	N 196		
Y3098	50.07 PROHIBITED ACTS 50.07 Prohibited acts. (1) No person may: (a) Intentionally fail to correct or interfere with the correction of a class A or class B violation within the time specified on the notice of violation or approved plan of correction under s. 50.04 as the maximum period given for correction, unless an extension is granted and the corrections are made before expiration of extension. (b) Intentionally prevent, interfere	Y3098		

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Y3098	Continued From page 7 with, or attempt to impede in any way the work of any duly authorized representative of the department in the investigation and enforcement of any provision of this subchapter. (c) Intentionally prevent or attempt to prevent any such representative from examining any relevant books or records in the conduct of official duties under this subchapter. (d) Intentionally prevent or interfere with any such representative in the preserving of evidence of any violation of any of the provisions of this subchapter or the rules promulgated under this subchapter. (e) Intentionally retaliate or discriminate against any resident or employe for contacting or providing information to any state official, or for initiating, participating in, or testifying in an action for any remedy authorized under this subchapter. (f) Intentionally destroy, change or otherwise modify an inspector?s original report. (2) Violators of this section may be imprisoned up to 6 months or fined not more than $1,000 or both for each violation. This Rule is not met as evidenced by:	Y3098		

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Y3098	Continued From page 8 Based on observations, record review, and interview, Licensee A intentionally interfered with and/or impeded an investigation by the Department of an alleged violation or enforcement by the Department. Findings include: On 05/13/2024 at 9:30 AM, Surveyor arrived at facility for a verification visit. Surveyor knocked on the door and waited for 10 minutes for someone to answer the door. At 9:40 AM, Surveyor called Licensee A and reported a verification visit to statement of deficiency (SOD) #FSTF11 was trying to be conducted at the facility and no staff were answering the door. Licensee A stated on 05/10/2024 MCO C removed all residents from the facility and no staff were scheduled to work without residents. Surveyor asked why all residents were removed from the facility. Licensee A stated "you would have to ask [MCO C]." Surveyor asked if there were any health and safety risks that would warrant MCO C to remove all residents on an emergency basis. Licensee A did not respond. On 05/13/2024 at 9:43 AM, Surveyor staffed situation with Regional Director D. On 05/13/2024 at 9:47 AM, Surveyor called Licensee A and stated Licensee A or another designated staff would need to come to the facility as soon as possible to conduct verification visit. Licensee A stated s/he would call the Surveyor back within 10 minutes with a plan to complete survey. Between 9:47 AM and 10:29 AM, Licensee A made no attempts to call the Surveyor with a plan to complete survey.	Y3098		

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Y3098	Continued From page 9 On 05/13/2024 at 10:30 AM, Surveyor called Licensee A and left a voicemail noting a call back was never received from him/her, and s/he was still waiting in the area to complete required verification visit. On 05/13/2024, Surveyor waited in city of New Berlin, Wisconsin until 1:00 PM, in attempt to conduct required verification visit as the provider's probationary license was set to expire 05/31/2024. On 05/13/2024, the Department received a complaint alleging concerns staff were not being paid and the facility's electric was shut off. Between 05/14/2024-05/21/2024, Licensee A made no attempts to contact the Department regarding completing verification visit for SOD #FSTF11 On 05/21/2024 at 2:35 PM, Surveyor sent the following email to Licensee A: "Hi [Licensee A], We received a complaint alleging concerns with staff not getting paid and the electricity being shut off at the facility effective 5/13/24. I need the following documents from you within 24 hours (2:30 PM on 5/22/24) or violations will be issued and the Department will not grant a regular license. Also, I attempted to conduct a verification visit at the home on 5/13/24 and I never received a call back to conduct the survey. Those 7 violations are still outstanding and will also play into consideration when additional enforcement action is taken. -Facesheets for all residents at time of discharge -Staff roster as of 5/10/2024 -WE Energies utility bill noting unpaid balance	Y3098		

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Y3098	Continued From page 10	Y3098		

was paid."

On 05/22/2024 at 8:32 AM, Surveyor interviewed MCO Supervisor B. MCO Supervisor B stated on 05/10/2024 a resident care team received an anonymous call from a staff member who reported staff were not going to report for 2nd shift or any shifts thereafter due to Licensee A not paying staff. MCO Supervisor B stated staff reported they had not been paid for this most recent pay period and had issues in the past with money missing from checks. MCO Supervisor B stated care teams made visits with members that morning and found reports of staff unpaid and plan for staff to walkout were truthful. MCO Supervisor B noted while MCO C staff were onsite, staff showed a notice posted by the utility company noting the facility's electricity would be shut off effective 05/13/2024. MCO Supervisor B stated a staff member from MCO C's quality department also made a visit to the facility on 05/10/2024. MCO Supervisor B stated s/he talked to Licensee A on 05/10/2024 after getting the above reports. MCO Supervisor B reported:

Licensee A confirmed staff had not been paid and utility shut off. Licensee A reported both concerns were due to banking error and s/he was trying to fix error. Licensee A educated on risk to health and safety posed by these indicators of financial instability and operational errors in finance. Licensee A was given 2 hour period to provide evidence of pending payroll deposits and utility payment forthwith. Licensee A never submitted evidence and all members of the facility were relocated on 05/10/2024.

As of 05/28/2024, no documentation or correspondence was provided by Licensee A regarding completion of complaint investigation

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Y3098	Continued From page 11 and verification visit. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws	Y3098		