STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015921	A. BUILDING: _____ B. WING _____	R-C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALCARE ADULT FAMILY HOME	**3912 N 67TH ST MILWAUKEE, WI 53216**

(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 01/28/2025, with information gathered through 01/29/2025, Surveyors conducted a standard survey, verification visit for SOD 2M6I11, dated 10/25/2021 and a complaint investigation at Walcare Adult Family Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Nine deficiencies were identified. Two of the 9 violations are repeat violations. See Statement of Deficiency (SOD) 2M6I11, dated 10/25/2021. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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 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:	{M 232}		

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

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{M 232}	Continued From page 1 Based on record review and interview, the provider did not ensure 1 of 2 service providers (Caregiver A) was screened for illness detrimental to residents. Caregiver A's employee record did not contain documentation of being screened for illness detrimental to residents. This is a repeat deficiency. See Statement of Deficiency 2M6I11, dated 10/25/2021. Findings include: On 01/28/2025, Surveyor reviewed Caregiver A's record and identified the following: -Caregiver A was hired on 06/08/2024. Caregiver A's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 01/29/2025 at approximately 12:32 PM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver A's employee record did not contain documentation of being screened for illness detrimental to residents . Administrator D stated s/he was not aware of this requirement. Administrator D stated moving forward s/he will ensure staff are screened for illness detrimental to residents.	{M 232}		
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	M 298		

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M 298	Continued From page 2 during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 occupied resident bedrooms had at least one window which was capable of being opened and ventilated to the outside, which affected 2 of 2 residents (Resident 4 and Resident 6) residing in the home. Findings include: On 01/28/2025 at approximately 12:24 PM, Surveyor toured the provider's home. Surveyor observed the following: -Resident 4 bedroom windows (2 of 2) were covered with clear plastic and could not be opened from the inside. -Resident 6 bedroom windows (2 of 2) were covered with clear plastic and could not be opened from the inside. On 01/28/2025 at approximately 1:00 PM, Surveyor interviewed Licensee C regarding bedroom windows. Licensee C confirmed Resident 4's and Resident 6's windows were not capable of being opened from the inside. Licensee C stated s/he put the plastic on the windows due to a complaint from residents regarding bedrooms being to cold. Licensee C stated s/he were not aware of this requirement.	M 298		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home	M 380		

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M 380	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 4, Resident 5, and Resident 6) reviewed received a health exam, within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 01/28/2025, Surveyor reviewed Resident 4's, Resident 5's, and Resident 6's record. The following was identified: -Resident 4 was admitted to the provider's home on 10/15/2024. Resident 4's record did not include evidence of a health exam completed within 90 days prior to admission or within 7 days after admission to the home. -Resident 5 was admitted to the provider's home on 07/05/2022. Resident 5's record did not include evidence of a health exam completed within 90 days prior to admission or within 7 days after admission to the home. -Resident 6 was admitted to the provider's home on 10/23/2024 . Resident 6's record did not	M 380		

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M 380	Continued From page 4 include evidence of a health exam completed within 90 days prior to admission or within 7 days after admission to the home. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 4, Resident 5, and Resident 6 did not have a health exam completed within 90 days prior to admission or within 7 days after admission. Administrator D stated s/he was not aware of this requirement. Administrator D stated moving forward s/he will ensure residents receives a health exam, within 90 days prior to admission to the home or within 7 days after admission.	M 380		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of the services in the individual service plan (ISP) the licensee would provide to meet the assessed needs of 1 of 3 residents (Resident 4). Resident 4 had a history of ambulatory problems. Resident 4's ISP did not address Resident 4 utilization of a walker to ambulate. Findings include:	M 412		

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M 412	Continued From page 5 On 01/28/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 10/15/2024 with diagnoses including, type 2 diabetes with complication, hypocalcemia, hypernatremia, hyperglycemia, hyperlipidemia, hypoparathyroidism, obesity, tachycardia, essential (primary hypertension), right knee, ankle and foot pain, weakness, right foot drop, and Fahr's syndrome/idiopathic basal ganglion calcification. -Resident 4 was his/her own person. -Resident 4's ISP was dated 12/02/2024. Resident 4's ISP stated the following: "A description of services the licensee will provide to meet assessed needs: Walcare Adult Family Homes, is a 24-hour managed facility. The staff provides assistance with preparing meals and meal planning with members. Walcare staff provides assistance with personal cares, teaching of personal cares, administering and managing medications and documentation." Resident 4's ISP did not describe the type of assistance needed with personal cares, how they were to teach personal cares. Resident 4's ISP did not describe Resident 4's mobility needs or how staff were to assist Resident 4 with evacuation. -Resident 4's resident evacuation assessment dated 10/15/2024, completed by Licensee C, stated the following: "[Resident 4] may need assistance if there is pain in his/her legs. [Resident 4] may need 1 staff assist if pain in his/her legs." -Resident 4's pre-assessment dated 08/20/2024, stated the following: Services required for [Resident 4] "Home/Safety Monitoring and Meal Preparation. Existing medical conditions for	M 412		

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M 412	Continued From page 6 [Resident 4] "Ambulatory Problems Diabetes and Other Eye Disorders & Diseases." On 01/28/2025 at approximately 1:17 PM, Surveyor interviewed Resident 4. Resident 4 stated s/he was admitted to the facility with a walker. Resident 4 stated s/he uses his/her walker in the facility when her knee is in pain. Resident 4 stated s/he takes his/her walker to her appointments. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D reported s/he was responsible for the creation of ISPs. Administrator D confirmed Resident 4's ISP did not reflect the above information. Administrator D stated Resident 4 uses his/her walker in facility when his/her legs are in pain. Administrator D stated Resident 4 takes his/her walker to appointments due to long distance walking. Administrator D stated moving forward s/he would ensure Resident 4's ISP addresses his/her ambulatory problems and utilization of a walker.	M 412		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 5) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated	M 420		

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M 420	Continued From page 7 and signed by all persons involved with developing the plan. Resident 5's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 01/28/2025, Surveyor reviewed Resident 5's record and identified the following: -Resident 5 was admitted to the provider's home on 07/05/2022. -Resident 5 was enrolled in a managed care organization. -Resident 5 had a legal guardian. -Resident 5's ISP dated 08/16/2024, was not signed by his/her legal guardian. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 5's ISP needed to be signed by his/her legal guardian. Administrator D stated moving forward s/he will ensure all ISPs were signed by all parties.	M 420		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 5) record contained all medical visits and reports. Resident 5 received psychotherapy clinic services and there were no reports included in his/her record.	M 446		

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M 446	Continued From page 8 Findings include: On 01/28/2025, Surveyor reviewed Resident 5's record and identified the following: -Resident 5 was admitted to the provider's home on 07/05/2022. -Resident 5 had a legal guardian. -Resident 5's Behavior Support Plan, dated 06/12/2023, stated the following:"[Resident 5] is enrolled with CCS (comprehensive community services) for youth to address mental health needs including psychotherapy and peer support services." - Resident 5's record did not include a record of psychotherapy clinic visits and reports. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 5's record did not include a record of psychotherapy clinic visits and reports. Administrator D stated Resident 5's guardian takes him/her to his/her appointments and never bring back an after-visit summary.	M 446		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 5) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 5 in 2023 and 2024.	M 456		

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M 456	Continued From page 9 Findings include: On 01/28/2025, Surveyor reviewed Resident 5's record and identified the following: -Resident 5 was admitted to the provider's home on 07/05/2022. Resident 5's record did not contain an annual health exam for Resident 5 in 2023 and 2024. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D confirmed Resident 5 did not have an annual health examination by a physician in 2023 and 2024. Administrator D stated s/he was not aware of this requirement. Administrator D stated moving forward s/he will ensure residents has an annual health exam by a physician. Cross Reference 0380 DHS 88.06(2)(a) - Admission-Health Exam	M 456		
{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.	{M 458}		

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{M 458}	Continued From page 10 This Rule is not met as evidenced by: Based on record review, observation, and interviews the provider did not ensure prescription medications were securely stored for 1 of 1 resident (Resident 4). Resident 4's insulin was in the refrigerator next to the medication storage file cabinet, and it was not locked. This is a repeat deficiency. See Statement of Deficiency 2M6I11, dated 10/25/2021. Findings include: On 01/28/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 10/15/2024 with a diagnosis of type 2 diabetes with complication. Resident 4 has physician orders for Semglee (insulin glargine-yfgn) 100 unit pen to inject 30 units subcutaneously once a day prime 2 units before each use and Trulicity pen to inject 3 milligram (MG) subcutaneously one time weekly on Saturday. On 01/28/2025 at approximately 12:10 PM, Surveyor observed Resident 4's insulin (10 insulin glargine-yfgn pens and 4 Trulicity single-dose pens) in the refrigerator next to the medication storage file cabinet in living room area. Surveyor observed three residents who were ambulatory and were able to move freely throughout the home. On 01/28/2025 at approximately 12:10 PM, Surveyor interviewed Caregiver H. Caregiver H confirmed the insulin pens were to be securely stored. Caregiver H stated s/he did not put insulin	{M 458}		

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{M 458}	Continued From page 11 pens in the lock box after using the last in use insulin pen this morning. On 01/28/2025 at approximately 2:00 PM, Surveyor interviewed Administrator D. Administrator D confirmed the insulin pens were to be securely stored. Administrator D stated the insulin pens should have been locked. Administrator D stated s/he did not know why the insulin pens were not securely stored.	{M 458}		
M 512	88.09(1)(e) RESIDENT'S RECORD RETENTION The licensee shall retain a resident's record for at least 7 years after the resident's discharge. The record shall be kept in a secure, dry place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not retain 1 of 1 resident (Resident 7's) record for at least 7 years after the resident's discharge. Findings include: On 01/28/2025 at approximately 4:06 PM, Surveyor requested Resident 7's record from Administrator D. Administrator D stated Resident 7 was admitted to the provider's home on 01/31/2023 and discharged on 10/24/2024. Administrator D stated s/he could not locate Resident 7's record. Administrator D stated s/he would try to locate Resident 7's record and send it via email 01/29/2025 by 11:00 AM. On 01/29/2025 at approximately 8:39 AM, Surveyor interviewed Administrator D, Administrator D stated the following:	M 512		

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M 512	Continued From page 12 "Unfortunately I did not find [Resident 7's] file. I did send [Surveyor] a after visit summary for [Resident 7]. I do believe [Resident 7's] file was inadvertently discarded during the end of year transfer of records."	M 512		