STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010077	A. BUILDING: _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
99TH ST HOUSE	9921 W DAKOTA ST WEST ALLIS, WI 53227

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M 000	INITIAL COMMENTS On 01/27/2026, Surveyor completed a standard survey at 99th Street House West Allis, WI. As a result, 4 deficiencies were identified. Census: 3	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained, and homelike environment for 3 of 3 residents who resided in the facility. The bathroom, bedroom, and kitchen were in need of cleaning and maintenance. Findings include: On 01/15/2026, at approximately 9:35 AM, Surveyor toured the facility, accompanied by Manager B, and observed the following: Bathroom -The wall on the side of toilet had surface damage consistent with water damage. The paint on the wall was raised, cracked and bubbled. Resident 1's bedroom	M 276		

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

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M 276	Continued From page 1 - Strong odor of urine in room that travels throughout the home. - The wood floor in the closet contained a white/grayish stain over the entire floor. The stain was also present underneath the foot of Resident 1's bed. -The wall vents in Resident 1's room were bent and contained a brown like surface similar to rust. - The entire dresser had missing handles and drawers that would not close. Kitchen -The hood vent over the stove was full of thick dark brown matter similar to grease and dust. On 01/27/2026, at 9:30 AM, Surveyor interviewed Licensee A regarding the condition of the home. Licensee A reported s/he was aware of Resident 1's bedroom and closet floor. Licensee A reported Resident 1 often urinated on the floor of the room and in the drawers of the dresser. Licensee A reported some interventions were tried such as putting a bedside commode in the room and having 3rd shift staff assist Resident 1 to the bathroom every few hours. Licensee A reported Resident 1 sometimes urinated in the wall vent of his/her room. Licensee A reported Resident 1's behaviors had been occurring off and on for a long time. Licensee a reported s/he would have all the items fixed in the home.	M 276		
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 receives a health examination by a physician to identify health problems and is screened for communicable	M 380		

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M 380	Continued From page 2 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 each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), 90 days prior to admission or within 7 days after admission, for 2 of 2 residents. Resident 1 and Resident 2 were not screened for communicable disease. Findings include: On 01/20/2026, at approximately 8:30AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 04/09/2010, with diagnoses including organic personality disorder, moderate mental retardation, and history of head trauma. Resident 1's record did not contain evidence of Resident 1 having been screened for communicable disease. -Resident 2 was admitted to the facility on 07/23/2004, with diagnoses including moderate mental retardation, expressive language disorder, disruptive behavior disorder, esotropia, and subsequent heart murmur. Resident 2's did not contain evidence of Resident 2 having been screened for communicable disease.	M 380		

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M 380	Continued From page 3 On 01/27/2026, at 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the departments requirement to have residents screened for communicable diseases along with a TB screen. Licensee A reported his/her residents had been at the facility for a long time and s/he thought the documents were in the resident records, however s/he could not find the communicable disease documentation. Licensee A reported s/he would contact Resident 1's and Resident 2's primary care physician to obtain the communicable disease screening.	M 380		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents' (Resident 1's) individual service plans (ISPs) contained all required information. Resident 1's ISP did not identify Resident 1's behaviors or interventions required to manage behaviors. Resident 1's behavior support plan (BSP) did not contain signatures from all parties involved. Findings include: On 01/20/2026, at approximately 8:30AM, Surveyor reviewed resident records and identified the following:	M 410		

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M 410	Continued From page 4 Resident 1 was admitted to the facility on 04/09/2010, with diagnoses including organic personality disorder, moderate mental retardation, and history of head trauma. Resident 1 had a legal guardian and a managed care organization. Resident 1's ISP, dated 08/20/2025, reported the following: "Aggressive/Combative - Resident 1 has a history of aggressive outburst. Aggressive behaviors include; spitting, hitting, kicking, pulling hair, scratching. Aggressive behaviors may follow refusal to participate or follow staff direction. Aggression escalates quickly, beginning with swearing and spitting. Aggression is generally targeted at staff rather than peers. Aggression is often an attention seeking behavior." "Goals - Continue to practice good self-control techniques." "Toileting- Toilets independently. Occasional night time urinary incontinence, bedwetting. Occasional behavioral incontinence to manipulate or punish staff, gain attention" "Goals- Decrease incontinence" Resident 1's behavior support plan (BSP), dated 08/20/2025, indicated: " Ways to help reduce Triggers: 1. Do not repeat request or directives 2. Allow Resident 1 time to calm him/her self(alone in his/her room if possible 3. Ask again after some time has passed 4. Keep your voice positive 5. Control the expression of anger or frustration in your verbal tone or body language"	M 410		

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M 410	Continued From page 5 "Best Intervention: a. Praise Resident 1 when s/he does not urinate inappropriately b. When s/he urinates inappropriately, ask him/her why s/he did this and remind him/her that adults urinate in the toilet c. Ask him/her to help clean up the urine, clothing and bedding etc." The BSP identified de-escalation responses, positive interventions and positive reinforcements. Resident 1's ISP did not include interventions for staff to assist with Resident 1's behaviors. Resident 1's BSP was not signed by Resident 1's guardian or MCO. On 01/27/2026, at 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported difficulty with obtaining signatures from Resident 1's guardian. Licensee A reported facility staff utilized the BSP as an intervention to better support Resident 1's behaviors. Licensee A reported s/he was aware of the department code to obtain signatures from all parties and indicated s/he would come up with a plan to include signatures from all parties and interventions on Resident 1's ISP.	M 410		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER 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	M 464		

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M 464	Continued From page 6 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 2 of 2 residents. Resident 1's and Resident 2's records did not contain a written order identifying who could administer medications. Findings include: On 01/15/2026, at approximately 11:30 AM, Surveyor observed staff to administer medications to Resident 2. Surveyor observed Caregiver C prepare Resident 2's medications and give the medications to Resident 2 with his/her lunch while in the dining room area. On 01/20/2026, at approximately 8:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 04/09/2010. Resident 1's record did not include a physician's order stating who could administer Resident 1's medications. Surveyor reviewed Resident 1's Individual Service Plan (ISP), dated 08/20/2025. The ISP indicated Resident 1 required assistance with medication administration/medication management.	M 464		

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M 464	Continued From page 7 Resident 2 was admitted to the facility on 07/23/2004. Resident 2's record did not include a physician's order stating who could administer Resident 2's medications. Surveyor reviewed Resident 2's ISP dated 08/28/2025. The ISP indicated Resident 2 could self-administer medications while staff supervised. On 01/27/2026, at 9:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement to have a written order indicating who can pass resident prescription medications. Licensee A reported s/he had been trying to find the documents and was unable to locate the written authorization to administer medications for Resident 1 and Resident 2.	M 464		