STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011364	A. BUILDING: _____ B. WING _____	C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARGONNE	**9835 W ARGONNE DR WAUWATOSA, WI 53222**

(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 07/29/204, Surveyor completed an abbreviated survey and 2 complaint investigations at Argonne. As a result, 7 deficiencies were identified. One complaint was substantiated and 1 complaint was unsubstantiated. Census: 5	N 000		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure personal care services were designed and provided to allow 1 of 1 resident (Resident 1) to increase or maintain independence. Resident 1 was unkept and had not taken or received a shower in 5 days. Findings include:	N 425		

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

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N 425	Continued From page 1 On 07/09/2024, at 9:46 AM, Surveyor observed and interviewed Resident 1. Resident 1 was laying in her/his bed. The room had a pungent odor consistent with urine. Resident 1's hair appeared greasy and unkept. Surveyor inquired when Resident 1 last took a shower. Resident 1 reported s/he believed the last shower s/he had was 5-7 days ago. Surveyor inquired how often Resident 1 would like to take a shower and s/he reported 2-3 times per week. Resident 1 did not like having a shower schedule, with assigned shower times and days. Resident 1 reported s/he had missed a meal previously while taking a shower, and another time while s/he was showering, someone ate food off her/his plate. Resident 1 reported s/he had refused to take showers in fear of missing out on food. On 07/09/2024, at approximately 2:00 PM, Surveyor interviewed Program Director A. Program Director A confirmed Resident 1 appeared unkept and was in need of a shower. The residents in the facility were on a shower schedule which allowed every other day showers, except for Saturdays. Resident 1's showers were scheduled to occur on 2nd shift. Resident 1 was scheduled for a shower on 07/04/2024, which was the last shower Resident 1 had taken, with the help of Caregiver E. Resident 1 had been known to refuse showers. Resident 1 should have been scheduled to take a shower on 07/07/2024, if the provider had followed an every other day schedule, except for Saturdays. Program Director A was unsure why Resident 1 had not taken a shower on 07/07/2024. Surveyor informed Program Director A of what Resident 1 had reported during an interview. Program Director A was unaware Resident 1 had refused showers due to the fear of missing out on a meal or food. Program Director A wrote notes to correct the	N 425		

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N 425	Continued From page 2 shower schedule so Resident 1 could get assistance with showers on 1st shift, rather than 2nd shift, which would allow her/him to shower during a time when meals were not being served.	N 425		
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 interview, the provider did not ensure a living environment that was safe, clean, comfortable, and homelike for 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) living in the home. Chemicals and cleaning compounds were left unsecured, the bathroom vent was dust covered, the walls throughout the facility had scuffs and staining, urine was left in various locations, and resident beds did not have proper bedding. Findings include: The facility was licensed as a class CNA non-ambulatory community based residential facility (CBRF) to care for up to 5 residents in the client group developmentally disabled. On 07/09/2024, at 9:35 AM, Surveyor toured the facility and observed the following: Front Entryway	N 481		

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N 481	Continued From page 3	N 481		

- The front entryway contained a strong odor, consistent with feces, which lingered into the living room.

Bedrooms/Hallway
- The bedrooms and hallway had a pungent odor, consistent with the smell of urine.
- Resident 4's bed did not have bedding and had a disposable incontinence bed pad on it, which was wrinkled.
- Two wrinkled disposable incontinence bed pads were on the floor piled up at the foot of Resident 4's bed.
- A portable urinal bottle was on Resident 1's nightstand filled with a yellow liquid, consistent with urine.
- A commode was located inside Resident 2's and Resident 3's bedroom, which was filled with a yellow liquid, consistent with urine.
- The floor was sticky inside of Resident 5's bedroom. A bottle of uncapped open root beer was upright on the floor next to the nightstand.
- Twenty-seven boxes, 8 bins, and miscellaneous items were stacked, on top of crates, along a wall of Resident 5's bedroom.

Bathroom
- A yellow liquid, consistent with urine, was left in the toilet.
- The vent fan was covered in approximately ¼ inch of a grayish substance, consistent with dust.
- Two used wash cloths were hanging on one towel rack, unlabeled.
- There was a bin labeled, "pillow cases," filled with a clear waterlike liquid, which contained an emesis basin and a small pitcher, underneath the bathroom sink/counter.

Kitchen
- A drawer contained wrappers, black, white, and

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N 481	Continued From page 4 brown debris, and an orange torniquet style rubber band. - Chemicals and cleaning compounds were left unsecured in a closet adjacent to the kitchen. The following was contained in the closet: - 1 box of Arm and Hammer Deodorizer - 1 container of Kills bedbugs II - 2 aerosol cans of glass cleaner - 1 aerosol can of Easy-Off oven cleaner - 2 aerosol cans of Glade air freshener - 1 can of Comet with bleach powder - 1 bottle of Clorox cleaner plus bleach - 2 bottles of Clorox bleach - 1 container of Windex cleaner Side Door Corridor - Dried brownish liquid was splattered on the walls; two areas measured 4 inches in length and 1 area measured 3 inches in length, as well as numerous dotted areas the size of a pen tip. - The side exit door had a 1-inch rise between the floor and the transition piece. - A black dirt/scuff mark 14 inches in length across the wall behind the garbage container. - An area of the wall was chipped down to the drywall, measuring approximately 15 inches in length and 2 inches in height. Basement - Water was leaking and dripping from the main level bathroom into the basement, onto a cardboard box. The cardboard box top was pooled with standing water. On 07/09/2024, at approximately 3:00 PM, Surveyor interviewed Program Director A and Area Director B. Program Director A reported the closet containing the chemicals and cleaning compounds was supposed to be locked. S/He	N 481		

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N 481	Continued From page 5 was unaware the closet was left unsecured. On 07/29/2024, at 2:00 PM, Surveyor interviewed Program Director A and Area Director B. They reported caregivers were responsible for daily cleaning of the facility, including resident bedrooms. Area Director B reported a plumber was at the facility and determined the water dripping into the basement was due to water on the floor from the shower and the tile flooring needing repair. Cross Reference DHS 83.44(2)(a) - Rooms Clean and Free from Odors.	N 481		
N 483	83.43(2)(b) Clean, comfortable mattress and pad. Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: A clean, comfortable mattress covered with a mattress pad and when necessary, waterproof covering. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had a clean, comfortable mattress covered with a mattress pad for 5 of 5 residents' beds checked (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). Findings include: On 07/09/2024, at 9:45 AM, Surveyor toured the facility and observed Resident 1's, Resident 2's, Resident 3's, Resident 4's, and Resident 5's mattresses without mattress pads.	N 483		

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N 483	Continued From page 6 On 07/09/2024, at approximately 3:00 PM, Surveyor interviewed Program Director A and Area Director B. They reported s/he they were unaware the beds required mattress pads. Program Director A inquired what was required by code and what a mattress pad was. Program Director A and Area Director B reported they would purchase mattress pads for all the residents' beds. On 07/29/2024, at 2:00 PM, Surveyor interviewed Program Director A. Program Director A had purchased mattress pads for all the beds at the facility.	N 483		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent tubing was clean and maintained. The dryer vent tubing was disconnected on both ends for 1 of 1 dryer. Findings include: On 07/09/2024, at 1:10 PM, Surveyor toured the basement of the facility. The dryer had clothing inside. The dryer vent tubing was behind the dryer and disconnected from the back of the dryer; it was also disconnected from the outside	N 488		

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N 488	Continued From page 7 venting. Fuzzy grayish material, consistent with lint, coated the floor around the dryer, the wall behind the dryer, the piping nearby, and the opening to the outside. On 07/09/2024, at approximately 3:00 PM, Surveyor interviewed Area Director B. Area Director B observed the dryer venting and reported the facility recently got a new washer and dryer. Area Director B reported the dryer venting was not properly installed or was never connected during install by the contractor. Area Director B made a note to have this corrected. On 07/29/2024, at 2:00 PM, Surveyor interviewed Program Director A and Area Director B. They reported the dryer venting had been corrected.	N 488		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was clean and free from odors which affected 5 of 5 residents in the home. Findings include: On 07/09/2024, at 9:35 AM, Surveyor toured the facility and observed the following: - The front entryway contained a strong odor, consistent with feces, and lingered into the living room.	N 489		

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N 489	Continued From page 8 - There was a hallway in the facility which led to the resident bathroom and 3 resident bedrooms. A pungent odor permeated throughout the hallway, into the 2 open resident bedrooms, and into the bathroom. The odor was consistent with the smell of urine. - The resident bathroom toilet was filled with a yellow liquid, consistent with urine. - Resident 1 and Resident 4 shared a bedroom. Resident 4 utilized an ileostomy bag and incontinence bed pads. A wrinkled disposable incontinence bed pad was on Resident 4's bed, as well as 2 other wrinkled incontinence bed pads at the foot of her/his bed. A portable urinal bottle was located on Resident 1's nightstand, which was filled with a yellow liquid, consistent with urine. These items remained in the room for approximately 6 hours during the survey. - Resident 2 and Resident 3 shared a bedroom. Inside their bedroom was a commode filled with a yellow liquid, consistent with urine. This remained in the room for approximately 6 hours during the survey. On 07/09/2024, at approximately 3:00 PM, Surveyor interviewed Program Director A and Area Director B. Surveyor inquired about the odors and urine left inside rooms. Program Director A and Area Director B confirmed the provider should have kept all rooms clean and make reasonable attempts to keep all rooms free from odors. Program Director A reported caregivers were responsible for keeping the facility clean. Area Director B reported observing the odors and urine left inside rooms and had the areas with urine cleaned prior to Surveyor exiting the facility.	N 489		

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N 489	Continued From page 9 Cross Reference DHS 83.43(1) Environment Safe, Clean, and Comfortable.	N 489		
N 532	83.47(4)(b) Fire extinguishers: locations. A fire extinguisher shall be mounted on a wall or a post or in an unlocked wall cabinet used exclusively for that purpose. Fire extinguishers shall be clearly visible. The route to the fire extinguisher shall be unobstructed and the top of the fire extinguisher shall not be over 5 feet high. The extinguisher shall not be tied down, locked in a cabinet or placed in a closet or on the floor. Fire extinguishers on upper floors shall be located at the top of each stairway. Extinguishers shall be located so the travel distance between extinguishers does not exceed 75 feet. The extinguisher on the kitchen floor level shall be mounted in or near the kitchen. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers observed were clearly visible, and the route to the fire extinguisher was unobstructed. Findings include: On 07/09/2024, at 1:10 PM, Surveyor toured the basement of the facility and observed the following: The fire extinguisher located at the bottom of the stairs was covered up by multiple stacked cardboard boxes. The fire extinguisher was not clearly visible due to the boxes covering a clear view of it. The route to the fire extinguisher was obstructed by the boxes stacked in front of and	N 532		

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N 532	Continued From page 10 around it. On 07/09/2024, at approximately 3:00 PM, Surveyor interviewed Program Director A and Area Director B. Program Director A was unaware the boxes were stacked around and in front of the fire extinguisher. Area Director B confirmed fire extinguishers were required to be visible and unobstructed. Area Director B reported the boxes would be moved. On 07/29/2024, at 2:00 PM, Surveyor interviewed Area Director B. Area Director B reported s/he had moved all the boxes piled up around the fire extinguisher.	N 532		
N 666	83.59(7)(a) Emergency egress lighting provided All exit passageways and stairways shall be provided with emergency egress lighting with a stand-by power source. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all exit passageways and stairways were provided with emergency egress lighting. Five of 6 lights on the emergency egress lighting throughout the facility were inoperable. Findings include: On 07/09/2024, at 9:45 AM, Surveyor toured the facility, and observed the following: The front entry contained emergency egress lighting. A label placed on the light fixture stated, "test button inoperative." Surveyor attempted to use the test button to test the emergency egress lighting and the lights did not light up. The fixture	N 666		

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N 666	Continued From page 11	N 666		

also contained a sticker which reported the exit and emergency lighting was tested for an annual test on 01/2024, by Cintas.

The kitchen and the corridor by the side exit contained emergency egress lighting. A label placed on the light fixtures stated, "test button inoperative." Both fixtures also contained a sticker which reported the exit and emergency lighting was tested for an annual test on 01/2024, by Cintas.

On 07/09/2024, at approximately 11:00 AM, Surveyor interviewed Program Director A. Surveyor inquired about the egress lighting and how a test was performed to ensure the emergency egress lighting was operable. Program Director A reported Cintas was the company the facility utilized to conduct the fire alarm system tests, and the last test was completed in 01/2024, without issues. Surveyor inquired about the label on the emergency egress light fixtures. Program Director A was unaware of the label and did not know who placed them there. Program Director A utilized the fire alarm panel to conduct a test of the system. Surveyor observed 3 of 3 light fixtures during the test, each contained 2 lights. One of 2 lights were inoperable on the fixture in the front entry. Two of 2 lights were inoperable on the fixture in the kitchen. Two of 2 lights were inoperable on the fixture in the corridor side exit. Program Director A was unaware the emergency egress lighting was inoperable and reported s/he would review the inspection completed by Cintas, and follow-up with them if necessary.

On 07/19/2024, at 9:12 AM, Area Director B provided a copy of the facility's Semi-Annual Fire Alarm and Signaling Inspection, completed on

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N 666	Continued From page 12 06/21/2024, by Inspector D, with Cintas. The document did not contain any information on the testing for the emergency egress lighting. On 07/24/2024, at 7:31 PM, Area Director B provided email correspondence from Cintas, which stated, ". . . it does need to have a functioning test button to be completely compliant. The proper next step would be replacing the fixture for you . . ." Area Director B reported s/he would be replacing the emergency egress lighting. On 07/29/2024, at 2:00 PM, Surveyor interviewed Area Director B. Area Director B reported s/he had scheduled Cintas to replace the emergency egress lighting.	N 666		