STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015434	A. BUILDING: _____ B. WING _____	C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLAGG STREET MANOR II	**5650 N 87TH STREET MILWAUKEE, WI 53225**

(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 04/02/2025, Surveyor conducted a standard survey at Flagg Street Manor II. As a result, 4 deficiencies were identified. 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: Based on record review and interview, the provider did not obtain documentation indicating 2 of 2 staff had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver B was not screened for communicable diseases, including TB. Caregiver C was not screened for communicable diseases. Findings include: On 10/18/2024, at 12:00 PM, Surveyor reviewed	M 232		

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

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M 232	Continued From page 1 employee records and identified the following: - Caregiver B was hired on 02/07/2022. Caregiver B's record did not contain evidence s/he was screened for communicable diseases, including TB. - Caregiver C was hired on 10/09/2024. Caregiver C was screened TB on 10/04/2024. Caregiver C's record did not contain evidence s/he was screened for communicable diseases. On 04/02/2025, at 3:00 PM, Surveyor interviewed Manager A. Manager A confirmed the code requirement. Manager A reported s/he was not employed when Caregiver B was hired. Manager A reported s/he was unsure where Caregiver C's communicable disease screening was.	M 232		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide	M 262		

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M 262	Continued From page 2 a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails for residents who walk only with difficulty, or only with the assistance of crutches, a cane, or a walker, or are unable to easily negotiate stairs without assistance. Resident 1 utilized a walker for ambulation. Findings include: The facility was licensed 03/02/2015, to serve up to 3 ambulatory residents. Observations On 04/02/2025, at 1:00 PM, Surveyor toured the facility and observed the following: Front Door identified as an emergency exit. There was 1 step up from the driveway to a cement walkway. Once inside the home, there was 1 step up to the living room Rear Exit identified as an emergency exit. There was 1 step from the house to a concrete platform, which led to 2 more steps to the driveway. Resident 1 was observed in bed with a walker next to the bed. On 04/02/2025, at 3:00 PM, Surveyor interviewed Manager A. Manager A confirmed s/he was	M 262		

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M 262	Continued From page 3 licensed as ambulatory. Manager A reported Resident 1 started using the walker a few months ago. Manager A reported s/he was unsure if a waiver had been filed with the department. Manager A reported there was an opening at another home which was licensed as non-ambulatory so Resident 1 could move there.	M 262		
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 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), within 90 days prior to placement of within 7 days after admission for 2 of 2 (Resident 1 and Resident 2) residents. Resident 1's TB screening was completed 1,251 days after admission. Resident 1 and Resident 2 did not have evidence of communicable disease screening. Findings include:	M 380		

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M 380	Continued From page 4 On 04/02/2025, at 1:15 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 02/13/2020 with diagnoses including dementia with behavioral disturbance, hypertension, hematochezia, and coronary heart disease. Resident 1 had a TB test completed on 07/18/2023, 1,251 days after admission. Resident 1's record contained a blank communication disease screening. Surveyor did not review evidence of other documentation indicating Resident 1 was screened for communicable diseases. Resident 2 was admitted to the facility on 01/31/2025 with diagnoses including bipolar disorder, schizophrenia, and traumatic brain injury. Resident 2 had a TB test completed on 01/26/2025. Resident 2's record contained a blank communication disease screening. Surveyor did not review evidence of other documentation indicating Resident 2 was screened for communicable diseases. On 02/05/2025 at 3:00 PM, Surveyor interviewed Manager A. Manager A confirmed the code requirement. Manager A reported s/he was unsure why the communicable disease screenings were not completed. Manager A reported they would ensure all screenings would be completed.	M 380		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from	M 458		

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M 458	Continued From page 5 the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2, and Resident 3) prescription medications were securely stored. Resident 1's insulin pens were not securely stored in the kitchen refrigerator. The keys to the medication closet were in the lock of the door during the survey, and the door was open. Findings include: On 04/02/2025, at 2:20 PM, Surveyors toured the facility. Surveyor opened the fridge, and observed a plastic container without a lid, inside the refrigerator door. Surveyor observed 3 Victoza insulin pens. On the wall of the refrigerator door, written in red marker was "Diabetic supplies only!" Surveyor observed the medication closet, with the keys inserted into the locking mechanism. Surveyor opened the door and observed resident medications inside the closet. Surveyors observed residents moving freely around the facility. On 01/23/2025, at 2:55 PM, Surveyor reviewed	M 458		

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M 458	Continued From page 6 resident records and identified the following: Resident 1 was admitted to the facility on 02/13/2020 with diagnoses including dementia with behavioral disturbance, hypertension, hematochezia, and coronary heart disease. Resident 1's physician orders indicated Resident 1 was prescribed the following medications: amlodipine 5 milligrams (mg), atorvastatin 80 mg, clopidogrel 75 mg, gabapentin 100 mg, losartan 50 mg, melatonin 3 mg, memantine 5 mg, metoprolol succ 25 mg, quetiapine 25 mg, trazodone 50 mg and Victoza 18 mg/3 milliliter (mL). Resident 2 was admitted to the facility on 01/31/2025 with diagnoses including bipolar disorder, schizophrenia, and traumatic brain injury. Resident 2's physician orders indicated Resident 2 was prescribed the following medications: albuterol inhaler, amantadine 50 mg, divalproex 250 mg, levetiracetam 1000 mg, propranolol 20 mg, quetiapine 25 mg, and trazodone 100 mg. Resident 3 was admitted on 03/22/2021 with diagnoses intellectual disability, anxiety, unspecified psychosis, hyperlipidemia and insomnia. Resident 3's physician orders indicated Resident 3 was prescribed the following medications: acetaminophen 325 mg, clobazam 10 mg, famotidine 20 mg, levetiracetam 1000 mg melatonin 3 mg, quetiapine 25 mg, senna 8.6 mg, simvastatin 20 mg tamsulosin 0.4 mg and tramadol 50 mg. On 01/23/2025, at 1:30 PM, Surveyor interviewed Manager A. Manager A confirmed the code requirement. Manager A reported s/he was not aware of Resident 1's insulin pens being stored in	M 458		

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M 458	Continued From page 7 the refrigerator. Manager A reported s/he thought they were for something else. Manager A grabbed a lock box and locked up the insulin pens and locked the medication closet door.	M 458		