STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011770	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH 77TH STREET HOUSE	3193 S 77TH ST MILWAUKEE, WI 53219

(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 03/12/2024, with information gathered through 03/13/2024, Surveyor conducted a standard survey and complaint investigation at South 77th Street House. Three deficiencies identified. Complaint substantiated. Census: 4	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating for 1 of 1 calendar year reviewed (2023). Findings include: On 03/12/2024 at approximately 1:00 PM, Surveyor requested documentation of the home's smoke detector tests from Supervisor B. Supervisor B provided Surveyor with a binder where smoke detector tests were documented.	M 336		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011770	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH 77TH STREET HOUSE	3193 S 77TH ST MILWAUKEE, WI 53219

(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 336	Continued From page 1 Surveyor identified smoke detector checks were completed from January 2023 to August 2023. Surveyor asked Supervisor B if there were any more smoke detector checks completed for calendar year 2023 or any smoke detector tests completed in 2024. Supervisor B stated s/he did not believe so but would need to confirm with Director A when s/he arrived. On 03/12/2024 at approximately 01: 15 PM, Surveyor interviewed Director A. Director A stated there had not been any smoke detector tests completed since August 2023 and s/he would talk to House Manager C to make sure those were completed moving forward. Cross Reference N0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 2, and Resident 3) reviewed were evaluated annually for evacuation times on the Department form in 2023. Findings include:	M 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011770	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH 77TH STREET HOUSE	3193 S 77TH ST MILWAUKEE, WI 53219

(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 346	Continued From page 2 On 03/12/2024 , Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's records. The following was identified: Resident 1 was admitted on 05/25/2007. Resident 1's record did not contain an annual evacuation assessment for calendar year 2023. Resident 2 was admitted on 07/18/2007. Resident 2's record did not contain an annual evacuation assessment for calendar year 2023. Resident 3 was admitted on 08/09/2016. Resident 3's record did not contain an annual evacuation assessment for calendar year 2023. On 03/12/2024 at approximately 1:30 PM, Surveyor interviewed Director A. Director A stated annual evacuation assessments had not been completed for Resident 1, Resident 2, and Resident 3. House Manager C was responsible for completing the assessments and they were not done. Director A stated House Manager C had been in his/her position for a long time and was aware of the requirement for annual evacuation assessments.	M 346		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.	M 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011770	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH 77TH STREET HOUSE	3193 S 77TH ST MILWAUKEE, WI 53219

(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 436	Continued From page 3	M 436		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure services identified in each resident's Individual Service Plan (ISP) were provided for 1 of 1 resident reviewed (Resident 1) who required body checks twice daily.

Findings include:

On 12/18/2023, the Department received a complaint alleging the provider was not aware of an unknown bruise on Resident 1 and was not following Resident 1's ISP.

On 03/12/2024, Surveyor reviewed resident records and identified the following:

-Resident 1 was admitted on 12/29/2021, with diagnoses including psychotic, attention-deficit/hyperactivity disorder (ADHD), and moderate intellectual disability.

-Resident 1's ISP, dated 06/29/2023, stated the following:
"[Resident 1] needs 24-Hour Supervision. Staff will monitor [Resident 1] for any change in condition and schedule necessary medical appointments in cooperation with [his/her] guardian. A body check will be completed and documented each morning, at shower time and before bed. Changes in condition will be reported per the [Facility] Order of Notification."

-Resident 1's incident report, dated 12/01/2023, stated the following:
"[Resident 1] complain to staff on 11/30/2023 that [his/her] right side hurt. Staff said that they did not see any bruise. [Resident 1] showed staff today and there was a visible bruise on [his/her]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011770	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH 77TH STREET HOUSE	3193 S 77TH ST MILWAUKEE, WI 53219

(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 436	Continued From page 4 right side." -Resident 1's current ISP, dated 12/06/2023, stated the following: -"[Resident 1] needs 24-Hour Supervision. Staff will monitor [Resident 1] for any change in condition and schedule necessary medical appointments in cooperation with [his/her] guardian. A body check will be completed and documented each morning, at shower time and before bed. Changes in condition will be reported per the [Facility] Order of Notification." On 03/12/2024 at 1:30 PM, Surveyor interviewed Director A. Director A stated staff should have been doing body checks first thing in the morning before day program and then at bedtime per the ISP due to Resident 1 picking at his/her skin. Surveyor requested body check documentation from start of previous ISP dated 06/29/2023. Director A stated there should have been a body check binder that followed Resident 1 to day program, and it was brought back home with him/her. Director A stated s/he did not have it at the facility and would have to check with staff when Resident 1 arrived back home. On 03/13/2024 at 12:30 PM, Director A stated the body checks in Resident 1's binder were sporadic and not completed twice daily as required.	M 436		