STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014523	A. BUILDING: _____ B. WING _____	C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONALLY YOURS ELDER CARE A	4525 GUNDERSON ROAD WATERFORD, WI 53185

(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 05/16/2024, Surveyors conducted a standard survey and complaint investigation at Personally Yours Elder Care A, an Adult Family Home (AFH) in Waterford, WI. Three deficiencies identified. Complaint unsubstantiated. Census: 4	M 000		
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 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 4 of 4 residents residing in the home. Findings include: On 05/16/2024 at approximately 9:30 AM, Surveyor toured the provider's home. Surveyor observed the following: -Resident 1 and Resident 2's shared bedroom had one window that did not have cranks to open the window. -Resident 3 and Resident 4's shared bedroom	M 298		

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

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M 298	Continued From page 1 had one window that did not have cranks to open the window. On 05/16/2024 at approximately 9:45 AM, Surveyors interviewed House Lead B. House Lead B stated Resident 1 had tried eloping out of his/her window multiple times when s/he was admitted. The elopement attempts were the reason there were no window cranks on all the windows except for the window above the kitchen sink. On 05/16/2024 at approximately 12:00 PM, Surveyors interviewed Licensee A regarding bedroom windows. Licensee A confirmed Resident 1, Resident 2, Resident 3, and Resident 4's windows were not capable of being opened or ventilated. Licensee A stated the window cranks would be put back on immediately.	M 298		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's	M 424		

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M 424	Continued From page 2 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 5) had his/her individual service plan (ISP) updated every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 05/16/2024, Surveyors reviewed Resident 5's record. Resident 5 was admitted to the facility on 04/12/2023, with diagnoses including hyperlipidemia, hemiplegia, overactive bladder, and personal history of nicotine dependence. Resident 5's ISP was dated 04/25/2023. There was no evidence Resident 5's ISP was reviewed and updated after 04/25/2023. At minimum, Resident 5's ISP should have been reviewed and updated in October 2023. On 05/16/2024 at 10:00 AM, Surveyor interviewed Health Care Coordinator C. Health Care Coordinator C reported Resident 5 had started to decline and was given a 30-day notice. Health Care Coordinator C reported Resident 5 was discharged on 11/14/2023. Surveyor asked Health Care Coordinator C if an updated ISP was completed after 6 months. Health Care Coordinator C stated, "no" because s/he had been e-mailing the information to Resident 5's case managers and power of attorney (POA). On 05/16/2024 at 12:00 PM, Surveyors interviewed Licensee A and Health Care Coordinator C. Health Care Coordinator C stated	M 424		

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M 424	Continued From page 3 s/he would make sure s/he documented the changes of residents and updated their ISP when they were due. Licensee A stated s/he understood the requirement for ISPs and would make sure moving forward they were updated every 6 months.	M 424		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the clothes dryer vent was constructed of hard rigid metal for 1 of 1 dryer. Findings include: On 05/16/2024 at 11:45 AM, Surveyors observed the clothes dryer venting was made of a flexible material rather than rigid metal. On 05/16/2024 at 11:45 AM, Licensee A stated, "I know better than that. I guess when I have new dryers installed, I need to verify with the installers to make sure it is the hard rigid metal venting."	M 570		

Wisconsin Department of Health Services

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