STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015038	A. BUILDING: _____ B. WING _____	C 08/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITOL TERRACE	4019 N 87TH STREET MILWAUKEE, 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
M 000	INITIAL COMMENTS On 08/11/2023, Surveyor concluded a standard survey and complaint investigation at Capitol Terrace. As a result 4 deficiencies were identified. The complaint was unsubstantiated. Census: 3	M 000		
M 276	88.05(3)(a) HOME 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 kitchen, bathroom, hallway, living room, and basement required cleaning and maintenance. Findings include: On 08/07/2023, at 10:15 AM, Surveyor toured the facility and observed the following: Kitchen: The bottom of the oven was covered in black, flaky particles, consistent with burnt food. Top of the range hood covered in gray substance consistent with dust. The control panel for the stove was covered in a slippery substance consistent with grease. The garbage can lid was covered in a thick, dark	M 276		

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

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brown substance consistent with dried food splatter.
Around the edges of the floor, where the walls and cupboards met the kitchen floor, there were thick, black patches all around the kitchen. These black patches were consistent with build up from dirt and debris.
The 6 cabinets on the west wall, next to the stove, contained a thick, sticky, black substance on the edges of the cabinet doors and around the cabinet handles. Surveyor was able to scratch off the substance with a fingernail.

Hallway:
The carpet in the hallway, between the kitchen and the dining room was black. When Surveyor touched the area where the carpet was black, the carpet was gone, consistent with being worn away. The black area felt hard and rough. This area measured approximately 52 inches long by 30 inches wide.
The closet in the hallway was cracked with a hole through the door. The crack measured 19 inches long by 5 inches wide. The hole in the door measured 1 inch deep.
The wall corner was missing drywall mud and had exposed metal drywall corner bead exposed. The exposed metal on the east wall measured 14 inches high by 1 ½ inches wide. The exposed metal on the south wall measured 11 inches high by 1 ½ inches wide. The area of missing drywall mud was consistent with wheels of a wheelchair rubbing across the area.

Bathroom:
The exhaust fan in the bathroom was covered in brown flaky substance, consistent with rust.
One of two of the lights above the bathroom sink was burnt out.
The towel bar in the bathroom on the west wall

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behind the toilet was broken.
The tile wainscoting around the bathroom contained a thick grey substance consistent with dust.

Living room:
The living room floor was a wood floor. The stain appeared to be worn off the floor. The flooring was golden brown around the edges of the living room. The floor in the middle of the living room was greyish tan. The area where the floor stain appeared to be worn away measured approximately 6 feet by 12 feet. The area was contained to the middle of the living room.
The furnace vent on the east wall, was pushed in and covered in a brown substance consistent with rust.
The cold air returns on the south wall were covered in a grey substance, consistent with dust.
The front door, located on the east wall, window was covered with Christmas wrapping paper.
An armchair in the living room had brown staining on the arms of the chair. The brown staining was consistent to the area where a person would rest their hands and arms on the arms of the chair.

Basement:
The basement was cluttered with boxes, piles of clothing, and miscellaneous items stored throughout the basement, causing an indirect pathway to get to the laundry area. The pathway to reach the laundry area was not a straight path as boxes and debris were placed in the middle of the path. The pathway measure anywhere from 13 inches to over 24 inches in some areas.
The light in the pantry, located in the basement towards the north side of the basement, was burnt out. The pantry stored dry goods and a chest freezer.
A padded wooden rocking chair was stored 14

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M 276	Continued From page 3 inches next to the furnace and water heaters. There were 4 boxes stored next to the furnace and water heaters, approximately 20 inches. On 08/07/2023, at 10:45 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed staff are responsible for cleaning the house daily. Caregiver B reported any maintenance concerns are reported to Executive Director A. On 08/11/2023, at 10:00 AM, Surveyor interviewed Executive Director A. Executive Director A confirmed the condition of the house. Executive Director A reported s/he had visited the home the week prior and saw the condition of the basement. Executive Director A reported s/he was planning a staff meeting to ensure staff were cleaning the house daily, and the basement was reorganized.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in	M 332		

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M 332	Continued From page 4 readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were maintained in readily usable condition and inspected annually by an authorized dealer. The fire extinguisher located in the kitchen did not contain a tag and was not maintained in usable condition. The fire extinguisher in the basement was last serviced October 2020. Findings include: On 08/07/2023, at 10:15 AM, Surveyor toured the facility. Surveyor observed the fire extinguisher located in the kitchen. The fire extinguisher did not contain a tag indicating when the fire extinguisher was last serviced. The pressure valve indicator on the fire extinguisher pointed to empty. The fire extinguisher, located in the basement, had an inspection tag dated October 2020. On 08/11/2023, at 10:00 AM, Surveyor interviewed Executive Director A. Executive Director A confirmed the requirement to have fire extinguishers inspected annually. Executive Director A reported s/he was unaware the fire extinguishers were not inspected annually. Licensee C was responsible for ensuring all fire extinguishers were inspected annually.	M 332		

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M 474	Continued From page 5	M 474		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a safe and sanitary manner for 3 of 3 residents. The refrigerator, which stored extra food was 70° F and open condiments, whose packaging stated to be refrigerated after opening were stored in a kitchen cupboard. Findings include: On 08/08/2023, at 10:15 AM, Surveyor toured the facility and observed the following: In a kitchen cabinet, there was a bottle of food club salsa and Famous Dave's BBQ sauce. Both bottles stated, "Refrigerate after opening." The bottles were warm to the touch. The refrigerator, located on the second floor, had the door ajar. The refrigerator contained 6 dozen eggs, 2 bottles of egg substitute, and 2 tubes of refrigerator cinnamon rolls. Surveyor took a temperature of the refrigerator. The temperature of the refrigerator was 70° F. The food was warm to the touch. On 08/08/2023, Surveyor interviewed Caregiver B. Caregiver B reported the refrigerator was working. Caregiver B reported the door may have been left open. When Surveyor inquired if	M 474		

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M 474	Continued From page 6 Caregiver B had used the refrigerator today, Caregiver B did not respond. On 08/11/2023, at 10:00 AM, Surveyor interviewed Executive Director A. Executive Director was unaware of the refrigerator on the second floor was not holding temperature. Executive Director A reported s/he would ensure the refrigerator was working properly and remind staff to ensure the refrigerator was shut.	M 474		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident received prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 did not receive the prescribed insulin between 08/04/2023 and 08/08/2023. Findings include: On 08/08/2023, between 10:00 AM and 11:30 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had not received her/his insulin since s/he moved into the facility. When Surveyor inquired if Resident 1 knew why s/he had not	M 582		

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received her/his insulin, Resident 1 stated, "I don't know, they said they don't have it. I have been calling my doctor to figure it out." When Surveyor inquired how Resident 1's blood sugar levels were, Resident 1 stated, "I don't know, they haven't been checking my blood sugar. I gave them a monitor."

On 08/08/2023, at 10:50 AM, Surveyor interviewed Caregiver B. Caregiver B reported they had Resident 1's insulin, but they did not have any needles for the insulin pens. Surveyor inquired if staff had been checking blood sugar levels on Resident 1, Caregiver B stated, "I don't believe so."

On 08/08/2023, at 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/04/2023, with diagnose including diabetes type 2. Resident 1's physician orders, dated 08/03/2023, indicated Resident 1 was prescribed Lantus Solostar, 30 units daily at 5:00 PM. Resident 1's medication administration record (MAR) stated, "Lantus Solostar 100 u (units)/ml (milliliter) Injection NOT ISSUED-Other-Explain: no needles for insulin" for 08/04/2023, 08/05/2023, 08/06/2023, and 08/07/2023.

On 08/11/2023, at 10:00 AM, Surveyor interviewed Executive Director A. Executive Director A reported there was an insurance issue with the pharmacy. When Surveyor inquired why the provider did not purchase the needles until the insurance issue was corrected, Executive Director A reported s/he thought s/he needed orders to get the needles and it needed to go through insurance. Executive Director A stated, "I thought s/he came with all the supplies to last for a bit. No one told me s/he couldn't get the insulin."

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