STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019494	A. BUILDING: _____ B. WING _____	R 05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH SHORE HOUSE	6168 S SWIFT AVENUE CUDAHY, WI 53110

(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 05/10/2024, with information gathered through 05/13/2024, Surveyor conducted a verification visit at South Shore Home. Four deficiencies were identified and are being cited for the second time. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{N 223}	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all employee records were maintained and current for 2 of 2 employees reviewed. Caregiver C's and Caregiver D's records did not include documentation of training for orientation, resident rights, and dietary training. Caregiver C's record did not contain documentation of her/his health screening for communicable disease, including tuberculosis (TB).	{N 223}		

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

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{N 223}	Continued From page 1 This is a repeat deficiency. See SOD 5SWX11, dated 03/08/2024. Findings include: On 05/13/2024 at 4:10 p.m., Surveyor received Caregiver D's and Caregiver C's complete file from Licensee A via email. On 05/16/2024, at 9:35 a.m., Surveyor reviewed employee records and identified the following: Caregiver D was hired 10/23/2023. Caregiver D's record did not include documentation of orientation training, resident rights training, dietary training, and health screening for communicable disease, including TB. Caregiver C was hired on 07/19/2023. Caregiver C's record did not include documentation of orientation training, resident rights training, and dietary training. On 05/10/2024, at 11:05 a.m., Surveyor interviewed Licensee A regarding caregiver trainings and TB skin tests. Licensee A stated, "Nothing has been done. The entire training has not been completed." On 05/16/2024, at approximately 10:10 a.m., Surveyor reviewed email from Licensee A. Licensee A reported s/he provided House Manager (HM) B with a master copy of the orientation checklist so s/he could make sure each employee has one. Licensee A stated s/he was in the process of reviewing and preparing the additional trainings to make sure all staff were presented the materials and would document once training was complete.	{N 223}		

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{N 223}	Continued From page 2 As of 05/16/2024, at 10:30 a.m., Surveyor had not received any additional documentation.	{N 223}		
{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 the living environment was safe, clean, comfortable, and homelike for 7 of 8 residents residing in the home. The living room furniture was worn and disintegrating. Two transition areas of the floor were rising and covered with ripped yellow tape. The carpet on the landing from the stairs was loose and buckling. The wall, next to the shower in the 1st floor southwest bathroom contained an area of rotting wood, flaking paint, and exposed metal corner bead. This is a repeat deficiency. See SOD 5SWX11, dated 03/08/2024. Findings include: On 05/13/2024, between 9:45 a.m. and 10:30 a.m., Surveyor toured the facility and observed the following: Carpet:	{N 481}		

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{N 481}	Continued From page 3 The carpet on the landing of the stairway to the second floor, was worn and buckling near the edge of the landing leading to the floor and a potential trip hazard. Living Room: The dark, leather-like couch and loveseat cushion covers had disintegrated, exposing the light-colored cushion underneath. The arms of the cushions were worn off. 1st floor bathroom on southwest side: -The wall, next to the shower in the 1st floor southwest bathroom, contained an area of rotting wood, flaking paint, and exposed metal corner bead. -The ceiling contained scattered dark orange spots and peeling paint. Hallway flooring: -The doorway between the hallway (near stairs) and the kitchen contained flooring which was rising and taped down with yellow tape. Half the area was missing the tape. -The doorway between the sunroom and hallway to resident's bedrooms contained an area of the floor rising and taped down with yellow tape. On 05/10/2024, at 11:05 a.m., Surveyor interviewed Licensee A regarding the observations. Licensee A confirmed there were some repairs to be completed and s/he had hired a vendor to start the work in June. Licensee A stated, "As soon as we have the funds, we can make those repairs."	{N 481}		
{N 631}	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits	{N 631}		

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{N 631}	Continued From page 4 All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observations, interview, and record review, the provider did not ensure there were at least 2 exits to grade level. There was an internal step within the facility which led to the east hall where the 2nd ramped exit was located. Residents were required to step down 5 inches to access the rear ramped exit. This is a repeat deficiency. See SOD 5SWX11, dated 03/08/2024. Findings include: On 07/19/2023, the provider was issued a probationary license as a Class AS semi-ambulatory community based residential facility (CBRF). On 05/10/2024, between 9:45 a.m. and 10:30 a.m., Surveyor toured the facility. The facility was a two story, 8 bed capacity CBRF. The first floor contained 4 exits and 2 were ramped. The ramped exit in the east hall contained a 5-inch step to the hallway leading to the exit. The 2nd ramped exit was not to grade. The other 2 exits on the 1st floor contained a step down to the attached patio and additional 3 steps to the ground level. Surveyor observed a mechanical	{N 631}		

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{N 631}	Continued From page 5 chair lift installed on the stairs. On 05/10/2024, at 10:05 a.m., Surveyor observed Resident 1 ambulate within the home. Resident 1 utilized a wheeled walker, gait belt, and hands on assistance from staff to navigate the step to the east hallway where her/his bedroom was. On 05/10/2024, at 10:15 a.m., Surveyor interviewed House Manager (HM) B and Caregiver E. HM B reported Resident 1 required hands-on assistance from staff to ambulate within the home. HM B reported Resident 2 utilized a walker within the home and staff provided stand by assistance for her/him. HM B reported Resident 2, " ...never goes up and down the stairs independently. S/He knows better. [Resident 2] never climbs the stairs independently. S/He only uses the service lift." HM B reported Resident 2's bedroom was on the second floor. Surveyor asked if Resident 2 was able to operate the chair lift independently. HM B reported s/he was not able to operate the chair lift. HM B reported the facility had "been like this" all the years s/he worked at the facility. Surveyor asked HM B and Caregiver E to identify the facility's 2 exits to grade. HM B and Caregiver E reported they could not. On 05/10/2024, at 11:06 a.m., Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 07/19/2023. Resident 1's individual service plan (ISP), dated 11/06/2023, indicated Resident 1 "would be able to evacuate the facility in an emergency with an assist of one." -Resident 2 was admitted on 07/19/2023.	{N 631}		

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{N 631}	Continued From page 6 Resident 2's ISP, dated 08/23/2023, indicated Resident 2 "walks upstairs to [her/his] bedroom daily and uses the chair lift to come down stairs [sic] daily. [Resident 2] requires assistance from staff to use the chair lift. Staff have provided signs to remind [Resident 2] to wait in chair at top of stairs for assistance to come down."	{N 631}		
{N 639}	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 3 exterior doors were able to be opened from the inside with a one-hand, one-motion (1H1M) operation without having to turn the locks on the doors to disengage the lock, affecting 7 of 7 residents residing in the facility. This is a repeat deficiency. See SOD 5SWX11, dated 03/08/2024. Findings include: On 05/10/2024, between 9:45 a.m. and 10:30 a.m., Surveyor toured the facility. Surveyor observed the round door handle on the southwest exit contained a round door handle with a lock button and a deadbolt lock above it. Surveyor engaged the locks and attempted to open the door with one motion. Surveyor had to disengage the deadbolt lock and then turn the lock button before the door would open. The door was not 1H1M operation.	{N 639}		

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{N 639}	Continued From page 7 The west exit (front entrance) contained a round handle with a lock button. Surveyor engaged the lock button to lock the door. Surveyor turned the handle to open, and the lock did not disengage. Surveyor had to disengage the lock button before the door would open. The door was not 1H1M operation. On 05/10/2024, at 11:14 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the doors did not contain a 1H1M operation. Licensee A reported obtaining new locks/handles were part of the repairs to be completed in June. Licensee A stated, "As soon as we have the funds, we can make those repairs."	{N 639}		