STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016712	A. BUILDING: _____ B. WING _____	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J HARRIS HOMES	1114 N HILLOCK DRIVE MOUNT PLEASANT, WI 53406

(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 02/01/2024, Surveyor conducted a standard survey and complaint investigation at J Harris Homes. As a result, 8 deficient practices were identified and the complaint was unsubstantiated. Census: 4	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 from a physician, a registered nurse, or a physician's assistant indicating caregivers were screened for illness detrimental to residents within 90 days before the start of providing service for 2 of 2 caregivers reviewed. House Lead A and Caregiver B were not screened for communicable diseases. Findings include: On 02/01/2024 10:45 AM, Surveyor reviewed employee records and identified the following:	M 232		

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

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M 232	Continued From page 1 House Lead A was hired in February 2017, House Lead A could not locate the exact date. House Lead A's record did not contain evidence s/he was screened for communicable diseases. Caregiver B was hired on 01/18/2024. Caregiver B's record did not contain evidence s/he was screened for communicable diseases. On 02/01/2024, at 11:00 AM, Surveyor interviewed House Lead A. House Lead A reported s/he was not aware of the requirement to have staff screened for communicable diseases. House Lead A reported s/he thought it was "just [tuberculosis]." House Lead A reported s/he would have all staff schedule appointments to obtain a communicable disease screening.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider received annual training in universal precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne	M 235		

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M 235	Continued From page 2 pathogens. House Lead A did not complete annual training in universal precautions in 2023. Findings include: On 02/01/2024 10:45 AM, Surveyor reviewed House Lead A's employee record. House Lead A was hired in February 2017, House Lead A could not locate the exact date. House Lead A's record indicated s/he did not have annual training in universal precautions. On 02/01/2024, at 10:50 AM, Surveyor interviewed House Lead A regarding the missing training. House Lead A confirmed s/he was aware of the requirement. House Lead A reported the staff usually completed annual training during the month of March; however House Lead A did not complete the training. House Lead A stated, "I had health issues." House Lead A reported s/he would complete the required training as soon as possible. Cross Reference M0246 DHS 88.04(5)(b) Training 8 Hours Annually	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	M 246		

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M 246	Continued From page 3	M 246		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 caregiver completed 8 hours of training approved by the licensing agency related to health, safety, welfare, rights, and treatment of residents every year beginning with the calendar year after the year in which the initial training was received. House Lead A did not receive 8 hours of annual training in 2023, including resident rights.

Findings include:

On 02/01/2024 10:45 AM, Surveyor reviewed House Lead A's employee record. House Lead A was hired in February 2017, House Lead A could not locate the exact date. House Lead A's record indicated s/he had 2.25 hours of training in 2023. House Lead A's completed training hours did not include resident rights training.

On 02/01/2024, at 10:50 AM, Surveyor interviewed House Lead A regarding the missing training. House Lead A confirmed s/he was aware of the requirement. House Lead A reported the staff usually completed annual training during the month of March. House Lead A confirmed s/he did not complete the required 8 hours. House Lead A stated, "I didn't finish it. I had health issues." House Lead A reported s/he would ensure all staff, including her/himself, would complete the required annual training in March on a yearly basis.

Cross Reference M0235 DHS 88.04(2)(h) Comply With OSHA

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M 380	Continued From page 4	M 380		
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), for 1 of 1 resident. Resident 1 was not screened for communicable diseases including TB. Findings include: On 02/01/2024, at 9:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/01/2023. Resident 1's record did not contain evidence s/he was screened for communicable disease, including TB. On 02/01/2024, at 9:35 AM, Surveyor interviewed House Lead A regarding residents' health examinations. House Lead A confirmed s/he was aware of the requirement and responsible for ensuring resident health screenings were completed. House Lead A reported Resident 1 was an "emergency placement." House Lead A	M 380		

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M 380	Continued From page 5 confirmed Resident 1 was not screened. House Lead A reported s/he would schedule an examination for Resident 1.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was completed prior to admission for 1 of 1 resident reviewed. Resident 1's service agreement was not signed prior to admission. Resident 1 had resided in the facility for 245 days with no signed service agreement. Findings include: On 02/01/2024, at 9:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 06/01/2023. Resident 1's record did not contain a signed admission agreement. On 02/01/2024, at 9:25 AM, Surveyor interviewed House Lead A. House Lead A confirmed Resident	M 384		

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M 384	Continued From page 6 1 did not have a signed service agreement. House Lead A reported Resident 1's service agreement was sent to the guardian via electronic mail and fax. House Lead A reported Resident 1's guardian lived out of state. Surveyor requested to review the electronic mail to verify compliance with the code. House Lead A reported s/he could not locate the documentation the service agreement had been sent. House Lead A called the guardian during Surveyor's visit and informed her/him the service agreement would be sent out and s/he would need to send it back as soon as possible.	M 384		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medications were securely stored for 1 of 1 medication storage box for refrigerated medications. The medication box stored in the refrigerator was not locked. Findings include:	M 458		

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M 458	Continued From page 7 On 02/01/2024, at 11:00 AM, Surveyor observed the medication box in the refrigerator was unsecured. Surveyor opened the box, which contained Resident 1's Florajen medication. Residents were ambulatory and observed moving freely throughout the home. On 02/01/2024, at 11:05 AM, Surveyor interviewed House Lead A regarding the unsecured medications. House Lead A confirmed all medications are required to be securely stored. House Lead A reported s/he was unaware the medication box in the refrigerator was unlocked. House Lead A reported s/he would review the requirement to ensure all medications remained securely stored with staff.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, prior to dispensing or administering medications to a resident, the provider did not obtain a written order from the physician who prescribed the	M 464		

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M 464	Continued From page 8	M 464		

medication specifying who by name or position was permitted to administer the medication, under what circumstances and in what dosage the medication was to be administered for 2 of 2 residents. Resident 1's and Resident 2's records did not contain a physician's orders for facility staff to administer medications.

Findings include:

On 02/01/2024, at 9:20 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 06/01/2023. Resident 1's January 2024 medication administration record (MAR) indicated s/he received scheduled medications, administered by staff. There was no evidence of a written physician's order for staff to administer the medications to Resident 1.

Resident 2 was admitted on 09/01/2021. Resident 2's January 2024 MAR indicated s/he received scheduled medications, administered by staff. There was no evidence of a written physician's order for staff to administer the medications to Resident 2.

On 02/01/2024, at 9:45 AM, Surveyor observed scheduled medications for Resident 1 and Resident 2 stored in the medication closet.

On 02/01/2024, at 9:50 AM, Surveyor interviewed House Lead A. House Lead A confirmed facility staff administered Resident 1's and Resident 2's medications. House Lead A reported s/he was unaware s/he needed a written physician's order. House Lead A reported s/he would contact the physician and obtain a written order.

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M 570	Continued From page 9	M 570		
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 water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature at the bathroom faucet, utilized by residents, was 126° Fahrenheit (F). Findings include: The provider is licensed to provide services for up to 4 residents who may have Alzheimer's/dementia, emotionally disturbed/mental illness, developmental disability, physical disability, traumatic brain injury, and/or be advanced aged. On 02/01/2024, at 9:00 AM, Surveyor tested the water from the resident's bathroom faucet. The water temperature reading was 126° F. On 02/01/2024, at 3:00 PM, Surveyor interviewed	M 570		

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M 570	Continued From page 10 House Lead A. House Lead A confirmed s/he was aware of the code requirement. House Lead A reported s/he frequently tested the water temperature and it was always around 115° F. Surveyor asked if the thermometer had been calibrated to ensure accuracy. House Lead A reported s/he did not calibrate the thermometer but would as soon as possible. House Lead A reported s/he would address the water temperature. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		