Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015232	A. BUILDING: _____ B. WING _____	R-C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY VISION BUSINESS VENTURES	6220 N 89TH STREET MILWAUKEE, WI 53225

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M 000	INITIAL COMMENTS From 05/31/2024-06/13/2024, Surveyor conducted 3 complaint investigations, standard survey, and verification visit at Victory Vision Business Ventures. Three deficiencies were identified. One of 3 deficiencies is a repeat violation. See statement of deficiency (SOD) #769G12, dated 10/12/2021. All 3 complaints are substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	M 000		
{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 3 of 3 caregivers (Caregiver B, Caregiver D, and Caregiver K) reviewed received training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of	{M 235}		

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

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{M 235}	Continued From page 1 blood-borne pathogens, prior to providing care to residents and annually. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). This is a repeat deficiency. See Statement of Deficiency (SOD) 769G12, dated 10/12/2021. Findings include: On 05/31/2024, Surveyor reviewed staff records and identified the following: Caregiver B was hired 06/05/2017. Caregiver B's record did not include evidence of standard precautions training in 2022 and 2023. Caregiver D was hired 06/18/2015. Caregiver D's record did not include evidence of standard precautions training in 2022 and 2023. Caregiver K was hired 01/22/2024. Caregiver K's record did not include evidence of standard precautions training before beginning to provide service on 01/23/2024. On 06/13/2024 at 11:32 AM, Surveyor conducted an exit conference and shared findings with Director A. Director A acknowledged Caregiver B's and Caregiver D's continuing education training for 2022 and 2023 did not include standard precautions. Director A stated s/he forgot standard precautions was a required annual training. Director A stated Caregiver K was currently providing care to residents and	{M 235}		

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{M 235}	Continued From page 2 confirmed s/he did not complete standard precautions. Director A stated s/he thought Caregiver K had 6 months to complete initial training. Director A stated s/he would ensure standard precautions training would be completed annually and Caregiver K would complete training soon.	{M 235}		
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 the adult family home was safe, clean, well-maintained, and provided a homelike environment for 4 of 4 residents. Findings include: On 05/31/2024 at 8:45 AM, Surveyor conducted a tour of the home. The following observations were observed: Resident bathroom: -The ceiling above the bathtub had portions of the drywall peeling and hanging down. -The bathtub appeared dirty, and the caulk sealant was peeling in many spots and also had an orangish appearance. -The bathroom did not have a hand drying dispenser.	M 276		

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M 276	Continued From page 3 Resident bedrooms: -Resident 2's and Resident 3's ceiling van was covered in a thick layer of dust. Their ceiling also had a hole approximately the size of a golf ball. -Resident 4's ceiling van was covered in a thick layer of dust. -Resident 5's ceiling van was covered in a thick layer of dust. Common areas: -In a small sitting area near the back of the home, observed the ceiling vents covered in a thick layer of dust. Basement: -The space between the wall and dryer was filled with lint dust. -The washer had a large trail of water on the floor approximately 1ft x 12ft sloping towards a drain in the floor. The washer appeared to be actively leaking. Surveyor noted concern to Caregiver D. Kitchen: -The wall above the stove was covered in a thick layer of dust and a sticky substance. -An interior wall next to the stove had approximately 14 pea sized holes in the drywall. -The window did not have a screen and its storm insert was broken with sharp glass visible. On 06/13/2024 at 11:32 AM, Surveyor conducted an exit conference and shared findings with Director A. Director A acknowledged staff need to be cleaning ceiling fans and s/he would reeducate them. Director A stated s/he rented the home from a management company and getting repairs completed was challenging. Director A reported s/he had evidence of submitting repair requests and was told new windows would be	M 276		

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M 276	Continued From page 4 installed at the property in the near future. Director A stated s/he would continue to follow up with the management company to ensure the home-like environment was achieved and maintained.	M 276		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) received prompt and adequate treatment. Resident 1 displayed signs of a change in condition and when taken to the emergency room was found to have acute hypernatremia and was in the intensive care unit (ICU) for 3 days. Findings include: On 01/25/2024, 01/29/2024, and 01/30/2024, the Department received 3 complaints alleging concerns with maltreatment. On 05/31/2024, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted on 03/16/2021 with diagnoses including Down syndrome and profound intellectual disabilities. Resident 1 had a guardian that made decisions on his/her behalf. Resident 1's individual service plan (ISP), dated 08/08/2023, documented: "-Eating: Requires staff monitoring, verbal	M 580		

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prompts and cues while eating. [Resident 1] is not independent with eating. [Resident 1] can get food/drink from plate/bowl to their mouth without adaptive utensils. [Resident 1] does not have any issues/concerns with chewing/swallowing. [Resident 1] eats [his/her] food quickly and needs staff reminders to slow down. [Resident 1] has not had reports of choking and swallowing issues. [Resident 1] is on a Celiac/Gluten Free diet but does not always make good food choices. [Resident 1] tries to eat 3 meals a day with snacks with staff assistance.
-Mobility and Transferring: Independent with Transferring. Requires monitoring and cues while mobile/walking...Mobility: [Resident 1] can move in the space of their home. [Resident 1] is independent with all mobility and does not use DME (durable medical equipment) (except an adult stroller when in the community). Staff denies any recent falls.
-Physical disabilities: [Resident 1] has Down syndrome and profound intellectual disabilities, requires assistance and physical prompts to initiate the task and is often unable to complete the task on their own. Risk Reduction: [Resident 1] has one to one staffing at all times both in [his/her] home and in the community to assist with maintaining safety."

Resident 1's progress notes documented;
"01/22/2024: [Resident 1] is not acting like [him/herself], [his/her] balance is off, won't stand for diaper change. And is not eating [his/her] food.
01/23/2024: It is very strange that [s/he] is still in bed sleeping. I have noticed a change in [him/her] this week."

Resident 1's after visit summary dated 01/19/2024 documented:

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"Instructions: I would recommend patient to be evaluated by psychiatry. It is possible that [his/her] combativeness/change in behavior could be early onset dementia that is somewhat common in down [sic] syndrome. There is a long wait list for psychiatry, therefore if you are able to get access to a psychiatrist through another healthcare system, I would recommend you proceed with them. The following issues were addressed: DS (Down syndrome), Combative behavior. Weight 101lbs."

Resident 1's hospital discharge summary dated 01/23/2024-01/28/2024 documented:
"[Resident 1] with a history down [sic] syndrome, nonverbal at baseline who presents from group home with generalized weakness, abnormal behavior, and decreased appetite on 1/23/2024. Patient found to have acute hypernatremia and was managed in the ICU till 1/26/24 and then transferred to the medical floor for further management and plan. Admission weight 90lbs. Patient with increased agitation. Patient normally requires a sitter 24/7. On admission, Na > (greater than) 180. PT (physical therapy) evaluation completed 1/27/24 documented: Patient presents below baseline (as obtained from chart) as [s/he] is typically independent with ambulation at baseline, currently requires 2 person assist for steadying and bilateral hand held assistance."

Surveyor reviewed Director A's email notification to Resident 1's legal representative and care team dated 01/23/2024 at 10:02 AM and 2:18 PM which documented the following:
"I [Director A] want to make you aware that we have called the ambulance to take [Resident 1] to Froedtert Menomonee Falls Hospital for evaluation, and [s/he] is leaving now. [S/he] has

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not been [him/herself] over the past several days, which is why we originally took [him/her] to the doctor, but [s/he] is not improving, Today, [s/he] was very unsteady. When getting [him/her] up ready for the ambulance, [s/he] required assistance to help [him/her] walk ...I just hung up with the doctor and [s/he] stating that [s/he] is severely dehydrated. [S/he's] stating that [Resident 1's] sodium is extremely high and [his/her] kidneys are being affected. After follow up, [s/he] has been drinking this week with meals, and in between. I [Director A] spoke with caregivers on all shifts just to ensure that [s/he] wasn't refusing any of [his/her] fluids.

On 05/31/2024 at 9:02 AM, Surveyor interviewed Caregiver D regarding Resident 1's 01/23/2024 hospitalization. Caregiver D stated s/he had a few days off in January 2024 but came back on 01/21/2024 and saw Resident 1 was not him/herself. Caregiver D stated Resident 1 was not eating, which was unusual and his/her gait was abnormal. Caregiver D stated Resident 1 really enjoyed eating, so when s/he started to refuse meals, this was a change. Caregiver D stated s/he could not remember what date s/he called Director A to report concerns, but soon after Director A had worked with Resident 1's team to send him/her to the emergency room. Caregiver D could not recall if s/he documented the above changes in Resident 1's record.

On 06/13/2024 at 11:32 AM, Surveyor conducted an exit conference and shared findings with Director A. Director A stated s/he was notified on the morning of 01/23/2024 about Resident 1's change of condition. Director A stated after talking with caregivers, Resident 1 was continually eating and drinking days leading up to the hospitalization on 01/23/2024. Director A stated Resident 1 was

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M 580	Continued From page 8 becoming combative, so they took him/her to see their primary doctor on 01/19/2024. Surveyor noted doctor visit on 01/19/2024 identified Resident 1's weight as 101lbs and upon admission to the hospital on 01/23/2024, Resident 1 was 90lbs. Director A acknowledged Resident 1's weight loss and dehydration was troubling, and stated they still did not know the cause for his/her change of condition. Surveyor expressed concern treatment was not provided timely evidenced by Resident 1's record identifying him/her as having a change of condition on 01/22/2024 and staff report as early as 01/21/2024. Director A stated his/her staff were not licensed clinicians and thought they were prompt in getting Resident 1 treatment.	M 580		