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	0016521	A. BUILDING: _____ B. WING _____	C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLAGG STREET MANOR III	**8608 WEST BENDER ROAD MILWAUKEE, WI 53224**

(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 05/28/2025, Surveyors completed a standard survey and 3 complaint investigations at Flagg Street Manor III. As a result, 7 deficiencies were identified. One complaint was substantiated, and 2 complaints were unsubstantiated. Census: 2	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 service providers had background checks completed upon hire or within 60 days of hire. Caregiver B's background check was completed 6 months after hire date. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 05/28/2025, at approximately 11:00 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 01/10/2023. Caregiver B's BID form was completed 01/10/2023. Caregiver B's record contained a DOJ and IBIS dated 07/11/2023. On 05/28/2025, at approximately 2:30 PM, Surveyors interviewed Manager A regarding	M 114		

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M 114	Continued From page 2 background checks of caregivers. Manager A reported it was his/her responsibility to ensure each staff person had a completed background check. Manager A reported s/he completed a background on Caregiver B before 07/11/2023. Manager A reported s/he had done an updated background check on Caregiver B effective July 11, 2023. Manager A reported s/he would provide the original background check for Caregiver B via email on 05/28/2025 by the end of the day. As of 06/03/2025, Surveyor did not receive a copy of the original background check completed for Caregiver B.	M 114		
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 2 of 2 service providers (Caregivers B and C) received annual 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 blood-borne pathogens in 2023 and 2024. Caregivers B and C had responsibilities which included a potential for being exposed to bloodborne pathogens during their shifts.	M 235		

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M 235	Continued From page 3 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). Findings include: On 05/28/2025, at approximately 11:00 AM, Surveyors requested to review employee files. Review of employee files revealed the following: -Caregiver B began providing service on 01/10/2023. Caregiver B's record did not contain documentation of receiving annual training in standard precautions for the years 2023 and 2024. -Caregiver C began providing service on 01/16/2017. Caregiver C's record did not contain documentation of receiving annual training in standard precautions for the years 2023 and 2024. On 05/28/2025, at approximately 10:00 AM, Surveyor interviewed Caregiver B regarding job duties. Caregiver B reported s/he assisted residents with oral cares and incontinence cares and any other care needs which could include contact with bloodborne pathogens. On 05/28/2025 at approximately 2:30 PM, Surveyors interviewed Manager A regarding the standard precautions trainings. Manager A reported s/he was aware of the code requirement for annual training in standard precautions but did not provide a reason of why the training did not occur annually.	M 235		

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M 276	Continued From page 4	M 276		
M 276	88.05(3)(a) Homelike 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 there was a homelike environment for 2 of 2 residents (Residents 1 and 3) residing in the home. The living room did not contain home like living room furniture. The living room contained 4 chairs and 2 tables. Findings include: On 05/28/2025, at approximately 9:30 AM, Surveyor toured the home and observed the living room to contain 2 low sitting brown chairs, 2 black chairs, 1 small round black table, and 1 brown wooden end table. On 05/28/2025, at approximately 2:30 PM Surveyor interviewed Manager A and Caregiver B, regarding the living room furniture Manager A reported s/he removed the furniture as s/he did not want staff to sleep on the furniture. Manager A reported the furniture was originally removed due to a prior pest infestation that was believed to have come from staff and visitors. Caregiver B reported the furniture was removed and never replaced approximately 2 to 3 years ago due to a bed bug issue. Manager A reported s/he would	M 276		

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M 276	Continued From page 5 put a sofa in the living room.	M 276		
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 an admission agreement was completed, dated, and signed by each resident, guardian or designated representative, and licensee, prior to admission for 1 of 1 resident. Resident 2 did not have a service agreement with the provider. Findings include: On 05/28/2025, at approximately 11:00 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 04/24/2024. Resident 2 had a court appointed guardian. Resident 2's record did not contain an admission agreement. Resident 2's record did not contain any evidence of a signed agreement between the licensee and Resident 2's guardian.	M 384		

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M 384	Continued From page 6 On 05/28/2025, at approximately 2:30 PM, Surveyor interviewed Manager A. Manager A confirmed s/he was aware of the service agreement requirement and that s/he was responsible for ensuring the agreement was placed in Resident 2's record. Manager A reported the service agreement should have been in Resident 2's record and s/he could not locate the service agreement.	M 384		
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 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update each resident's Individual Service Plan when they exhibited a change in needs for 1 of 2 residents. Resident 1 was diagnosed with a sacral pressure ulcer and began	M 424		

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M 424	Continued From page 7 wound care in February 2025. Resident 1's ISP was not updated to reflect updated care needs or include a description of the outside services received. Findings include: On 05/28/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/26/2017. Resident 1's Emergency Department (ED) After Visit Summary (AVS), dated 02/17/2025, identified Resident 1 had a diagnosis of sacral wound and urinary tract infection. The AVS, stated, "Additional instructions: Continue to get wound care 3 times a week." -Resident 1's ISP, dated 01/09/2025, did not mention Resident 1's wounds or need for wound care services. -Resident 1's Medication Administration Records from February 2025 to May 2025 did not mention how staff should monitor for increased pain, swelling, drainage, fever, or chills relating to Resident 1's wounds. On 05/28/2025, Surveyor reviewed Resident 1's Home Healthcare Services Notes and identified the following: -Resident 1 began wound care services on 02/01/2025. The notes stated, "Patient was admitted to [home healthcare company name] on February 1, 2025. [S/he] lives in a group home and receives 24-hour care for all ADLs (activities of daily living). Patient is alert and oriented x3 and able to make needs known. [S/he] reports pain 5/10 in [his/her] sacrum area that is being managed with repositioning and medication. Focus of care is [his/her] pressure ulcers to sacrum and bilateral ankles. Patient will need SN (skilled nursing) visits for wound care. This RN (registered nurse) is provided wound care to the	M 424		

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M 424	Continued From page 8 sacral wound, right lateral ankle, and left anterior ankle. Patient tolerated well. There were no apparent signs or symptoms of infection...Group home staff was educated on importance of repositioning every 1-2hrs (hours) and providing incontinence care frequently...Caretakers to monitor for signs and symptoms of infection increased pain, swelling, drainage, fever, chills..." From 02/01/2025 to 05/28/2025 (and ongoing schedule) Resident 1 had received wound care services at least 3 times per week. On 05/28/2025, at 12:31 PM, Surveyor interviewed Manager A. Manager A reported s/he updated ISPs once every 6 months. If they complete an ISP and there were any changes to the care of the residents, they used a system to provide a text blast to inform staff of changes and updated the ISP at the next scheduled 6-month review. Manager A reported they would ensure ISPs were updated with changes moving forward. Manager A confirmed Resident 1's ISP did not mention outside services Resident 1 received or the services staff provided regarding wound care. Manager A reported all of Resident 1's wound care services were in his/her Medication Administration Records for the application of medications related to the wounds.	M 424		
M 430	88.07(1)(c) ACTIVITIES AND SERVICES The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and	M 430		

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M 430	Continued From page 9	M 430		

community. A resident may not be compelled to participate in these activities.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure activities were planned and provided for 1 of 1 resident to accommodate individual needs and preferences. Resident 3 previously lived independently and ran a household. Resident 3 did not have opportunities to complete activities s/he saw as meaningful while living in the adult family home.

Findings include:

On 05/28/2025, from approximately 9:30 AM to 3:00 PM, Surveyor conducted observations of the home. Surveyor did not observe any postings about resident activities. Surveyor asked Caregiver B what activities were planned for the residents. Caregiver B stated s/he was not aware of any planned activities and the residents usually enjoyed watching television. Caregiver B reported they had completed crafts before.

On 05/28/2025, at approximately 9:50 AM, Surveyors interviewed Resident 3. When asked how s/he liked living at the facility, Resident 3 stated, "it's okay." When Surveyors inquired for more detail, Resident 3 stated, "It's boring...there's nothing to do...I sit here in this room everyday bored." Resident 3 reported s/he used to live independently and completed daily household errands and activities. Resident 3 reported s/he would go pick things up from the store s/he needed for making meals or completing household chores. Resident 3 reported s/he did not do any grocery shopping or running errands for household items while living

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M 430	Continued From page 10	M 430		

at the facility. Resident 3 reported s/he liked completing purposeful tasks.

On 05/28/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 01/11/2024. Resident 3's Individual Service Plan, dated 10/06/2024, identified Resident 3 required staff to provide transportation daily, as needed. Resident 3's ISP stated, "Interactions...Provide assistance maintaining positive interactions with others. Provide encouragement and redirect negative actions...Maintain positive interactions with assistance from staff...Social Participation...Leisure Time Activities...Document participation with leisure time activities. Requires staff to offer activities/encouragement and monitor participation. Resident's Desired Goals & Outcomes: Find enjoyment/fulfillment in activities of choice with encouragement/monitoring from staff." There were no other details about what specific items Resident 3 wanted to do for activities within the home and in the community.

On 05/28/2025, at approximately 2:30 PM, Surveyors interviewed Manager A and Caregiver B. Manager A reported Resident 3 wanted to go out of the facility to do all activities and they were unable to go all the time because they had other residents to care for at the home. Manager A reported they planned for Resident 3 to attend hair appointments, but Resident 3 did not like doing activities within the home. Manager A reported sometimes they offered crafts, games, and puzzles for residents, but most of the residents did not enjoy doing anything within the home except for watching television. Manager A reported Resident 3 wanted to be on the go all day and s/he had encouraged Resident 3 to contact his/her managed care organization case management team to help with getting him/her

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M 430	Continued From page 11 into day services to keep him/her active. Manager A reported s/he had not worked with the team to organize day services.	M 430		
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 record review and interview, the provider did not ensure each resident received all medications as prescribed by their physician for 1 of 1 resident. Resident 1 was seen at the emergency department and diagnosed with a urinary tract infection and sacral wound. Resident 1 was prescribed antibiotics to treat the infection and did not receive them for 6 days after they were prescribed. Findings include: On 05/28/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/26/2017. Resident 1's Emergency Department (ED) After Visit Summary (AVS), dated 02/17/2025, identified Resident 1 had a diagnosis of sacral wound and urinary tract infection. The AVS identified Resident 1 was prescribed	M 582		

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M 582	Continued From page 12 Augmentin (generic medication name: amoxicillin/clavulanate) (antibiotic to treat infection) and begin taking the medication. Resident 1's physician's order, dated 02/18/2025, identified Resident 1 was prescribed Augmentin to take 1 tablet by mouth twice daily. The physician's order stated, "Start date: Feb 18, 2025...End Date Feb 25, 2025." Resident 1's February 2025 Medication Administration Record (MAR) showed it was not entered on the MAR until 02/22/2025. The medication was not administered until 02/24/2025, 6 days after it was prescribed. On 05/28/2025, at approximately 2:00 PM, Surveyors interviewed Manager A and Caregiver B. Caregiver B reported they gave Resident 1 the medication as soon as they received it from the pharmacy. Manager A reported there may have been some difficulty getting the medication from the pharmacy they used. Manager A reported s/he did not know if there was any correspondence between the facility staff and the pharmacy to obtain the medication. Manager A reported they called the pharmacy frequently to sort out any issues with medications.	M 582		