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	0017513	A. BUILDING: _____ B. WING _____	06/27/2023

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WEST ALLIS ADULT FAMILY HOME LLC	1139 S 56TH ST MILWAUKEE, WI 53214

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M 000	INITIAL COMMENTS On 06/27/2023, Surveyor conducted a standard survey and 1 complaint investigation at West Allis Adult Family Home. Eight deficiencies were identified. One 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 indicating staff had been screened for illnesses detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 2 of 2 staff reviewed. Administrator A and Caregiver C were not screened for communicable disease, including TB, within 90 days prior to the start of providing service. Findings include:	M 232		

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

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M 232	Continued From page 1 On 06/27/2023, Surveyor reviewed staff records and identified the following: -Administrator A was hired on 02/03/2020. Administrator A's record did not include a communicable disease screening or TB test. -Caregiver B was hired on 02/03/2020. Caregiver B's record did not include a communicable disease screening or TB test. On 06/27/2023, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A was unaware of the communicable disease screening requirement and confirmed they had not received TB tests or free from communicable diseases screenings. Licensee A confirmed they had been working with residents since early 2020. Licensee A reported in the future s/he would ensure the staff provided the necessary documentation prior to starting service with the residents.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by:	M 244		

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M 244	Continued From page 2 Based on record review and interview, the provider did not ensure 2 of 2 staff (Administrator A and Caregiver B) completed initial training related to residents' rights and client group specific. Findings include: On 06/27/2023, at 11:00 AM, Surveyor reviewed staff records and identified the following: -Administrator A was hired on 02/03/2020. Administrator A's record did not include resident rights training or client group specific training. -Caregiver B was hired on 02/03/2020. Caregiver B's record did not include resident rights training or client group specific training. On 06/27/2023, at approximately 12:30 PM Surveyor interviewed Administrator A. Administrator A stated s/he did not know there were additional training requirements and confirmed these trainings had not been completed. Administrator A reported s/he had not read the AFH codes since becoming licensed and reported s/he would read and study them to ensure compliance in the future.	M 244		
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	M 246		

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M 246	Continued From page 3 received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the licensee and each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 employees reviewed. Administrator A and Caregiver B did not receive annual training in 2021 and 2022. Findings include: On 06/27/2023, Surveyor reviewed staff records and identified the following: -Administrator A was hired on 02/03/2020. Administrator A's record did not include evidence of training in 2021 and 2022. -Caregiver B was hired 02/03/2020. Caregiver B's record did not include evidence of training in 2021 and 2022. On 06/27/2023, at 12:30 PM, Surveyor interviewed Administrator A. Administrator A reported s/he was unaware annual training was required for the staff and stated they had not done the training for either year. Administrator A stated s/he would ensure staff received annual training in the future.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.	M 290		

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M 290	Continued From page 4 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not have the gas furnace inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace in the adult family home (AFH). Findings include: On 06/27/2023, at approximately 10:00 AM, Surveyor toured house accompanied by Administrator A. Surveyor observed a West Allis Heating and Air service sticker attached to the furnace which indicated the furnace was last inspected on 03/19/2020. On 06/27/2023, Surveyor reviewed the provider's safety files. There was no furnace inspection included. On 06/27/2023 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated they thought the furnace had been serviced recently. Surveyor agreed to review any additional service records found by 06/28/2023 at noon. No additional records were received.	M 290		
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	M 332		

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M 332	Continued From page 5 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 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 each fire extinguisher was inspected annually by the authorized dealer or the local fire department for 3 of 3 fire extinguishers. The fire extinguisher in the kitchen, 2nd floor, and basement were not inspected annually. The tag attached indicated the date of the last inspection was September 2021. Findings include: On 06/27/2023, at approximately 10:00 AM, Surveyor toured house accompanied by Administrator A. Surveyor observed a fire extinguisher in the kitchen, 2nd floor, and basement with a tag attached indicating the date of the last inspection was September 2021. On 06/27/2023, at approximately 10:00 AM, Surveyor interviewed Administrator A. Administrator A stated s/he was aware of the requirement to have the fire extinguishers	M 332		

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M 332	Continued From page 6 inspected annually but had overlooked it. Surveyor asked if there was a system in place to ensure compliance of maintenance inspection requirements. Administrator A stated, "I've just had a lot going on."	M 332		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members or ensure written documentation of the date and the evacuation time for each drill for 2 of 2 years reviewed. There were no fire drills completed in 2021 or 2022. Findings include: On 06/27/2023, Surveyor asked to reviewed fire drill documentation. The provider had no fire drill records for 2021 or 2022 to review. On 06/27/2023 at approximately 1:30 PM, Surveyor interviewed Administrator A. Surveyor inquired about the provider's system to ensure fire drills were completed and documented. Administrator A stated, "I know we should do at least one each year. I guess I overlooked it." Surveyor and Administrator A reviewed DHS 88.05(4)(d)2c Semi-Annual Fire Drills. Administrator A reported s/he had not re-read the AFH codes since licensure of this AFH and stated s/he would read and study them to ensure	M 348		

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M 348	Continued From page 7 compliance in the future.	M 348		
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 assure 2 of 4 residents (Resident 1 and Resident 2) were screened for communicable disease, including tuberculosis (TB) within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 06/27/2023, Surveyor reviewed resident records and identified the following: Resident 1 Resident 1 was admitted to the Adult Family Home (AFH) on 04/15/2023 with diagnoses including unspecified adjustment disorder and malingering. The record did not include documentation of TB testing or communicable disease screening completed for Resident 1.	M 380		

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M 380	Continued From page 8 Resident 2 Resident 2 was admitted to the AFH on 04/01/2022 with diagnoses including autistic disorder, elevated prostate, hyperlipidemia, and major depressive disorder. The record did not include documentation of TB testing or communicable disease screening completed for Resident 2. On 06/27/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 and Resident 2 were not screened for communicable diseases, including TB. Administrator A stated they discussed communicable disease screening with Resident 1, but s/he refused to agree to have it done. "I didn't realize [Resident 2] was missing the test. All their paperwork came from another group home." Administrator A stated s/he would ensure the residents in the future obtain their TB tests timely.	M 380		
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.	M 570		

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M 570	Continued From page 9 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment in 1 of 1 resident bathroom. The hot water temperature in the bathroom was 140° Fahrenheit (F). Four of 4 residents had independent access to the bathroom. Findings include: The facility was licensed on 02/03/2020 to provide services for up to 4 residents within the client groups of physically disabled, correctional clients, advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, Alcohol/drug dependent and developmentally disabled. On 06/27/2023, at 11:00 AM, Surveyor measured the hot water temperature at the residents' bathroom sink faucet. The temperature was 140° F. Residents were observed to independently use the bathroom. "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		

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M 570	Continued From page 10 On 06/27/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated they had a new hot water heater installed this year and were unaware it was set that high. "I will lower the temperature today."	M 570		