STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017153	A. BUILDING: _____ B. WING _____	C 01/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS ASSISTED LIVING	3240 WHEELOCK RACINE, WI 53405

(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 01/02/2024, Surveyor conducted an abbreviated survey and complaint investigation at Open Arms Assisted Living. Five deficiencies identified. Complaint unsubstantiated. Census: 4	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not keep the home free from dangerous substances. There were cleaning products left out and within residents' access which had the potential to negatively affect 4 of 4 residents residing in the home. Findings include: The facility is licensed to serve up to 4 residents within one of the following client groups: physically disabled, advanced aged, traumatic brain injury, terminally ill, alcohol/drug dependent, developmentally disabled, emotionally disturbed/mental illness and irreversible dementia/Alzheimer's.	M 278		

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

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M 278	Continued From page 1 On 01/02/2024 at approximately 11:30 AM, Surveyor toured the facility with Administrator A. During tour, Surveyor observed Lysol spray, Clorox bleach cleaner spray, all-purpose cleaner spray and scrubbing bubbles spray on the counter in the bathroom on the back hallway. Administrator A grabbed all the toxic substances and went to Caregiver B and Caregiver C and said, "these cleaning products cannot be left out, they have to be locked up." On 01/20/2024 at approximately 12:00 PM, Surveyor interviewed Administrator A and Director of Nursing (DON) D. Administrator A reported those toxic substances should not have been left out in the bathroom and s/he would re-educate all staff.	M 278		
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	M 384		

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M 384	Continued From page 2 provider did not ensure 1 of 1 resident (Resident 1) reviewed had a service agreement completed prior to admission that was signed. Findings include: On 01/02/2024, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider on 11/07/2022 with diagnoses including cerebral vascular accident (CVA), stroke, gastroesophageal reflux disease (GERD), and depression. -Resident 1 was his/her own person and made all his/her own medical decisions -Resident 1's record contained a service agreement, signed by Administrator A and not Resident 1. On 01/02/2024 at approximately 11:15 AM, Surveyor interviewed Administrator A. Administrator A reported s/he did not have Resident 1 sign it but went over it with him/her. Administrator A stated Resident 1 was his/her own person and signed all their paperwork. On 01/02/2024 at approximately 11:25 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had never seen the service agreement or received a copy of it. On 01/02/2024 at approximately 11:40 AM, Surveyor interviewed Administrator A. Administrator A reported s/he would go over the service agreement with Resident 1 and provide Resident 1 with copies.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE	M 402		

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M 402	Continued From page 3 A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. 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) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any. Findings include: On 01/02/2024, Surveyor reviewed the record of Resident 1 and identified the following: -Resident 1 was admitted to the facility on 11/07/2022. -Resident 1 was his/her own person and made his/her own medical decisions. -Resident 1's resident rights and grievance procedure was signed by Administrator A but not Resident 1. On 01/02/2024 at approximately 11:15 AM, Surveyor interviewed Administrator A. Administrator A reported s/he didn't have Resident 1 sign it but s/he went over it with him/her. Administrator A stated Resident 1 is his/her own person and signs all their paperwork. On 01/02/2024 at approximately 11:25 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had never seen the resident rights	M 402		

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M 402	Continued From page 4 and grievance procedure or was given copies of the documents. On 01/02/2024 at approximately 11:40 AM, Surveyor interviewed Administrator A. Administrator A reported s/he would go over resident rights and grievance procedure and provide Resident 1 with copies.	M 402		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. 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) reviewed and his/her managed care organization (MCO) care management team were involved with the development of his/her individual service plan (ISP). Findings include: On 01/02/2024, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the home on	M 406		

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M 406	Continued From page 5 11/07/2022 with diagnoses including cerebral vascular accident (CVA), stroke, depression, and gastroesophageal reflux disease (GERD). -Resident 1 was his/her own person and made his/her own medical decisions. -Resident 1 was enrolled in services with an MCO and had assigned case managers. -Resident 1's ISP was dated 08/08/2023 and signed by Administrator A. Resident 1's signature was not included. Resident 1's case managers' signatures were not included. On 01/02/2024 at approximately 11:45 AM, Surveyor interviewed Administrator A. Administrator A reported Resident 1's ISP reviewed by Surveyor was the current one and was developed by Administrator A. Administrator A stated they sent the ISP to the MCO care management team but they had not returned it. Administrator A confirmed the case managers and Resident 1 did not review and sign the ISP. Administrator A reported s/he would go over Resident 1's ISP with him/her and have them sign it.	M 406		
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.	M 458		

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M 458	Continued From page 6	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 1 of 1 medications that required refrigeration was securely stored. Resident 1's insulin was stored in the common refrigerator, which was unlocked, and accessible to all 4 residents in the home.

Findings include:

On 01/02/2024, at 11:26 AM, Surveyor observed Resident 1's insulin (Levemir Flexpen 100 Unit/milliliter (ML) and Lispro 100 Unit/ML pen) in a metal lock box that was propped open because there was too much insulin stored in the box. The box was not locked. The box was touching a package of thawed ground beef. Surveyor observed a resident who was ambulatory and was able to move freely throughout the home.

On 01/02/2024, at 11: 28 AM, Surveyor interviewed Administrator A regarding the medication in the refrigerator. Administrator A reported the medication should have been locked and s/he was not sure how long the box had been unlocked.

On 01/02/2024 at 11:30 AM, Surveyor observed Administrator A tell Caregiver B and Caregiver C the insulin box needed to be locked at all times and if the lock was not working to contact him/her immediately. Caregiver B and Caregiver C stated they understood the insulin should have been locked in the fridge.