| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| M 000 | INITIAL COMMENTS<br><br>On 01/22/2025, Surveyor conducted a complaint investigation and standard licensure survey at First Street. Data was collected through 02/05/2025.<br><br>The complaint was substantiated.<br><br>Twelve violations were identified. One of 12 violations was a repeat deficiency. See Statement of Deficiencies (SOD) Q7IN11, dated 07/19/2021.<br><br>Census: 3 | M 000 | | |
| M 204 | 88.03(8)(a) MONITORING OF HOME<br><br>The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not comply with all requests for information during the survey process. Licensee A provided Surveyor with inaccurate and falsified information which delayed the survey process.<br><br>Findings include:<br><br>PROVIDING AN INCOMPLETE EMPLOYEE ROSTER:<br>On 01/22/2025 at 12:33 PM, Surveyor interviewed Resident 1. Resident 1 shared names of the staff that worked at the facility, including Licensee A, Caregiver B, Caregiver C, and Staff D. | M 204 | | |

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

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| M 204 | Continued From page 1<br><br>At 12:47 PM, Surveyor requested an employee roster from Licensee A. Licensee A stated s/he only had 2 employees, Caregiver B and Caregiver C. Surveyor asked about Staff D, indicating Resident 1 had just talked about him/her. Licensee A stated Staff D was a volunteer.<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Licensee A provided a staff roster which included the same 3 staff s/he identified on 01/22/2024. Surveyor asked for the date Staff D began volunteering at the facility. Licensee A stated Staff D was in training but was not a volunteer. Licensee A stated Staff D was learning about the program and systems because s/he planned to take on the administrator role in the future. Licensee A stated Staff D did not work with residents.<br><br>Surveyor asked if there were any other staff that worked at the facility in January 2025. Licensee A replied, "No." Surveyor stated there were multiple initials on the January 2025 MARs s/he reviewed. Surveyor stated some of the initials did not match the names provided on the employee roster. Licensee A stated Caregiver E worked at the facility in January but left a couple of weeks ago. Surveyor asked how long Caregiver E worked at the facility. Licensee A replied, "A couple months." Surveyor asked for Caregiver E's date of hire. Licensee A stated s/he hired Caregiver E on 10/15/2024. Surveyor stated s/he had copies of Resident 2's July 2024 MAR and Caregiver E's initials were on it. Licensee A stated Caregiver E was a volunteer from February 2024 to October 2024. Licensee A stated Caregiver E's responsibilities were the same when s/he was a volunteer versus when s/he was a paid staff. Surveyor asked if it was accurate that Caregiver | M 204 | | |

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| M 204 | Continued From page 2<br><br>E worked as a caregiver at the facility from February 2024 to a couple weeks ago. Licensee A replied, "Yes." Surveyor requested Caregiver E's training record for review by 1/28/2025 at 8:00 AM.<br><br>As of 02/05/2025, Surveyor had not received Caregiver E's training record.<br><br>On 02/04/2025 at 2:00 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C for the names of the staff that worked at the facility, and Caregiver C provided a list that included Caregiver F. Caregiver C stated Caregiver F was their overnight staff who worked at the facility Sunday through Thursday. Caregiver C stated Caregiver F had been employed at the facility longer than Caregiver C.<br><br>According to the roster provided by Licensee A, Caregiver C was hired on 12/15/2023. Caregiver F had been an employee at the facility for over 12 months, and Licensee A did not include him/her on the roster.<br><br>PROVIDING FALSIFIED DOCUMENTATION:<br>On 01/22/2024, Surveyor reviewed Caregiver B's record. Caregiver B's date of hire was unclear. His/her file indicated his/her date of hire was 02/03/2024, and his/her record included an initial health screen dated 02/10/2024. Caregiver B's file did not include training documentation.<br><br>At approximately 1:20 PM, Surveyor interviewed Licensee A. Licensee A stated, "[Caregiver B] has limited training... still working on this." Surveyor requested to see the training s/he had completed. Licensee A returned with a training log indicating Caregiver B was hired on 08/30/2024 and | M 204 | | |

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| M 204 | Continued From page 3 | M 204 | | |

completed the following:
- 10/30/2024, resident rights, 2 hours
- 11/08/2024, medication administration training, 3 hours
- 11/15/2024, fire safety, 4 hours

According to this log, the source of each of these trainings was "online."

At approximately 1:30 PM, Surveyor asked Licensee A if s/he had certificates or additional documentation for Caregiver B's trainings. Licensee A stated each of the trainings were provided through the Wisconsin Assisted Living Association (WALA). Licensee A stated the website s/he obtained the trainings from was called "M3" or "WWC," but none of the courses provided certificates.

On 01/23/2025, Surveyor searched the internet for trainings through M3, WALA, and WWC and could not locate any that matched Caregiver B's training log.

On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Surveyor asked Licensee A again about the source of Caregiver B's online training. Licensee A stated Caregiver B's training was done through YouTube which was why Caregiver B did not have training certificates or additional training documents. Surveyor asked if it was accurate that Caregiver B watched 4 hours of YouTube videos on fire safety. Licensee A replied, "Can't explain what [s/he] did... [Caregiver B] just said it took 4 hours." Licensee A stated s/he reviewed each of the YouTube videos to ensure the content was relevant, and s/he assigned the videos to Caregiver B. Surveyor requested Licensee A send the links to the YouTube videos s/he used and Caregiver B's phone number.

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| M 204 | Continued From page 4<br><br>On 01/28/2025 at 12:49 AM, Surveyor received an email from Licensee A with a screenshot of the following website: https://alison.com/course/the-importance-of-fire-safety. The email read, "...The Allison website I wanted to show you too. It is so great for training courses. Just some have certificates and some don't." Surveyor did not receive any links to YouTube videos or online trainings on resident rights or medication administration.<br><br>On 02/05/2025 at 12:32 PM, Surveyor called the phone number Licensee A provided for Caregiver B. Caregiver C answered and provided Surveyor with Caregiver B's correct phone number.<br><br>On 02/05/2025 at 12:34 PM, Surveyor interviewed Caregiver B. Caregiver B stated s/he never completed online training. | M 204 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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. | M 232 | | |

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| M 232 | Continued From page 5<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees sampled (Caregiver B and Caregiver C) were screened for communicable illness, including tuberculosis (TB), prior to working with residents.<br><br>Findings include:<br><br>The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states:<br>"Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 11/25/2024 from https://dhs.wisconsin.gov/publications/p02382.pdf )<br><br>On 01/22/2025, Surveyor reviewed employee records.<br><br>Caregiver B was hired on 08/30/2024. His/her record included a communicable health screen, dated 02/10/2024. There was no evidence of a TB baseline test.<br><br>Caregiver C was hired on 12/15/2023. His/her record included a 1-step TST, dated 12/14/2023. | M 232 | | |

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| M 232 | Continued From page 6<br>It did not include evidence s/he was screened for other communicable illnesses.<br><br>On 01/22/2025 at 2:20 PM, Licensee A stated s/he had "stacks" of paperwork needing to be filed. Licensee A agreed to send Surveyor Caregiver B's and Caregiver C's complete health screening documentation by 01/23/2025 at 10:00 AM.<br><br>On 01/23/2025, Licensee A sent Surveyor the same documents Surveyor reviewed on 01/22/2025.<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Licensee A could not explain why Caregiver B's communicable health screen was completed over 6 months prior to hire. | M 232 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Caregiver E completed 15 hours of training within the first 6 months of hire. | M 244 | | |

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| M 244 | Continued From page 7<br><br>Findings include:<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver E worked at the facility from February 2024 to January 2025. Licensee A stated Caregiver E did not complete training. Surveyor requested Licensee A send Caregiver E's training record to Surveyor by 01/28/2025 at 8:00 AM.<br><br>As of 02/05/2025, Surveyor did not receive any training documentation for Caregiver E. | M 244 | | |
| M 334 | 88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS<br><br>Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the resident bedroom located by the living room had a smoke detector. | M 334 | | |

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| M 334 | Continued From page 8<br><br>Findings include:<br><br>On 01/22/2025 at approximately 1:00 PM, Surveyor toured the facility. The resident bedroom attached to the living room did not have a smoke detector. Licensee A was with Surveyor in the bedroom at the time of the observation. Licensee A looked throughout the bedroom and confirmed there was no smoke detector in the room. Licensee A stated that when the room was added after licensure, they did not install a smoke detector. | M 334 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure residents were evaluated annually for evacuation capabilities.<br><br>Findings include:<br><br>On 01/22/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 07/23/2021. His/her file contained 1 evacuation assessment, dated 07/29/2021.<br><br>At 2:18 PM, Surveyor asked Licensee A how | M 346 | | |

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| M 346 | Continued From page 9<br>often s/he completed resident evacuation assessments. Licensee A replied, "I try to do them every 3 years." | M 346 | | |
| M 398 | 88.06(2)(c)6 PERSONAL FUNDS<br><br>How personal funds will be handled.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure service agreements included a written procedure on how resident funds would be handled.<br><br>Findings include:<br><br>On 12/09/2024, the Department received a complaint regarding the provider's system for resident funds.<br><br>On 01/22/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he managed funds for Resident 1, Resident 2, and a past resident, Resident 3.<br><br>On 01/22/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 was admitted on 07/31/2021. Resident 3 was admitted in July 2024 and discharged on 11/14/2024. Neither record included a signed agreement on how personal funds were handled.<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Surveyor asked if Licensee A had a written procedure detailing how s/he managed resident funds. Licensee A stated, "Yes... in the admissions form... just looked at it yesterday." Licensee A agreed to send the policy to Surveyor by 8:00 AM on 01/28/2025. | M 398 | | |

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| M 398 | Continued From page 10<br><br>As of 02/05/2025, Surveyor did not receive a copy of the provider's policy on resident funds.<br><br>Cross reference:<br>M0558 DHS 88.10(3)(f) Financial Affairs | M 398 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure written orders were on file for 2 of 2 residents sampled. Resident 3's record did not include written orders for all prescription medications administered to Resident 3. The provider did not obtain a written authorization to administer prescription medication to Resident 2 or Resident 3.<br><br>Findings include:<br><br>On 01/22/2025, Surveyor reviewed resident records. | M 464 | | |

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| M 464 | Continued From page 11 | M 464 | | |

Resident 2 was admitted to the facility on 07/31/2021. His/her January 2025 medication administration record (MAR) indicated staff administered his/her medications. His/her record did not include a written order from his/her prescribing physician, authorizing the provider to administer his/her medications.

Resident 3 admitted to the facility in July and discharged on 11/14/2024. His/her MAR indicated staff administered his/her medication. His/her record did not include written orders authorizing the provider to administer his/her medications.

Resident 3's July MAR indicated staff administered diazepam 10 mg daily beginning 07/24/2024. Resident 3's record included 1 script for diazepam 10 mg, dated 08/16/2024. Resident 3's record did not include written orders for the medication prior to the provider administering it to Resident 3.

On 01/22/2025 at approximately 4 PM, Surveyor requested Licensee A send the missing orders by 10:00 AM on 01/23/2025 if s/he had them.

On 01/23/2025 at 12:07 PM, Surveyor sent Licensee A the following email:
"I requested written authorization to administer medication for [Resident 2] and [Resident 3]. I didn't receive either. How/when do you get written authorization prior to administering medications to new residents? I see [Resident 2's] physician exam report does include a section regarding this requirement, but it was not filled out."

On 01/23/2025 at 4:19 PM, Surveyor received an email from Licensee A that read, "I can fax [Resident 2's] form to the Dr for [him/her] to mark that box also. I'm sure [s/he] just missed it. But

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| M 464 | Continued From page 12<br>per court orders [Resident 2] also needs medication assistance. Maybe I'm missing something." Surveyor did not receive information regarding Resident 3's written authorization.<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Surveyor asked about Resident 3's orders. Licensee A stated, "I always get a med (medication) list and I try to get it signed." Licensee A stated s/he would send Surveyor Resident 3's written orders by 8:00 AM on 01/28/2025.<br><br>On 01/28/2025 at 12:49 AM, Surveyor received an email from Licensee A that read, "...as far as [Resident 3's] actual script for [his/her] first and original Diazepam order was not to be located. However the order number which is the rx (prescription) number is wrote [sic] right on it (the MAR). So [s/he] obviously did have one."<br><br>As of 02/06/2025, Surveyor did not receive information regarding Resident 3's written authorization. | M 464 | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. | M 466 | | |

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| M 466 | Continued From page 13<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure resident records included a complete account of all medication dispensed or administered to Resident 2 or Resident 3.<br><br>Findings include:<br><br>On 01/22/2025 at approximately 2:00 PM, Surveyor observed Licensee A prepare Resident 2's medication. Licensee A turned to Surveyor and explained that s/he documented (initialed) the medication administration record (MAR) before the medication was administered. Surveyor observed Licensee A fill in past administration times on Resident 2's MAR. Surveyor asked Licensee A if s/he had filled in past administration times and Licensee A admitted s/he was completing documentation for earlier medication passes. Licensee A stated Resident 2 received all morning medications on 1/22/2025.<br><br>At approximately 2:20 PM, Surveyor reviewed Resident 2's January MAR. Four medications scheduled for 01/22/2025 at 8:00 AM did not have documentation to show the medication was administered, omitted, or refused. These medications included clonazepam (for anxiety), hydroxyzine (for obsessive-compulsive disorder), polyethylene glycol (for bowels), and vitamin D (supplement).<br><br>Resident 2's MAR was prescribed clonazepam 0.5 mg, take one tablet by mouth daily as needed for anxiety. Staff initialed next to 9 dates in January. The documentation did not provide information about when Resident 2 needed the | M 466 | | |

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| M 466 | Continued From page 14<br>medication, the reason for needing it, or if the medication was effective, for 5 of the 9 administrations.<br><br>On 01/22/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted in July (either 07/24/2024 or 07/25/2024) and discharged on 11/04/2024.<br><br>According to Resident 3's July MAR, s/he was prescribed 6 scheduled medications. The last 2 dates in July were blank; there was no documentation indicating if his/her 6 medications were administered, held, omitted, or refused.<br><br>Resident 3's August MAR indicated s/he received duloxetine HCL daily at 8:00 AM. Resident 3's written orders indicated his/her physician increased this medication to 30 mg twice a day on 08/26/2024. Resident 3's MAR did not reflect this change.<br><br>On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Licensee A stated the above referenced examples were documentation errors. Licensee A stated Resident 3 received duloxetine HCL twice a day from 08/26/2024 through 08/31/2024. Licensee A stated his/her documentation was "embarrassing."<br><br>On 01/28/2025 at 12:49 AM, Surveyor received an email from Licensee A that read, "...[Resident 3] always tried to ask for more meds (medications) and additional doses that were not on the order. But [s/he] always did receive the exact allowed dose amount." | M 466 | | |
| M 514 | 88.09(2)(a) SERVICE PROVIDER RECORD | M 514 | | |

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| M 514 | Continued From page 15<br><br>Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following:<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain and keep up to date service provider records.<br><br>Findings include:<br><br>Between 01/22/2025 and 01/28/2025, Surveyor reviewed employee records provided by Licensee A. The records were not complete and multiple requests were required to obtain information. For example, on 01/22/2025, Surveyor reviewed Caregiver B's record. Caregiver B's record included a partial communicable health screen and a background check. The date of hire in Caregiver B's record was incorrect (according to interview with Licensee A on 01/27/2025 at 1:55 PM) and Caregiver B's training log was not accurate (according to interview with Caregiver B on 02/05/2025 at 12:34 PM).<br><br>On 01/22/2025 at 2:20 PM, Licensee A stated s/he had stacks of paperwork in his/her office that needed filing.<br><br>On 01/28/2025 at 1:55 PM, Surveyor interviewed Licensee A. Surveyor discussed concern with Licensee A's record systems. Licensee A stated, "I couldn't agree more." | M 514 | | |

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| M 514 | Continued From page 16<br><br>Cross reference:<br>Y3098 Wis. Stat. 50.07 Prohibited Acts | M 514 | | |
| M 558 | 88.10(3)(f) Financial Affairs<br><br>Financial affairs. To manage his or her own financial affairs, including any personal allowances under federal or state programs, unless the resident delegates, in writing, responsibility for financial management to the licensee or someone else of the resident's choosing or the resident is adjudicated incompetent in which case the guardian or guardian's designee is responsible.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure residents were able to manage their own finances. Licensee A controlled funds for Resident 1, Resident 2, and Resident 3 without written authorization from the residents or their legal representatives. Licensee A did not have a system that ensured resident funds remained separate and accurate.<br><br>Findings include:<br><br>On 12/09/2024, the Department received a complaint regarding the provider's system for resident funds. The complaint was substantiated.<br><br>On 01/22/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he managed funds for Resident 1, Resident 2, and a past resident, Resident 3. | M 558 | | |

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| M 558 | Continued From page 17<br>Surveyor requested to review all resident funds.<br><br>At approximately 3:00 PM, Licensee A provided Surveyor with a binder, which included a large stack of receipts with dates ranging from September 2024 to January 2025. The ledgers in the binder indicated Licensee A had funds for Resident 1, Resident 2, and Resident 3. The ledgers were last updated in September 2024. The last recorded transaction for each resident was as follows:<br>- Resident 1 spent $4.22 at Speedway on 09/29//2024, making his/her remaining balance $20.86.<br>- Resident 2 spent $26.75 on 09/27/2024 at Stout Craft Company, making his/her remaining balance $31.73.<br>- Resident 3 was given $100 for "spending" on 09/29/2024, leaving his/her remaining balance at $375.00.<br><br>Based on the ledgers, Licensee A should have had $427.59 available in resident funds.<br><br>At 3:05 PM, Surveyor requested to see each resident's money. Licensee A stated the funds were locked upstairs. At 3:12 PM, Licensee A returned with a wallet. Licensee A stated s/he did not keep resident funds separated; s/he kept all funds in his/her personal wallet. Licensee A removed the cash from the wallet and counted it with Surveyor. The wallet contained $48.00.<br><br>Licensee A stated s/he had not balanced resident accounts since September 2024. Licensee A stated s/he could not determine each resident's balance at this time, but s/he knew Resident 1 had not spent any of his/her money this month. Licensee A stated Resident 2's guardian sent Resident 2 $75.00 each month, and Resident 1's | M 558 | | |

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| M 558 | Continued From page 18 | M 558 | | |

guardian sent Resident 1 $100.00 each month. Surveyor asked how the total amount in the wallet was less than $100.00, if Resident 1 had not spent any of his/her money in the past month. Licensee A then stated Resident 1 had spent some of his/her money in the past month, but s/he was unsure on what or when.

Licensee A provided Surveyor with check stubs for Resident 1 and Resident 2. According to these check stubs, Resident 1's guardian sent $100 on 11/25/2024 and $100 on 12/23/2024. Resident 2 was sent a total of $500 between 10/08/2024 and 01/01/2025.

Licensee A stated s/he gave Resident 3 his/her remaining funds when s/he discharged on 11/14/2024.

On 01/22/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 was admitted on 07/31/2021. Resident 3 was admitted in July 2024, and discharged on 11/14/2024. Neither record included a signed agreement on how funds would be handled or that Licensee A was authorized to manage their funds.

On 01/27/2025 at 1:55 PM, Surveyor interviewed Licensee A. Surveyor asked if s/he obtained written authorization from residents and/or their legal representatives, giving Licensee A permission to manage their funds. Licensee A stated s/he did. Licensee A agreed to send Resident 1's, Resident 2's, and Resident 3's signed agreements by 8:00 AM on 01/28/2025.

On 01/28/2025 at 12:49 AM, Surveyor received a copy of Resident 1's and Resident 2's managed care organization's member plans. Neither of the plans included signatures. Surveyor did not

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| M 558 | Continued From page 19<br>receive documentation for Resident 3.<br><br>Resident 1's plan, dated 05/22/2023, read, "[Resident 1] will contact [his/her] payee when [s/he] needs to make a request for additional funds. [S/he] keeps personal spending money in [his/her] purse... The AFH provider supervises money transactions to ensure accurate change is given." Resident 1's plan did not indicate Licensee A would manage or maintain control of Resident 1's funds.<br><br>Resident 2's plan, dated 05/04/2023, read, "[Resident 2] needs support with budgeting and can make small money transactions. Staff assist with small transactions and [his/her] guardian managed all other bills and budgeting." Resident 2's plan did not indicate Licensee A would manage or maintain control of Resident 2's funds.<br><br>Cross reference:<br>M0398 DHS 88.06(2)(c)6. Personal Funds | M 558 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment<br><br>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 20<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a safe environment for residents when the water temperature in the residents' bathroom was dangerously hot.<br><br>This is a repeat violation. See Statement of Deficiencies (SOD) Q7IN11, dated 07/19/2021.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups physically disabled and developmentally disabled.<br><br>On 12/09/2024, the Department received a complaint related to unsafe water temperatures. The complainant indicated the water temperature would suddenly turn dangerously hot during resident showers.<br><br>Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients 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 P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).<br><br>On 01/22/2025 at approximately 1:45 PM, Surveyor measured the water temperature at the sink faucet in the residents' bathroom. The | M 570 | | |

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| M 570 | Continued From page 21<br>temperature continued to rise slowly. By 1:49 PM, the water temperature was 119 degrees Fahrenheit. At 1:49 PM, Surveyor interviewed Licensee A while the hot water continued to run. Licensee A stated s/he recently turned the temperature down at the water heater because the water was getting too hot. At 1:56 PM, the water at the faucet was 125 degrees Fahrenheit.<br><br>On 01/22/2025 at 3:30 PM, Surveyor interviewed Resident 1 and Resident 2. Both residents stated the water got too hot during showers. | M 570 | | |
| M 582 | 88.10(3)(q) Medications<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure Resident 2 had the right to refuse medications. Licensee A placed Resident 2's medication in juice without Resident 2's knowledge.<br><br>Findings include:<br><br>On 01/22/2025 at 1:55 PM, Surveyor observed Licensee A prepare Resident 2's medications. | M 582 | | |

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| M 582 | Continued From page 22<br><br>Licensee A crushed Resident 2's metronidazole 500 mg tablet, clonazepam 0.5 mg tablet, and hydroxyzine HCL 25 mg tablet and mixed the medications into a large cup of juice. Licensee A brought Resident 2 the cup of juice and encouraged him/her to drink it. Resident 2 stated s/he was not thirsty and it would only make him/her have to go to the bathroom. Licensee A did not tell Resident 2 that his/her medications were in the cup, and s/he left the cup next to Resident 2 in the living room.<br><br>Between 1:55 PM and 3:49 PM, Surveyor observed Licensee A encourage Resident 2 to drink the juice multiple times.<br><br>At 3:49 PM, Surveyor interviewed Licensee A. Licensee A stated Guardian G and Resident 2's physician instructed Licensee A to hide Resident 2's medication in his/her food. Licensee A stated s/he was not supposed to inform Resident 2 that the juice contained his/her medication. Licensee A stated if Resident 2 knew Licensee A hid his/her medications in food or drink, Resident 2 would refuse to eat or drink anything.<br><br>Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 07/23/2021.<br><br>Resident 2's individual service plan (ISP), updated 11/27/2024, read: "Aggressive/Combative... Can be combative and refuse meds (medications) and hygiene... daily reminders are needed." The ISP did not include reference hiding medications in food.<br><br>Resident 2's record did not include a court order that removed Resident 2's right to refuse medications. | M 582 | | |

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| M 582 | Continued From page 23<br>Resident 2's record did not include a written order from a physician to crush and hide his/her medications in food.<br><br>Surveyor left the property at 4:11 PM. The cup of juice and medications remained untouched beside Resident 2 in the living room.<br><br>On 01/29/2025 at 11:02 AM, Surveyor interviewed Guardian G. Guardian G stated Resident 2's medications were to be crushed and put in food because of his/her propensity to choke. Guardian G stated Resident 2 did not have a court order to take medications. Guardian G stated s/he was unaware of a physician's order directing staff to hide Resident 2's medication in his/her food and drink. | M 582 | | |