STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014058	A. BUILDING: _____ B. WING _____	C 08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMANUELS ADULT FAMILY HOME	**4723 N 45TH ST MILWAUKEE, WI 53218**

(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 08/09/2024, Surveyor completed an abbreviated survey and 3 complaint investigations at Emanuels Adult Family Home. As a result, 4 deficiencies were identified. Three of 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) U25I11, dated 02/27/2019, and SOD U25I12, dated 01/22/2021). Three complaints were unsubstantiated. Census: 1	M 000		
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 ensure semi-annual fire drills were conducted at least twice within a calendar year for 2 of 2 years. Fire drills were conducted once annually for calendar years 2022 and 2023. This is a repeat deficiency. See Statement of Deficiency U25I11, dated 02/27/2019. Findings include: The facility was licensed on 04/16/2012, to provide care for up to 4 residents in the client groups of advanced age, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's, and traumatic brain injury.	M 348		

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

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M 348	Continued From page 1 On 08/07/2024, at approximately 11:00 AM, Surveyor conducted a record review of semi-annual fire drills. The documentation reported fire drills were conducted on 06/27/2022, 07/07/2023, and 06/02/2024. On 08/07/2024, at 11:15 AM, Surveyor interviewed Licensee A. Licensee A reported the documentation s/he provided was the complete record of fire drills conducted at the home. Licensee A reported s/he was unaware fire drills were required at least twice per calendar year. S/He confirmed the home completed 1 fire drill for 2022 and 1 fire drill for 2023. S/He reported s/he would be sure to conduct a second drill for 2024 and continue that practice in the future.	M 348		
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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescription medication for 1 of 1 resident (Resident 1) was securely stored and remained in its original	M 458		

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M 458	Continued From page 2	M 458		

container as received from the pharmacy. Resident 1's insulin was stored in the common refrigerator, which was unlocked.

This is a being cited a third time. See Statement of Deficiency (SOD) U25I11, dated 02/27/2019, and SOD U25I12, dated 01/22/2021.

Findings include:

The home was licensed as an ambulatory adult family home caring for up to 4 residents in the client groups of advanced age, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's, and traumatic brain injury.

On 08/07/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/24/2023, with a diagnosis of diabetes.

On 08/07/2024, at approximately 11:12 AM, Surveyor toured the home and observed Resident 1's insulin (1 box of insulin Aspart FlexPen, 1 box of Lantus Solostar, and an unlabeled container of 3 Aspart FlexPen syringes and 7 Lantus Solostar syringes) inside of the refrigerator on the door unsecured. Residents were able to freely move around within the home.

On 08/07/2024, at approximately 11:12 AM, Surveyor reviewed Resident 1's prescription labels on the medication boxes.

Resident 1's prescription label as of 02/02/2024, documented the following:
- Aspart FlexPen: "Give with tube feeds. If blood glucose < 100 hold insulin. If blood glucose between 100-200 give 4 units. If blood glucose greater than 200 give 6 units. If blood glucose is >

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M 458	Continued From page 3 300 give 8 units." Resident 1's prescription label on the Lantus Solostar was unreadable and had been partially torn off. On 08/07/2024, at 11:15 AM, Surveyor interviewed Licensee A regarding the medication in the refrigerator. Licensee A reported s/he was unaware the insulin pens were required to be secured inside the refrigerator.	M 458		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation of successful completion of the training requirements under Wis. Admin. Code § DHS 88.04(5), for 2 of 2 caregivers. Wis. Admin. Code § DHS 88.04(5)(a) 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. (b) 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	M 530		

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M 530	Continued From page 4 beginning with the calendar year after the year in which the initial training is received. This is a repeat violation. See Statement of Deficiency U25I12, dated 01/22/2021. Findings include: On 08/07/2024, at 11:25 AM, Surveyor reviewed staff files for Caregiver B and Caregiver C. Caregiver B's file documented the following: Caregiver B was hired in January 2019 (specific date unknown). Initial training was not completed in the following subjects: health/safety/welfare, resident rights, treatment appropriate to residents, and personal cares. In the calendar year 2023, Caregiver B did not have documentation of annual training. Caregiver C's file documented the following: Caregiver C was hired on 06/12/2023, at a sister location, and began working at the home in January 2024. Initial training was not completed in the following subjects: health/safety/welfare, resident rights, treatment appropriate to residents, and personal cares. On 08/07/2024, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported all of the training documentation s/he had for Caregiver B and Caregiver C were in the file folders s/he provided to Surveyor. Licensee A confirmed Caregiver B missed training in calendar year 2023. Licensee A reported Caregiver C was supposed to provide paperwork related to tests and training s/he had at a prior employer but had not. Licensee A confirmed	M 530		

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M 530	Continued From page 5 Caregiver C did not receive all required training in calendar year 2023. Licensee A reported s/he was unaware of all the required trainings and the number of hours which needed to be completed for initial training and continuing education.	M 530		
M 532	88.09(2)(a)9 HEALTH SCREENING The results of screening for communicable disease. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider record contained documentation of the results of screening for communicable disease for 2 of 2 service providers reviewed. Caregiver B's and Caregiver C's records did not include completed documentation of the communicable disease screening. Findings include: On 08/07/2024, at 11:25 AM, Surveyor reviewed service provider records and identified the following: - Caregiver B was hired in hired in January 2019 (specific date unknown). Caregiver B's record did not include completed documentation of the communicable disease screening. - Caregiver C was hired on 06/12/2023, at a sister location, and began working at the home in January 2024. Caregiver C's record did not include completed documentation of the communicable disease screening. On 08/07/2024, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported	M 532		

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M 532	Continued From page 6 Caregiver B had a communicable disease screening from a prior employer, which s/he was supposed to provide the documentation, but never did. Licensee A reported Caregiver B completed a TB test on 03/13/2024, but it did not include completion of the communicable disease screening. Caregiver C had a TB test on 05/02/2024, but it did not include completion of the communicable disease screening. Licensee A reported s/he would complete the communicable disease screenings in the future under the code requirements, and s/he would require any current staff to complete the screening.	M 532		