STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019186	A. BUILDING: _____ B. WING _____	08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE ADULT FAMILY HOME INC 3	N88 W17630 CHRISTMAN RD MENOMONEE FALLS, WI 53051

(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
N 000	Initial Comments On 08/22/2023, Surveyor conducted a standard survey at Elite Adult Family Home Inc 3. Four deficiencies were identified. Census: 7	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the Department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardizes the health, safety, or welfare of resident or employees. Resident 1 had 2 behavioral incidents that required law enforcement personnel to be called to the facility. Findings include: On 08/22/2023, Surveyor reviewed Resident 1's record and identified the following: Resident 1 admitted on 06/07/2023 with	N 164		

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

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N 164	Continued From page 1	N 164		

diagnosis that include traumatic brain injury, anxiety, and cognitive communication deficit. Resident 1 had a guardian that made decisions on his/her behalf.

Resident 1's individual service plan (ISP) dated 07/13/2023 documented:
"Behavior issues: [Resident 1] shows some behaviors when certain staff was working. This staff has resigned."

Resident 1's incident reports documented:

"06/20/2023: On June 20, 2023, at approximately 1900, [Resident 1] was administered a new medication by a staff member. [Resident 1] refused to take new pills and with frustration confronted staff member by yelling and pointing in personal space. During the confrontation, another resident tried to assist staff member by pushing [Resident 1]. No injuries were reported. Out of frustration, [Resident 1] went upstairs to [his/her] room where [s/he] dialed 911 with [his/her] personal cell phone. The [Police Department D] arrived and observed that there was no hurt, harm, or danger on the scene. Officers escorted [Resident 1] back to [his/her] room where [s/he] was asked to remain until [Administrator A] arrived at the facility. [Resident 1] remained in [his/her] room, but 30-45 mins after officers left the facility [Resident 1] came back downstairs and tried to open medication cabinet to administer [his/her] medication.

07/11/2023: On July 11, 2023 at approximately 1700, [Resident 1] came downstairs for supper. [S/he] observed a staff member preparing to administer medication to the other residents and became frustrated. [Resident 1] stated that the meds should be passed out after supper instead

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N 164	Continued From page 2 of beforehand, proceeded to yell at staff member in front of other residents. Two residents tried to deescalate the situation by trying to insert themselves into the confrontation. [Resident 1] went upstairs to [his/her] room frustrated, where [s/he] then called the police. [Police Department D] arrived at the scene where there was no one hurt/harm, or danger found at the scene. [Resident 1] was asked to remain in [his/her] rooms until [Administrator A] arrived at the facility." On 08/22/2023, Surveyor reviewed department records and could not find any self-reports filed by the facility in June or July 2023. On 08/22/2023 at 11:05 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 has not called the police since the above 2 incidents. Administrator A stated Resident 1 is our newest resident and was still getting use to his/her new environment. Administrator A stated when Police Department D talked to Resident 1, they noted if s/he continued to called the police without a reason, s/he would be given a ticket. Administrator A stated s/he did not know anytime police were called to the facility, a self-report was required.	N 164		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease	N 220		

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N 220	Continued From page 3 control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 2 of 2 employees (Caregiver B and Caregiver C) were screened for clinically apparent communicable disease including tuberculosis (TB). Findings include: On 08/22/2023, Surveyor reviewed employee records and identified the following: Caregiver B had a hire date of 01/05/2023. Caregiver B's record did not contain documentation to show Caregiver B was screened for clinically apparent communicable disease within 90 days of starting employment. Caregiver B's communicable disease screen was dated 05/01/2023. Caregiver C had a hire date of 07/24/2023. Caregiver C's record did not contain documentation to show Caregiver C was screened for clinically apparent communicable disease including a TB test within 90 days of starting employment. On 08/22/2023 at 11:05 AM, Surveyor interviewed	N 220		

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N 220	Continued From page 4 Administrator A. Administrator A acknowledged an understanding of the above concerns. Administrator A stated Caregiver C works at his/her adult family home and had a TB test completed in the past, but confirmed it was older than a year. Administrator A stated s/he will start completing TB tests and communicable disease screens as part of the new hire paperwork.	N 220		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an assessment for Resident 1 prior to admission. Findings include: On 08/22/2023, Surveyor reviewed resident records and identified the following: Resident 1 admitted on 06/07/2023 with diagnosis that include traumatic brain injury, anxiety, and cognitive communication deficit.	N 381		

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N 381	Continued From page 5 Resident 1 had a guardian that made decisions on his/her behalf. Resident 1's record contained an individual service plan (ISP) dated 07/13/2023. The record did not contain a pre-admission assessment. On 08/22/2023 at 11:05 AM, Surveyor interviewed Administrator A. Administrator A stated s/he completed an in-person assessment on Resident 1 prior to his/her admission, but s/he did not document the assessment or retain any paperwork. Administrator A stated s/he was unaware this was a requirement.	N 381		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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N 387	Continued From page 6	N 387		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure all Individual Service Plans (ISP) had been signed by the responsible parties. One of 1 ISP's reviewed (Resident 1) did not contain the required signatures.

Findings include:

On 08/22/2023, Surveyor reviewed Resident 1's record and identified the following:

Resident 1 admitted on 06/07/2023 with diagnosis that include traumatic brain injury, anxiety, and cognitive communication deficit. Resident 1 had a guardian that made decisions on his/her behalf.

Resident 1's record contained an ISP dated 07/13/2023 that was signed by Administrator A. The ISP did not include a signature from Resident 1's guardian.

On 08/22/2023 at 11:05 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1's guardian could not make it to the care conference and s/he has not been able to get a signature yet. Administrator A stated s/he will ensure responsible parties sign ISP's going forward.