| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NEW CARE FAMILY SERVICES CEDARBURG H | W54 N519 HIGHLAND DR CEDARBURG, WI 53012 |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 09/06/2023, Surveyor conducted a standard survey and verification visit for Statement of Deficiency 9CYT17, dated 03/20/2023, at New Care Family Services Cedarburg House. Additional information was gathered through 09/07/2023. As a result of the survey, there were 7 deficiencies identified. Four of 7 deficiences were repeat violations cited within the past six years.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 4 | {M 000} | | |
| 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 1 of 2 staff completed fire safety and first aid/choking training prior to or within 6 months of hire.<br><br>This is a repeat deficiency. See Statement of Deficiency 9CYT11, dated 01/09/2019. | M 244 | | |

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

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| M 244 | Continued From page 1<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents who may have developmental disabilities, advanced age, traumatic brain injuries, Alzheimer's/dementia and/or be physically disabled.<br><br>On 09/06/2023, Surveyor reviewed employee records for Caregiver C. Caregiver C was hired on 01/03/2023. Caregiver C's record did not include evidence of fire safety and first aid/choking.<br><br>On 09/06/2023 at approximately 12:59 PM, Surveyor interviewed Licensee A. Licensee A stated s/he worked with a trainer to ensure all required training was completed. Surveyor told Licensee A to send documentation of Caregiver C's required training by 4:00 PM on 09/06/2023. On 09/07/2023 at 8:08 AM, Surveyor received an email from Licensee A. The email stated, "I was not able to meet the deadline for yesterday's survey." Surveyor did not receive any additional records for Caregiver C.<br><br>The provider did not ensure staff completed required training prior to or within 6 months of hire. | M 244 | | |
| M 246 | 88.04(5)(b) TRAINING-8 HOURS ANNUALLY<br><br>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 | M 246 | | |

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| M 246 | Continued From page 2<br>residents every year beginning with the calendar year after the year in which the initial training is received.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure all staff received 8 hours of training approved by the licensing agency related to the resident rights and standard precautions for 1 of 1 employee reviewed who required annual training. Caregiver D did not receive required annual training in 2021 and 2022.<br><br>This requirement is being cited for third time. See Statements of Deficiency (SOD) 9CYT11, dated 01/09/2019 and SOD CYT12, dated 05/15/2019.<br><br>Findings include:<br><br>On 09/06/2023, Surveyor reviewed staff records and identified the following:<br>Caregiver D had training in 2019. Surveyor was unable to locate a hire date in Caregiver D's record. Caregiver D's file contained no documentation Caregiver D received training related to resident rights in 2021 or resident rights and standard precautions in 2022.<br><br>On 09/06/2023 at 12:59 PM, Surveyor interviewed Licensee A. Licensee A reported Caregiver D's date of hire should have been in his/her record. Licensee A confirmed Caregiver D had been there "for years" and believed s/he had started around 2019. Licensee A stated s/he had a trainer and that all required training was in | M 246 | | |

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| M 246 | Continued From page 3<br>the staff record. Surveyor stated s/he was unable to find required training documentation for 2021 and 2022 for Caregiver D. Licensee A stated s/he would reach out to the trainer. Surveyor told Licensee A to send documentation of Caregiver D's required training by 4:00 PM on 09/06/2023. On 09/07/2023 at 8:08 AM, Surveyor received an email from Licensee A. The email stated, "I was not able to meet the deadline for yesterday's survey." Surveyor did not receive any additional records for Caregiver D.<br><br>The provider did not ensure all staff received 8 hours of training approved by the licensing agency related to the resident rights and standard precautions. | M 246 | | |
| {M 276} | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the licensee did not ensure the home was safe and well-maintained and provided a homelike environment for 4 of 4 residents in the facility.<br><br>This requirement is being cited for the fifth time. See Statement of Deficiencies (SOD) #9CYT14, dated 04/22/2021, SOD #9CYT15, dated 08/15/2022, SOD #9CYT16, dated 11/23/2022 and SOD #9CYT17, dated 03/20/2023. | {M 276} | | |

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| {M 276} | Continued From page 4<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents who may have developmental disabilities, advanced age, traumatic brain injuries, Alzheimer's/dementia and/or be physically disabled.<br><br>On 09/06/2023 at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed the upstairs common bathroom door was unable to be closed or locked for privacy. Inside the bathroom, Surveyor observed a small bar of soap on the sink for all residents to use. There was no paper towel or pump hand soap to wash/dry hands in a sanitary/safe manner. Caregiver B confirmed via interview at 11:00 AM, there was no hand pump soap or paper towel in the bathroom for staff/residents to use to wash/dry their hands. Caregiver B stated s/he would put paper towel in the bathroom for residents to use. Surveyor observed a resident come out of the bathroom and the door handle was wet as the resident had nothing to use to dry his/her hands.<br><br>On 09/06/2023 at 12:59 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would have the maintenance person come to look at the door. | {M 276} | | |
| 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 | M 346 | | |

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| M 346 | Continued From page 5<br>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 complete an evacuation assessment review for 1 of 2 residents reviewed who lived in the facility. Resident 1 did not have an evacuation assessment completed within 3 days of his/her admission.<br><br>Findings include:<br><br>On 09/06/2023 at 12:00 PM, Surveyor reviewed resident records and identified the following:<br><br>Resident 1 was admitted to the facility on 11/08/2022. Resident 1's record did not contain a Resident Evacuation Assessment.<br><br>On 09/06/2023 at 12:59 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 had an evacuation assessment that should be in his/her record. Caregiver B confirmed s/he was unable to find an evacuation assessment in Resident 1's record. Licensee A stated s/he would look for the evacuation assessment. Surveyor told Licensee A to send documentation of Resident 1's evacuation assessment done within 3 days of admission by 4:00 PM on 09/06/2023. On 09/07/2023 at 8:08 AM, Surveyor received an email from Licensee A. The email stated, "I was not able to meet the deadline for yesterday's survey." Surveyor did not receive any additional records for Resident 1. | M 346 | | |
| M 420 | 88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT | M 420 | | |

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| M 420 | Continued From page 6<br><br>A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not include 1 of 1 resident's (Resident 1's) treatment team in the development of the Individual Service Plans (ISP), and there was no statement of agreement/signatures within the ISP.<br><br>This requirement is being cited for fourth time. See Statements of Deficiency (SOD) 9CYT13, dated 02/25/2022, SOD 9CYT15, dated 08/15/2022 and SOD CYT16, dated 11/23/2022.<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents who may have developmental disabilities, advanced age, traumatic brain injuries, Alzheimer's/dementia and/or be physically disabled.<br><br>On 09/06/2023, Surveyor reviewed Resident 1's ISP and observed the page where the team would sign their understanding of agreement with the ISP was left blank with no resident signature or guardian and/or case manager signatures. Resident 1 was admitted on 11/08/2022.<br><br>On 09/06/2023 at approximately 12:59 PM, Surveyor interviewed Licensee A regarding Resident 1's ISP being unsigned. Licensee A stated s/he would have the ISP signed at the next review. The initial ISP was completed on | M 420 | | |

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| M 420 | Continued From page 7<br>11/08/2022 by Licensee A, no other signatures. There was a note that the ISP was updated on 07/13/2023, without initials or signature of person completing the update, and no signatures from the resident, guardian and/or case manager. | M 420 | | |
| 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 have a written order from the physician who prescribed the medications, specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered for 1 of 2 residents (Resident 2) reviewed.<br><br>Findings include:<br><br>On 09/06/2023, Surveyor requested resident records for Resident 2. Resident 2 was admitted on 07/18/2023. Surveyor was unable to find a written order from the physician specifying who was able to administer medications. Caregiver B | M 464 | | |

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| M 464 | Continued From page 8<br>confirmed that staff were currently administering medications for Resident 2, and that s/he was unable to find a written order from the physician specifying who was permitted to administer the medication.<br><br>On 09/06/2023 at 12:59 PM, Surveyor interviewed Licensee A. Licensee A acknowledged Resident 1 did not have written orders from the physician as Resident 1 had not seen a doctor to get orders. Licensee A confirmed Resident 1 was admitted on 07/18/2023, and that s/he had scheduled Resident 1 an appointment on 09/11/2023 at 2:00 PM, with a physician. | M 464 | | |
| Y3097 | 50.06 CERTAIN ADMISSIONS TO FACILITIES<br><br>Certain admissions to facilities.<br><br>(1) In this section, incapacitated means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post?hospital care.<br><br>(2) An individual under sub. (3) may consent to admission, directly from a hospital to a facility, of an incapacitated individual who does not have a valid power of attorney for health care and who has not been adjudicated incompetent under ch. 880, if all of the following apply:<br><br>(a) No person who is listed under sub. | Y3097 | | |

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| Y3097 | Continued From page 9<br>(3) in the same order of priority as, or higher in priority than, the individual who is consenting to the proposed admission disagrees with the proposed admission.<br><br>(am) 1. Except as provided in subd. 2., no person who is listed under sub. (3) and who resides with the incapacitated individual disagrees with the proposed admission.<br><br>2. Subdivision 1. does not apply if any of the following applies:<br><br>a. The individual who is consenting to the proposed admission resides with the incapacitated individual.<br><br>b. The individual who is consenting to the proposed admission is the spouse of the incapacitated person.<br><br>(b) The individual for whom admission is sought is not diagnosed as developmentally disabled or as having a mental illness at the time of the proposed admission.<br><br>(c) A petition for guardianship for the individual under s. 880.07 and a petition for protective placement of the individual under s. 55.06 (2) are filed prior to the proposed admission.<br><br>(3) The following individuals, in the following order of priority, may consent to an admission under sub. (2): (a) The spouse of the | Y3097 | | |

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| Y3097 | Continued From page 10<br>incapacitated individual.<br><br>(b) An adult son or daughter of the incapacitated individual.<br><br>(c) A parent of the incapacitated individual.<br>(d) An adult brother or sister of the incapacitated individual.<br><br>(e) A grandparent of the incapacitated individual.<br><br>(f) An adult grandchild of the incapacitated individual.<br><br>(g) An adult close friend of the incapacitated individual.<br><br>(4) A determination that an individual is incapacitated for purposes of sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one licensed psychologist, as defined in s. 455.01 (4), who personally examine the individual and sign a statement specifying that the individual is incapacitated. Mere old age, eccentricity or physical disability, either singly or together, are insufficient to make a finding that an individual is incapacitated. Neither of the individuals who make a finding that an individual is incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have knowledge that he or she is entitled to or has a claim on any portion of | Y3097 | | |

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| Y3097 | Continued From page 11 | Y3097 | | |

the individual?s estate. A copy of the statement shall be included in the individual?s records in the facility to which he or she is admitted.

(5) (a) Except as provided in par. (b), an individual who consents to an admission under this section may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may and authorize expenditures related to health care to the same extent as a guardian of the estate may, until the earliest of the following:

1. Sixty days after the admission to the facility of the incapacitated individual.

2. Discharge of the incapacitated individual from the facility.

3. Appointment of a guardian for the incapacitated individual.

(b) An individual who consents to an admission under this section may not authorize expenditures related to health care if the incapacitated individual has an agent under a durable power of attorney, as defined in s. 243.07 (1) (a), who may authorize expenditures related to health care.

(6) If the incapacitated individual is in the facility after 60 days after admission and a guardian has not been

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| Y3097 | Continued From page 12<br>appointed, the authority of the person who consented to the admission to make decisions and, if sub. (5) (a) applies, to authorize expenditures is extended for 30 days for the purpose of allowing the facility to initiate discharge planning for the incapacitated individual.<br><br>(7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center is available for the individual, a functional and financial screen to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial screen under s. 46.283 (4) (g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 employee (Caregiver C). This had | Y3097 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| NEW CARE FAMILY SERVICES CEDARBURG I | W54 N519 HIGHLAND DR CEDARBURG, WI 53012 |

| (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 |
|---|---|---|---|---|
| Y3097 | Continued From page 13<br>the potential to affect 4 out of 4 residents.<br><br>Findings include:<br><br>On 09/06/2023, Surveyor reviewed staff records for Caregiver C.<br><br>Caregiver C had a hire date of 01/03/2023. Caregiver C completed a Background Information Disclosure (BID) on 01/02/2023, which indicated s/he lived in Houston, Texas until 08/20/2020. The Department of Justice (DOJ) and IBIS background check information report was dated 01/03/2023.<br><br>On 09/06/2023 at 12:59 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he had not completed an out of state background check for Caregiver C. | Y3097 | | |