STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017380	A. BUILDING: _____ B. WING _____	C 04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOSE TO HOME SENIOR LIVING - GRANTOS	4265 N 104TH STREET MILWAUKEE, WI 53222

(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 04/04/2025, Surveyor concluded complaint investigations at Close to Home Senior Living-Grantosa Home. Four deficiencies were identified. Two complaints were unsubstantiated. One complaint was substantiated. Census: 14	N 000		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was signed and dated by resident's legal representative before or at the time of admission for 1 of 1 resident reviewed (Resident 2). Findings include: On 03/25/2025 at 12:35 p.m., Surveyor reviewed Resident 2's record. The following was identified: Resident 2 was admitted to the facility on 03/15/2023. Resident 2's diagnosis included paranoid schizophrenia, anxiety disorder, hypertension and diabetes mellitus type 2. Resident 2 had an activated health care power of attorney. Surveyor reviewed Resident 2's power	N 301		

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

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N 301	Continued From page 1 of attorney documentation and confirmed activation on 01/15/2016. On 03/25/2025 at 12:45 p.m., Surveyor observed admission agreement signed by Resident 2 dated 03/15/2023. Surveyor asked Resident Services Manager (RSM) F why Health Care Power of Attorney (AHCPOA) E had not signed the admission agreement upon admission. RSM F stated, "[Former Executive Director C] would have taken care of that. I was not working here when [Resident 2] moved in." On 04/02/2025 at 5:15 p.m., Surveyor emailed copy of Resident 2's Admission Agreement to AHCPOA E, who confirmed s/he did not sign the agreement. AHCPOA E further confirmed Resident 2 did sign the admission agreement on 03/15/2023. AHCPOA E wrote, "As I was the AHCPOA before his move to the facility, I am unclear as to why his signature appears on any admission documents. Would this not render the paperwork invalid?" On 04/04/2025 at 3:53 p.m., Surveyor interviewed Executive Director (ED) B, who stated, "I thought it was okay for [Resident 2] to sign his/her own admission agreement. It has nothing to do with his/her healthcare." ED B acknowledged provider was a healthcare facility, and AHCPOA E should have been present in signing the document.	N 301		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based	N 389		

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N 389	Continued From page 2 on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by:	N 389		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's (Resident 2's) bedroom was clean. Resident 2's bedroom had clutter including multiple items including, a roll of white trash bags, electric shaver, electric pencil sharpener and books. Surfaces were covered with white powdered substance, food crumbs and dirt on tables. The mini refrigerator to be covered with a sticky, brown substance. The glass, top shelf, was covered in what appeared to be black, moldlike substance coating the shelf. Findings include: On 02/25/2025, the department received a complaint which indicated a resident's room was	N 489		

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N 489	Continued From page 3	N 489		

unclean, dusty, and the miniature refrigerator was dirty with unidentified spilled liquids.

On 03/25/2025 at 12:40 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 03/15/2023, with diagnoses including diabetes mellitus type 2, anxiety disorder, paranoid schizophrenia and gastroesophageal reflux disease. Resident 2 had an Activated Health Care Power of Attorney (AHCPOA).

On 03/25/2025 at 12:45 p.m., Surveyor observed admission agreement signed by Resident 2 dated 03/15/2023. Resident 2's admission agreement stated, "The facility agrees to provide the following services: Housekeeping and laundry services."

Resident 2's ISP, dated 04/04/2024, under housekeeping, read, "Resident requires staff to complete housekeeping services."

On 03/25/2025 at 11:50 a.m., Surveyor toured the facility and observed the following:
Resident 2's bedroom:

- Resident 2's room floor contained small pieces of paper and food crumbs. The room contained clutter, including clothing on the bed, on the ground in the closet and draped over his/her laundry baskets.

-Table was cluttered with multiple items including, a roll of white trash bags, electric shaver, electric pencil sharpener and books.

- Resident 2's closet contained approximately 20 hangers with one item hanging. Surveyor observed clothing on Resident 2's bed and on the

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N 489	Continued From page 4 floor of his/her closet. -Brown, leather-like chair with dust and dirt. Surveyor ran finger over dust and lifted dust to leave a steak across area. -Black, plastic stand, next to chair. Surveyor observed white powdered substance, food crumbs and dirt on table. - Garbage can contained trash bag that was unsecured around trash can, and over filled. - Black, plastic television stand with white powdered substance, food crumbs and dirt. -On top of mini-refrigerator: used bar of soap, in a paper bowl. -Window sills contained dust and was visibly soiled with dirt between screens and glass. -Resident 2's mini-refrigerator was inoperable. Surveyor observed the whole bottom of the mini refrigerator to be covered with a sticky, brown substance. The glass, top shelf, was covered in what appeared to be black, moldlike substance coating the shelf. - Resident 2's air vent had an accumulation of dust. On 03/25/2025 at 12:10 p.m., Surveyor interviewed Caregiver G, who stated each shift and caregiver had chores. Caregiver G stated, "We are here to assist [Resident 2]. S/He refuses to clean his/her room. All shifts are supposed to clean though." On 03/25/2025 at 12:55 p.m., Surveyor interviewed Executive Director (ED) B and Resident Service Manager (RSM) A. ED B stated caregivers know what to clean and should mark it	N 489		

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N 489	Continued From page 5 off on either their flow sheet or in the resident's electronic medical record. On 04/04/2025 at 3:50 p.m., Surveyor informed ED B of the above findings. ED B stated the caregivers know what they should be doing and RSM A should be following up on the caregiver's work. ED B stated, "We will work on that."	N 489		
N 496	83.45(1)(e) Electrical, mechanical, water supply Systems. The CBRF shall maintain all electrical, mechanical, water supply, plumbing, fire protection and sewage disposal systems in a safe and functioning condition. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all electrical outlets were in a safe and functioning condition. Located in Resident 2's bedroom, Surveyor observed 3 of 4 electrical outlets without faceplates. Findings include: On 02/25/2025, the department received a complaint which indicated Resident 2's room was missing electrical outlet plates. On 03/25/2025 at 12:01 p.m., Surveyor toured Resident 2's bedroom and observed 3 of 4 electrical outlets without faceplates. On 03/25/2025 at 12:55 p.m., Surveyor interviewed Executive Director (ED) B and Resident Service Manager (RSM) A. ED B stated the facility was having electrical repair work in August of 2024. Instead of purchasing the replacement electrical outlet plates from the	N 496		

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N 496	Continued From page 6 electricians, ED B stated s/he intended to purchase them and put them on him/herself. ED B stated, "I know that I purchased them. I just do not recall where I put them."	N 496		