STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018713	A. BUILDING: _____ B. WING _____	R 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON HEIGHTS IV	**2630 N 118TH ST MILWAUKEE, WI 53224**

(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 From 10/23/2024 to 11/05/2024, Surveyor conducted a standard survey and verification visit at Washington Heights IV. Seven deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written report to the department within 3 working days after an incident or accident resulting in serious injury requiring emergency room treatment and hospitalization for 1 of 1 resident (Resident 9) reviewed. On 04/11/2024, Resident 9 sustained a fall, with hip pain. Resident 9 was sent to the emergency room. Resident 9's diagnosis information from his/her skilled nursing care, dated 04/17/2024, stated Resident 4 was diagnosed with, "a fracture around his/her internal left hip joint." There was no evidence the provider reported this incident to the State Agency.	N 165		

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

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N 165	Continued From page 1 Findings include: The facility is licensed as an 8 bed CS (semi-ambulatory) facility to provided services for the developmentally disabled, emotionally disabled/mental illness, irreversible dementia/Alzheimer's and advanced aged. On 10/23/2024 at approximately 12:30 p.m., Surveyor reviewed Resident 9's record. The following was identified: Resident 9 was admitted on 08/22/2023. Resident 9's diagnosis included autism, intellectual disability, unspecified psychosis not due to substance or known psychological condition, depression, and abnormalities of gait and mobility. On 10/23/2024 at 12:40 p.m., Surveyor reviewed Resident 9's record. On 04/11/2024, Manager G wrote, "[Resident 9] got off sofa [sic] proceeding to his/her room and tripped over oxygen cord and fell. I called manager and s/he instructed me to call bell air [sic] [ambulance company] to get him/her sent out to [hospital]. Made [sic] him/her as comfortable as possible and stood by him/her until help arrived. Called back and said s/he got admitted." On 04/17/2024, Resident 9 was admitted to St. Ann Health and Rehabilitation Center. Resident 9's record stated s/he was hospitalized from 04/11/2024 to 04/17/2024 due to fall that resulted in, "fracture around his/her internal left hip joint." On 10/23/2024, Surveyor reviewed the provider's self-report history. The Department did not receive a self-report for Resident 9's fall on	N 165		

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N 165	Continued From page 2 04/11/2024, resulting in an emergency room visit and hospitalization for a fractured left hip joint. On 10/23/2024, at approximately 11:25 a.m., Surveyor interviewed Administrator E and asked when this incident was reported to the department. Administrator E stated, "I really don't believe that it was reported. [Licensee K] should have done it."	N 165		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on interview and record review, the provider did not notify the Department of a change in Administrator; Licensee D was no longer employed after 02/13/2023. Findings include: On 10/23/2024 at 9:45 a.m., Surveyor reviewed facility contact information with Manager G. Surveyor noted Former Licensee D was listed on Department facility face sheet as Licensee and Administrator. Manager G stated, "[Licensee D] is no longer over the facility. That changed at the end of November 2022." On 10/23/2024 at 11:15 a.m., Surveyor interviewed Administrator E, who stated, "I thought Licensee K took care of that. S/He was supposed to remove Licensee D and add the new Administrator J. I have not been at this facility for a couple months. I still came to help because I'm still with other homes."	N 200		

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N 200	Continued From page 3 On 10/22/2024 at 11:15 a.m., Surveyor reviewed department records and found no evidence the provider submitted notification for change in administrator.	N 200		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document a complete caregiver background check (CBC) on 2 of 2 employee records reviewed. Manager G did not have a CBC on file and Caregiver H's CBC was done over two months after hire date. At minimum, a CBC contains 3 parts: 1) Background information disclosure form (BID) 2) Criminal history report from the Department of Justice (DOJ) 3) A report from the Department of Health	N 219		

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N 219	Continued From page 4 Services integrated background information system (IBIS) Findings include: On 10/23/2024 at approximately 1:30 p.m., Surveyor reviewed employee records and identified the following: -Manager G was hired on 02/23/2023. Manager G did not have a BID, DOJ report, or an IBIS report. - Caregiver H was hired on 07/18/2023. Caregiver H's BID was dated 09/22/2024. Caregiver H's DOJ report and IBIS report was dated 09/25/2024. All reports were over 2 months past his/her hire date. On 10/23/2024 at approximately 11:35 a.m., Surveyor interviewed Manager G, who stated s/he worked at the facility for many years then left. Manager G stated Licensee K called in May of 2023 and asked him/her to come back to work for him/her. Manager G stated, "I was gone about one year." On 10/23/2024 at approximately 2:35 p.m., Administrator E stated s/he was not sure if the background checks were done. Administrator E stated s/he was not at the facility often and would check with Licensee K if the background checks were done. Administrator E confirmed s/he would send Caregiver H's BID and Manager G's complete background checks including BID, DOJ report, or an IBIS report by 2:30 p.m. on 10/24/2024. On 10/24/2024, as of 3:42 p.m., Surveyor received Caregiver H's BID, dated 09/22/2024.	N 219		

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N 219	Continued From page 5 Caregiver H's BID was completed two months after hire date. On 10/24/2024, as of 3:42 p.m., Surveyor had not received Manager G's completed BID, DOJ report, or an IBIS report. On 11/05/2023 at 10:07 a.m., Surveyor received an email from Administrator E, who stated Manager G was rehired by Miloudi Incorporated sometime around 2/23/23 and has had continued employment with them since that date. Manager G stated, "In reviewing what I sent over from the older file [sic] I had I know a lot of it had dates years prior to 2023 from [Manager G's] original employment with Miloudi. I could not locate at the time of survey anything additional than what was provided for paperwork done upon rehire."	N 219		
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 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:	N 220		

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N 220	Continued From page 6 Based on records review and interview, the CBRF did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 3 of 3 employees were screened for clinically apparent communicable disease including tuberculosis (TB). Manager G and Caregiver H were not screened for communicable disease including TB. Findings include: On 10/23/2024 at approximately 1:30 p.m., Surveyor reviewed employee records and identified the following: 1. Manager G was hired on 02/23/2023. Manager G informed Surveyor that s/he began providing services to residents on 02/23/2023. Manager G's record had no documentation that a screening for clinically apparently communicable disease was done within 90 days before the start of employment. 2. Caregiver H was hired on 07/18/2023. Caregiver H informed Surveyor that s/he began providing services to residents on 07/18/2023. Caregiver H had no documentation that a screening for clinically apparently communicable disease including tuberculosis (TB) was done within 90 days before the start of employment. On 11/05/2023 at 10:07 a.m., Surveyor received an email from Administrator E, who stated Manager G was rehired by Miloudi Incorporated sometime around 2/23/23 and has had continued employment with them since that date. Manager	N 220		

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N 220	Continued From page 7 G stated, "In reviewing what I sent over from the older file [sic] I had I know a lot of it had dates years prior to 2023 from [Manager G's] original employment with Miloudi. I could not locate at the time of survey anything additional than what was provided for paperwork done upon rehire."	N 220		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 8 of 8 residents' (Resident 3, Resident 4, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 32) information was kept secured and confidential. Surveyor observed residents' private information posted on the outside of the bathroom door. Findings include:	N 346		

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N 346	Continued From page 8 On 10/23/2024 at approximately 10:30 a.m., Surveyor toured the facility and observed the following: Resident 3: - Shower schedule posted on the outside of the bathroom door. - Shower schedule included the following information: Resident 3's name, provide Resident 3's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary. Resident 4: - Shower schedule posted on the outside of the bathroom door. - Shower schedule included the following information: Resident 4's name, provide Resident 4's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary. -Physical Therapy exercises pinned to the wall in between the living room and the dining room with Resident 4's name on the front. Resident 7: - Shower schedule posted on the outside of the bathroom door. - Shower schedule included the following information: Resident 7's name, provide Resident 7's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary. Resident 8: - Shower schedule posted on the outside of the bathroom door. - Shower schedule included the following information: Resident 8's name, provide Resident 8's bedding, should be provided with clean linens	N 346		

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N 346	Continued From page 9	N 346		

on shower day and resident's clothing should be washed when necessary.

Resident 9:
- Shower schedule posted on the outside of the bathroom door.
- Shower schedule included the following information: Resident 9's name, provide Resident 9's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary.

Resident 10:
- Shower schedule posted on the outside of the bathroom door.
- Shower schedule included the following information: Resident 10's name, provide Resident 10's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary.

Resident 11:
- Shower schedule posted on the outside of the bathroom door.
- Shower schedule included the following information: Resident 11's name, provide Resident 11's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary.

Resident 32:
- Shower schedule posted on the outside of the bathroom door.
- Shower schedule included the following information: Resident 32's name, provide Resident 32's bedding, should be provided with clean linens on shower day and resident's clothing should be washed when necessary.

On 10/23/2024 at approximately 12:00 p.m.,

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N 346	Continued From page 10 Surveyor interviewed Administrator E and Manager G. Manager G stated s/he believed the previous administrator had the information posted on the bathroom doors. Manager A stated s/he understood the posted shower schedules were breaking confidentiality and immediately took down the documents.	N 346		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.	N 383		

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N 383	Continued From page 11	N 383		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not assess 1 of 1 resident (Resident 9) for fall risk. Resident 9 had a fall on 04/11/2024 and was hospitalized from 04/11/2024 to 04/17/2024 with a fracture around his/her internal left hip joint. Resident 9 went to a rehabilitation center from 04/17/2024 to 10/23/2024.

Resident 9 returned to facility on 10/23/2024. The provider did not assess Resident 9's fall risk to consider environmental or medical conditions that may have contributed to the fall to ensure they could meet Resident 9's needs once s/he returned to the facility.

Findings include:

On 10/23/2024 at approximately 12:30 p.m., Surveyor reviewed Resident 9's record. The following was identified:

Resident 9 was admitted on 08/22/2023. Resident 9's diagnoses included autism, intellectual disability, unspecified psychosis not due to substance or known psychological condition, depression, and abnormalities of gait and mobility.

Resident 9's ISP dated 07/05/2023, indicated s/he needed moderate assistance with personal cares. The section identified as Mobility Status read, "Independent with ambulation." Surveyor observed a handwritten note next to Mobility

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Status that read, "Uses walker in community [sic] ok in house without." The section identified as Fall Risk included the following, "Client is not considered a fall risk and does not require monitoring." The section identified as Transfer read, "No assistance is needed when transferring."

On Resident 9's incident report, dated 04/11/2024, Manager G wrote, "[Resident 9] got off sofa [sic] proceeding to his/her room and tripped over oxygen cord and fell. I called manager and s/he instructed me to call bell air [sic] to get him/her sent out to [hospital]. Made [sic] him/her as comfortable as possible and stood by him/her until help arrived. Called back and said s/he got admitted."

Resident 9 was admitted to St. Ann Health and Rehabilitation Center on 04/17/2024. Resident 9's record stated s/he was hospitalized from 04/11/2024 to 04/17/2024 due to fall that resulted in fracture around his/her internal left hip joint.

Resident 9's record did not include documentation of a fall risk assessment following her/his fall on 04/11/2024. Resident 9's record did not include documentation of a fall risk assessment following her/his return to facility on 10/23/2024.

On 10/23/2024 at 12:00 p.m., Surveyor interviewed Manager G, who stated Facility Nurse (RN) I planned to do assessment when Resident 9 came home. Manager G stated, "I went to visit him/her at rehab and observed [Resident 9]. I had it in my mind s/he was okay, but I never wrote down anything official."

On 10/23/2024 at 12:00 p.m., Surveyor

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N 383	Continued From page 13 interviewed Administrator E, who stated when a resident is returning from a rehabilitation stay, the provider should treat the resident like a new resident and assess them with physical therapy notes, social work notes and progress notes before they come back to the facility. Administrator E stated, "I will work with [Manager G] and [RN I] on this." On 10/23/2024 at 12:45 p.m., Surveyor observed Resident 9 returning from his/her rehabilitation center utilizing a walker. Resident 9 provided Manager G a packet of information from the rehabilitation center. Manager G stated, "This is the information that we planned on doing [Resident 9's] new assessment with." Cross Reference: N0165 DHS 83.12(4)(c) Reporting Incidents with Serious Injury	N 383		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications administered by the facility staff were kept locked for 1 of 1 resident. Resident 7 had five outdated prescription medications in his/her room. Findings include: The facility is licensed as a class CS (semi-ambulatory) facility that can serve up to eight residents with primary diagnoses that include but are not limited to advanced age,	N 419		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018713	A. BUILDING: _____ B. WING _____	R 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON HEIGHTS IV	2630 N 118TH ST MILWAUKEE, WI 53224

(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 419	Continued From page 14	N 419		

emotionally disturbed/mental illness, developmentally disabled, and irreversible dementia/Alzheimer's. On the day of survey, the census was 8 residents.

On 10/23/2024 at 1:25 p.m., Surveyor toured the building with Administrator E. In Resident 7's room, Surveyor and Administrator E observed a partially empty bottle of Tylenol, dated 09/2017, and a BREO Ellipta (fluticasone furoate 100 milligrams (mg) and vilanterol 25 micrograms (mcg) inhalation powder) inhaler with no opened date, sitting on Resident 7's kitchen table. Next to Resident 7's chair, s/he had a tube of Tacrolimus 0.1% ointment, dated 01/22/2022, and a Ventolin (albuterol sulfate inhalation aerosol) inhaler, dated 04/14/2024. On Resident 7's nightstand, Surveyor and Administrator E observed a tube of Tacrolimus 0.1% ointment, dated 10/13/2022. Administrator E removed 5 outdated prescription medications from Resident 7's room.

On 10/23/2024 at 1:20 p.m., Surveyor interviewed House Manager (HM) H, who stated s/he was the medication passer for the facility during the survey. HM H stated there was 1 caregiver per shift and that caregiver passed the medications.

On 10/23/2024 at 2:00 p.m., Surveyor interviewed Administrator E, who stated, due to his/her severe cognitive issues, Resident 7 should not keep medication in his/her room. Administrator E stated, "We are in charge of his/her medication. S/He has very poor memory."

On 10/23/2024, at 2:05 p.m., Manager G stated, "[Resident 7] might not like it, but the caregivers are going to just have to stand with [Resident 7] while [s/he] does his/her inhalers from now on."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 419	Continued From page 15 On 10/23/2024 at 2:50 p.m., Administrator E, Manager G, HM H, and Facility Nurse (RN) I discussed Resident 7 having medication in his/her room. Administrator E explained with Resident 7's cognition, s/he could take 2 Tylenol and not remember having taken it. Later, s/he could have taken more. RN I stated, "That could have been a possible overdose."	N 419		