STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020256	A. BUILDING: _____ B. WING _____	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONE FAMILY ASSISTED LIVING	1828 S 31ST ST MILWAUKEE, WI 53215

(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 02/26/2025 with information gathered through 03/04/2025, Surveyor conducted a standard survey at One Family Assisted Living, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Nine deficiencies identified. Census: 8	N 000		
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: Based on records 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 reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment.	N 220		

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

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N 220	Continued From page 1 Caregiver B and Caregiver C were not screened for communicable disease including TB within 90 days before the start of employment. Findings include: On 02/26/2025 at approximately 9:45 AM, Surveyor reviewed Caregiver B's and Caregiver C's employee files and identified the following: Caregiver B was hired on 02/21/2025. Caregiver B's file did not contain documentation indicating Caregiver B was screened for communicable disease, including TB. Caregiver C was hired on 02/10/2025. Caregiver C's file contained documentation indicating Caregiver C was screened for communicable disease, including TB on 02/10/2025, but was not reviewed by a physician, physician assistant, clinical nurse practitioner, or licensed register nurse. On 02/26/2025 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware the screening needed to be signed by a physician, physician assistant, clinical nurse practitioner, or licensed register nurse and s/he did not have documentation of a TB skin test for Caregiver B or Caregiver C. Licensee A stated moving forward s/he will have the TB skin test and screenings completed.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following:	N 230		

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N 230	Continued From page 2 (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 (Caregiver C) caregivers reviewed had orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include: On 02/26/2025, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 02/10/2025. Surveyor could not locate orientation training for Caregiver C. On 02/26/2025 at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he could not locate any documentation Caregiver C completed orientation training upon hire. Licensee A stated if the paperwork was not in the file, then it was not completed. Licensee A stated s/he knew things	N 230		

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N 230	Continued From page 3 were not in order. Licensee A stated s/he will have everything in order when Surveyor returns. Licensee A stated it has been difficult the last week because 3 employees quit on the same day, so there had only been one staff member per shift and Licensee A had picked up a lot of shifts as well.	N 230		
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 staff interview, the provider did not provide an admission agreement for 2 of 2 residents reviewed (Resident 1 and Resident 2). Findings include: On 02/26/2025 at approximately 10:30 AM, Surveyor reviewed Resident 1's and Resident 2's record. Surveyor identified the following: -Resident 1 was admitted on 12/07/2024 and his/her record did not contain evidence of an admission agreement. -Resident 2 was admitted on 12/04/2024 and his/her record did not contain evidence of an admission agreement. On 02/26/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he looked in both residents' records and	N 301		

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N 301	Continued From page 4 could not locate an admission agreement for both residents. Surveyor gave Licensee A until 02/27/2025 at 8:00 AM to send any additional information. As of 02/27/2025 at 8:00 AM, there was no evidence of an admission agreement for Resident 1 and Resident 2.	N 301		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide resident rights, grievance procedures and house rules before or upon admission for 2 of 2 residents reviewed (Resident 1 and Resident 2). Findings include: On 02/26/2025 at approximately 10:30 AM, Surveyor requested to review Resident 1 and Resident 2's record. Surveyor identified the following: -Resident 1 was admitted on 12/07/2024 and	N 305		

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N 305	Continued From page 5 his/her record did not contain evidence of Resident 1 being provided with resident rights, grievance procedures and house rules before or upon admission. -Resident 2 was admitted on 12/04/2024 and his/her record did not contain evidence of Resident 2 being provided with resident rights, grievance procedures and house rules before or upon admission. On 02/26/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he looked in both residents' records and could not locate resident rights, grievance procedures and house rules before or upon admission for both residents. Surveyor gave Licensee A until 02/27/2025 at 8:00 AM to send any additional information. As of 02/27/2025 at 8:00 AM, there was no evidence of resident rights, grievance procedures and house rules before or upon admission for Resident 1 and Resident 2.	N 305		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 6	N 386		

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not develop a comprehensive individual service plan (ISP) for 2 of 2 residents reviewed (Resident 1 and Resident 2) within 30 days.

Findings include:

On 02/26/2025, Surveyor reviewed Resident 1's and Resident 2's record and identified the following:
-Resident 1 was admitted to the facility on 12/07/2024 and was his/her own decision maker.
-Resident 1's record did not include an ISP.

-Resident 2 was admitted to the facility on 12/04/2024 and was not his/her own decision maker.
-Resident 2's record did not include an ISP.

On 02/26/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did complete an assessment for both resident but the ISPs in their folders did not have any names or dates on them to identify them as Resident 1's and Resident 2's ISP. Licensee A stated s/he knew things were not in order. Licensee A stated s/he will have everything in order when Surveyor returns. Licensee A stated it has been difficult the last week because 3 employees quit on the same day, so there had only been one staff member per shift and Licensee A had picked up a lot of shifts as well.

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N 416	Continued From page 7	N 416		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 caregivers (Licensee A, Caregiver B and Caregiver C), who administered injectable medication, was delegated by a registered nurse or licensed practical nurse within the scope of their license to do so. Licensee A, Caregiver B and Caregiver C administered insulin injections without delegation. Findings include: On 02/26/2025, Surveyor requested to review Licensee A's, Caregiver B's and Caregiver C's employee records and identified the following: -Licensee A was hired on 07/21/2024. Licensee A's record did not contain evidence of nurse delegation for administering injectable medication. -Caregiver B was hired on 02/21/2025. Caregiver B's record did not contain evidence of nurse delegation for administering injectable medication. -Caregiver C was hired on 02/10/2025. Caregiver C's record did not contain evidence of nurse delegation for administering injectable medication.	N 416		

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N 416	Continued From page 8 On 02/26/2025 at approximately 10:30 AM, Surveyor interviewed Licensee A. Licensee A indicated Resident 1 received insulin injections in the morning and at nighttime. Resident 1 was admitted on 12/07/2024. Licensee A confirmed there is one staff per shift and each staff member is responsible to administer insulin. Licensee A stated the nurse s/he hired when the facility opened, never showed up and s/he has hired a new nurse, and they are supposed to start tomorrow. Licensee A stated s/he has been picking up shifts because of the staff turnover as well. Licensee A confirmed s/he, Caregiver B and Caregiver C had not been delegated to administer insulin since the facility had been opened.	N 416		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a daily activity program to meet	N 427		

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N 427	Continued From page 9 the interests and capabilities for 8 of 8 residents. Findings include: On 02/26/2025 at approximately 9:00 AM until 12:00 PM, Surveyor was on-site and did not observe any activities. Surveyor observed residents laying in bed in their bedrooms, sitting in the dining room on their phones and sitting in the living room in front of the TV during the duration of the survey. On 02/26/2025 at approximately 10:30 AM, Surveyor observed the activity calendar on the wall in the kitchen. Per the activity calendar posted in the facility, the following activities were supposed to be conducted. -9:00 to 9:30 AM: Gentle morning exercise -9:30 to 10:00 AM: Cognitive Games -10:00 to 11:00 AM: Creative Activity (painting, crafting or knitting) -11:00 to 11:30 AM: Social or Discussion Group On 02/26/2025 at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A stated there was an activity calendar and staff were the ones to conduct the activities with the residents. Licensee A stated they are not able to do the activities because there is only one staff member per shift right now since 3 employees all quit on the same day.	N 427		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.	N 530		

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N 530	Continued From page 10 This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire inspection by the local fire authority or certified fire inspector was completed for 1 of 1 calendar year (2024). Findings include: On 02/26/2025 at approximately 9:45 AM, Surveyor requested from Licensee A the annual fire inspection for calendar year 2024. Licensee A gave Surveyor a binder which did not have the annual fire inspection for calendar year 2024. On 02/26/2025 at approximately 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have a copy of it and would have to contact the local fire department for the documentation. Surveyor requested information to be sent no later than 8:00 AM on 02/27/2025. On 02/28/2025 at 11:58 AM, Licensee A emailed Surveyor the following: -"I just confirmed with the City of Milwaukee that they conduct fire alarm inspections on behalf of the fire department. Our inspection was completed on May 8, 2024, but the inspector was not in the office until Monday in order to send me the document." As of 03/04/2025 at 8:00 AM, Surveyor did not receive evidence of the annual fire inspection for calendar year 2024 from Licensee A.	N 530		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE	Z 024		

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Z 024	Continued From page 11 If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and staff interview, the facility did not have a completed Background Information Disclosure (BID) for 2 of 2 employees (Caregiver B and Caregiver C). Findings include: On 02/26/2025, at 10:00 AM, Surveyor reviewed Caregiver B's and Caregiver C's employee records identified the following:	Z 024		

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Z 024	Continued From page 12 -Caregiver B had been employed at the facility since 02/21/2025. The record did not contain a Background Information Disclosure. -Caregiver C had been employed at the facility since 02/10/2025. The record did not contain a Background Information Disclosure. On 02/26/2025, Surveyor interviewed Licensee A. Licensee A stated s/he did not have have Caregiver B and Caregiver C complete a BID upon hire. Licensee A stated s/he was not aware of the form and will start having caregivers fill them out upon hire.	Z 024		