STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012515	A. BUILDING: _____ B. WING _____	09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENEVA TERRITORY	6582 LAKESIDE ROAD LAKE GENEVA, WI 53147

(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
M 000	INITIAL COMMENTS On 08/30/2023, Surveyor conducted an abbreviated survey at Geneva Territory. Three deficiencies were identified. Census: 4	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure all exits from the home were ramped to grade when a resident was unable to walk at all or able to only walked with the assistance of a walker.	M 262		

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

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M 262	Continued From page 1	M 262		

One of 2 emergency exits was not ramped to grade when 1 of 3 residents walked with a walker and 2 of 4 residents used wheelchairs for mobility.

Findings include:

The adult family home is licensed to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, developmentally disabled, traumatic brain injury, physically disabled and advanced age.

On 08/30/2023 at 11:09 AM while touring home with Licensee A, Surveyor observed the emergency exit off the kitchen. The emergency exit led to a deck.
The left side of the deck was ramped down toward patio pavers. At the edge of deck ramp where the ramp met the patio pavers, the deck ramp was approximately 1 ½ inches higher than the patio pavers and the right edge of the deck ramp was approximately 3 ¾" higher than the patio pavers (Photo 8).

On 08/30/2023 at 11:12 AM, Surveyor interviewed Licensee A and House Manager B. House Manager B stated Resident 1 and Resident 2 required wheelchairs for mobility, Resident 4 walked with a walker and Resident 3 ambulated independently. House Manager B stated during fire drills out the kitchen emergency exit they pulled Resident 1 and Resident 2 backwards in their wheelchairs down the sloped deck and onto the patio pavers. Licensee A stated during the past 10 to 12 years, the patio pavers sunk, and s/he was planning to have it re-ramped to grade.

On 08/30/2023 at approximately 11:15 AM, Surveyor reviewed the home's emergency exit

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M 262	Continued From page 2 diagram with Licensee A. The emergency exit diagram identified the door off the kitchen was an emergency exit and stated "handicapped ramp leads to back yard." Licensee A verified the door off kitchen leading to deck was an emergency exit. On 08/30/2023 at 11:19 AM, Surveyor discussed concern of the exit off the kitchen not ramped to grade with Licensee A who stated they would have the exit ramped taken care of right away.	M 262		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was clean and well-maintained. Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, developmentally disabled, traumatic brain injury, physically disabled and advanced age. On 08/30/2023 while touring home with Licensee A, Surveyor observed the following:	M 276		

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M 276	Continued From page 3 Example 1-Resident 1's and Resident 2's bathroom At 10:49 AM, the corner of the dry wall left of walk-in shower was worn off and pieces of drywall were damaged. The wall and corner near the tub's grab bar was soiled. Caulk was missing where the walk-in shower met the floor and the walk-in shower was soiled. (Photo 1) Example 2- Main bathroom/laundry room At 10:53 AM, bathroom ceiling vent soiled with dust and missing a light cover (Photo 2) and parts of caulk where tub meets floor were black and missing (Photo 3). Example 3 Resident 1 and Resident 2's room At 10:53 AM, ceiling fan dusty and 1 of 3 light bulbs burnt out (Photo 4). Example 4 Resident 3's room At 10:57 AM, Resident 3's ceiling fan light missing cover (Photo 5), and cobwebs hanging in corner where ceiling meets wall above door (Photo 6). Example 5 Dining Room At 11:01 AM, 2 of 4 light bulbs burnt out dining room ceiling fan (Photo 7). On 08/30/2023 at 11:19 AM, Surveyor discussed concern regarding environment with Licensee A who stated s/he understood and would fix the issues as soon as possible.	M 276		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall	M 514		

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M 514	Continued From page 4	M 514		

ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following:

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure personnel records for each service provider were maintained for 1 of 2 employees reviewed.

House Manager B's record contained only 5 of the required 8 hours of 2022 annual training. House Manager B's record did not contain a 4 year background check as required under Wis. Stat. 50.065(2)(d).

Findings include:

On 08/31/2023, Surveyor reviewed the staff roster. House Manager B was hired 03/19/2007.

On 08/30/2023, Surveyor requested House Manager B's 2022 annual training and most recent 4-year background check.

On 08/30/2023 at 11:19 AM, Licensee A informed Surveyor that s/he was unable to locate House Manger B's employee record because someone had rearranged the office. Licensee A stated s/he would provide Surveyor House Manager B's 2022 annual training and most recent background check by noon on 08/31/2023.

On 09/01/2023 at 8:37 AM, Surveyor received a fax from Licensee A containing 5 hours of 2022 annual training in First Aid/Choking/CPR, Resident Rights, Abuse, and Triglycerides for

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M 514	Continued From page 5 House Manager B. On 09/06/2023 at 11:19 AM, Surveyor interviewed Licensee A who stated House Manager B completed at least 8 hours of 2022 annual training and had a 4-year background check completed in 2020 but part of his/her employee record had been misplaced. Licensee A stated they would continue searching for the rest of House Manager B's record.	M 514		