| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 0013560 | A. BUILDING: _____ B. WING _____ | C 08/07/2023 |

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| M 000 | INITIAL COMMENTS<br><br>On 07/25/2023, with information gathered through 08/07/2023, Surveyor conducted an abbreviated licensure survey and a complaint investigation. Nine deficiencies were identified.<br><br>Complaint was substantiated.<br><br>Census: 4 | M 000 | | |
| M 114 | 88.03(3)(b) CRIMINAL RECORDS CHECK<br><br>Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, | M 114 | | |

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

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| M 114 | Continued From page 1 | M 114 | | |

initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 personnel files reviewed included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) was not completed when Caregiver C documented that s/he had lived out of the state in the last 3 years.

Findings include:

On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver D's employment record from Licensee A and Administrator B.

On 07/28/2023, Surveyor reviewed Caregiver D's record.

Caregiver D was hired on 09/07/2022 and his/her employee file included the following background information:

BID form, dated 08/31/2022, documented that Caregiver D had lived in Illinois in 2019.
DOJ report, dated 08/31/2022
IBIS letter was dated 08/31/2022

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| M 114 | Continued From page 2<br><br>Surveyor noted an additional background check should have been completed for the state of Illinois.<br><br>On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required. | M 114 | | |
| M 218 | 88.04(2)(b) AWAKE STAFF FOR CONTINUOUS CARE<br><br>The licensee shall ensure that he or she or a service provider is present and awake at all times if any resident is in need of continuous care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that s/he or a service provider were present and always awake for Resident 1 and Resident 3 who required continuous care.<br><br>Findings include:<br><br>The provider is licensed to serve up to 4 residents in client groups traumatic brain injury, developmentally disabled, and emotionally disturbed/mental illness.<br><br>Example 1: Resident 1<br><br>On 08/07/2023, Surveyor reviewed Resident 1's record. | M 218 | | |

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| M 218 | Continued From page 3<br><br>On 08/07/2023 at 12:25 PM, Surveyor interviewed Resident 1's Guardian I. Guardian I stated Resident 1 required 24/7 (24 hours a day/7 days a week) supervision and had been known to contact emergency personnel when s/he did not require medical attention.<br><br>On 08/07/2023, Surveyor reviewed Resident 1's record.<br><br>Resident 1's Individual Service Plan, dated 05/2020, documented:<br>"Supervision Needs/Privileges: 24 hr (hour) - Supervision (Sleep/Awake). I need my routine to be followed everyday and on every shift."<br>"Sleep Routines and Issues: Staff need to be available in cases I need help or have an emergency."<br><br>On 08/07/2023, Surveyor reviewed the Department facility file and noted there was a written report, dated 06/19/2023, which documented:<br>"I, [Administrator B] of [facility], would like to do a self report on a caregiver for neglect.<br>The caregiver in question is [Caregiver D]. On June 15th around 12:30 am, I received a call from the [hospital] ER (emergency room) department, stating that they had one of my residents and [s/he] was ready for pick up. I was unaware that [s/he] was sent out. Nor was I aware of any medical issues. I then called the home the resident lives at (12:35 am) to speak with staff [Caregiver D] to ask why I wasn't informed of resident being sent out. I asked the staff the whereabouts of said resident. It was clear from [his/her] response [s/he] didn't know that the resident was not at the home. I requested that staff find a staff member on site to please go and return the resident to the facility. On June 15th, | M 218 | | |

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| M 218 | Continued From page 4 | M 218 | | |

2023, approximately 1:30, [Administrator B] spoke with two residents of [facility]. Resident A- when asked on June 14th 2023, when was the last time [s/he] saw staff [Caregiver D], [s/he] replied "After [s/he] passed 8 pm meds [his/her] staff went downstairs. [Administrator B] then asked if staff come upstairs at all to check on [him/her] or speak with the residents. Resident A replied no. When [s/he] was asked if [s/he] was awake for awhile after med pass. [S/he] stated [s/he] was awake for most of the night because [s/he] saw the lights from the ambulance. [Administrator B] also spoke with resident [Resident 1] that was taken to the hospital. [Administrator B] asked resident why [s/he] didn't tell staff [s/he] wanted to go to the hospital and [s/he] replied "I don't know." When the resident was asked when the last time [s/he] saw [his/her] staff, [Caregiver D], the night of June14th 2023, [s/he] stated that after [s/he] got [his/her] bedtime meds. This writer asked if [s/he] saw [his/her] staff again and resident b stated no [s/he] didn't.

Example 2: Resident 3

On 07/26/2023, at approximately 10:05 AM, Surveyor interviewed Resident 3's Guardian G. Guardian G stated s/he was to have a care conference meeting at the home regarding Resident 3 approximately 2 weeks ago. Guardian G stated s/he arrived at the facility and when s/he knocked on the door, a resident answered it, and stated there was nobody in the home. Guardian G stated, "[S/he] walked into the home and found 2 or 3 small children, sitting on the couch, wrapped up in a blanket, watching a movie. The house was dark, no lights turned on, and no staff around." Guardian G stated s/he is always to call before arriving at the home and s/he is under the impression "To make sure

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| M 218 | Continued From page 5<br>somebody is there." Guardian G stated Resident 3 required 24/7 (24 hours a day/7 days a week) supervision.<br><br>On 07/26/2023, Surveyor reviewed Resident 3's record.<br><br>Resident 3 moved into the facility on 10/15/2015.<br><br>Resident 3's Individual Service Plan, dated 05/18/2023, documented:<br>"Supervision Needs/Privileges: Has a live in/sleep staff that will remain upstairs to monitor [initials] while [s/he] is having suicidal thoughts through the night. When these thoughts are happening staff will check on [initials] and ask if [s/he] will sleep with [his/her] door open."<br><br>On 08/04/2023 at 10:19 AM, Surveyor contacted Licensee A and identified the concerns. As of 08/07/2023 at 4:00 PM, Surveyor did not receive a response. | M 218 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. | M 232 | | |

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| M 232 | Continued From page 6 | M 232 | | |

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed (Caregiver C and Caregiver D), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services.

Findings include:

On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver C's and Caregiver D's employee files, including the health screen and screening for TB, from Licensee A and Administrator B.

On 07/28/2023, Surveyor reviewed Caregiver C's and Caregiver D's record.

Example 1:
Caregiver C was hired on 01/27/2020. His/her file contained a communicable disease screen, dated 01/15/2020, but did not contain results from a TB test.

Example 2:
Caregiver D was hired on 09/07/2022. His/her file contained a communicable disease screen, dated 09/07/2022, but did not contain results from a TB test.

On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required.

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| 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 (Caregiver D) completed training related to Residents Rights and Client Group Specific within the required 15 hours of initial training within 6 months after starting to provide care.<br><br>Findings include:<br><br>On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver D's training records from Licensee A and Administrator B.<br><br>On 07/28/2023, Surveyor reviewed Caregiver D's record.<br>Caregiver D was hired on 08/31/2022.<br>Caregiver D's record did not include Resident Rights or Client Group Specific training.<br><br>On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B.<br>Administrator B stated that the house manager | M 244 | | |

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| M 244 | Continued From page 8<br>had recently resigned, and documentation had not been completed as required. | 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 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 interview and record review, the provider did not ensure 1 of 1 caregivers (Caregiver C) received at least 8 hours per calendar year of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2022.<br><br>Findings include:<br><br>On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver C's training records from Licensee A and Administrator B.<br><br>On 07/28/2023, Surveyor reviewed Caregiver C's record.<br><br>Caregiver C was hired on 01/27/2020. Caregiver C's record did not contain any | M 246 | | |

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| M 246 | Continued From page 9<br>continuing education courses in 2022.<br><br>On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required. | 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 provider did not ensure the adult family home was safe, clean, well-maintained and provide a homelike environment for 4 of 4 residents.<br><br>Findings include:<br><br>On 07/25/2023, at approximately 12:45 PM, Surveyor conducted a tour of the home. Surveyor made the following observations:<br><br>Common Area:<br>-The interior of the home displayed signs that the walls were to be repainted but had not been finished. The corners of the room displayed numerous colors of paint as if the corners had not been completed in the painting process. The corners of the home were covered in a what appeared to be spider webs and heavy layers of | M 276 | | |

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| M 276 | Continued From page 10 | M 276 | | |

dust.
-The back of a brown vinyl recliner chair had the material hanging off the back of the chair exposing the wood and mechanicals of the chair.
-The arms of the brown vinyl couch had the material missing, exposing the foam.
-The back cushions of the brown vinyl couch displayed rubbed off sections of vinyl.
-The wood flowering had the remains of tape marks that went across the room.
-The white sheer curtains hanging from the windows appeared brown in color.
-The blue wall next to the kitchen island had a section of drywall, approximately 6 inch by 2 inch, scraped off.
-The back of the kitchen chairs were covered in a black vinyl that displayed signs of tearing.
Resident Bathroom:
-Fire extinguisher in stairwell to laundry room in basement was not securely fastened to the wall, was sitting on the floor
-In the laundry room the washer and dryer were covered in a layer of dust

Kitchen:
-Stove only had 2 out of 4 operable burners
-The kitchen floor and the housekeeping room, next to the kitchen, flooring displayed a greasy dirt build-up
-Inside the kitchen sink vanity displayed a black sticky substance on the bottom.
-Stove hood vent was covered in a thick layer of dust and a sticky substance

Resident 1's Bedroom:
-Bathroom had 2 of 3 lights burned out in vanity
-Bathroom mirror displayed peeling of the reflective material along the borders
-Bedroom wall had scrapes throughout the paint and a spot that had 6 holes in a vertical line that

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| M 276 | Continued From page 11<br>resembled being created by the attempt of hanging up an item<br><br>On 08/04/2023 at 10:19 AM, Surveyor contacted Licensee A and identified the concern. As of 08/07/2023 at 11:45 AM, Surveyor did not receive a response. | M 276 | | |
| M 278 | 88.05(3)(b) FREE OF HAZARDS<br><br>The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the safety of 4 of 4 residents when the provider was notified there were bed bugs in the facility.<br><br>Finding include:<br><br>On 07/10/2023, the Department received a concern alleging there were bed bugs in the facility.<br><br>On 07/25/2023, Surveyor reviewed document "Public Health Reporting Form" that had been submitted with the concern. The document read, "[Family Member F] called stating that [s/he] noticed bed bugs in [his/her] home on June 17th. [S/he] stated that [s/he] believes they originated in [his/her] sons belongings that were at [his/her] | M 278 | | |

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residence in [city]. [S/he] was in a group home called [facility name]. ... [Vendor] came to [Family Member F's] residence on 07/24/2023 and found bed bugs. ..."

On 07/25/2023, at approximately 12:45 PM, Surveyor interviewed Caregiver C and Caregiver D. Surveyor stated that resident rooms contained what appeared to be garbage bags full of resident clothing. Caregiver C and Caregiver D stated that there was a bed bug infestation throughout all the facilities. Surveyor asked how they knew when there was a bedbug concern. Caregiver D stated a staff member saw some on the countertop in a home and another in the medication closet. Caregiver C and Caregiver D could not remember when the bed bugs were identified.

On 07/25/2023, at approximately 1:00 PM, Surveyor toured the adjoining facility. Surveyor noted the resident rooms contained white garbage bags full of resident belongings. The beds were made and some clothes were piled throughout the rooms. Surveyor entered Resident 1's room and slowly pulled the blanks back on his/her bed to determine if there were any bed bugs. Surveyor found a bed bug and tiny, dark rusty dots that appeared to be bedbug excrement on the sheets. Surveyor took some pictures.

On 07/25/2023, at approximately 1:45 PM, Surveyor interviewed Caregiver E. Surveyor stated that s/he had observed bed bugs in Resident 1's room and showed Caregiver E the photos. Caregiver E and Surveyor went into Resident 1's room to see if the bedbug was alive. Caregiver E and Surveyor could not quickly find the bedbug and assumed the bug had moved and Resident E stated, "I cannot believe there are still

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bed bugs in here."

On 07/25/2023, at approximately 3:30 PM, Surveyor emailed Licensee A and Administrator B that stated the survey had been completed onsite at the facility and a bed bug had been found in a resident's room.

On 07/26/2023, at approximately 10:05 AM, Surveyor interviewed Resident 3's Guardian G. Guardian G stated s/he had visited the home approximately 2 weeks ago and thought "What the heck is going on here." Guardian G stated, "I was just in shock over how the house looked. There were mattresses laying in the yard. Bags of clothes everywhere." Guardian G stated s/he had not been informed there was a bedbug infestation.

On 07/26/2023, at approximately 11:30 AM, Surveyor interviewed Resident 2's Family Member (FM) F. FM F stated that Resident 2 had moved out of the facility and on 05/19/2023 s/he went to the facility to clean out Resident 2's room. FM F stated s/he was shocked at the condition of Resident 2's room. Resident 2's room had soiled clothing piled everywhere, rotten food, empty 'fast food' containers laying everywhere, dirt and bugs covering the floor and in the dresser drawers, the bed was not made and there was what appeared to be food spilled on the mattress. FM F stated, "I was in complete shock that this was how [Resident 2] was allowed to live. Were staff not responsible to assist him/her in the cleaning of his/her room." FM F forwarded the pictures to Surveyor. FM F stated s/he noticed a bed bug on Resident 2's clothing as s/he emptied the bags of clothing at his/her home. FM F stated s/he contacted Administrator B and asked if there were concerns at the facility

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regarding bed bugs and Administrator B had responded yes. FM F stated s/he now has a bed bug infestation in his/her home and had to contract with an exterminator. FM F forwarded a text message with Administrator B that stated, "FM F to Administrator B, 06/10/2023 at 5:29 PM, So in the process of cleaning [Resident 2's] room were the bugs bed bugs or ants. Was just wondering if I'm going to have something to worry about here. I never seen one & the internet is giving me the heebie-jeebies looking it up lol." "Administrator B to FM F, I know we just found a bed bug Friday, So I'm not sure." FM F to Administrator B, 06/17/2023 at 5:38 PM, [Vendor] was here today. They did a thorough inspection every crack every mattress every box spring with a flashlight [s/he] found one live adult bug and one dead bug. $1200. [S/he] told me to face my windshield of my jeep to the sun turn the heat on high and let it run for two hours, this is a nightmare. [S/he] said [s/he] was glad I called right away that this could've been a serious infestation."

On 07/27/2023, at approximately 2:00 PM, Surveyor interviewed Resident 1's Guardian I. Guardian I stated s/he had not been informed that there was a bed bug infestation. Guardian I stated the facility is not the cleanest place.

On 07/31/2023, Surveyor reviewed the providers pest control documentation that Administrator B submitted. The documentation read:
"06/11/2023 - Special Service - Bed Bug"
"07/18/2023 - Special Service - Bed Bug"

On 08/02/2023, at approximately 2:00 PM, Surveyor interviewed Resident 3's managed care organization Care Manager (CM) H. CM H stated that s/he had been notified via email on

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| M 278 | Continued From page 15<br><br>06/08/2023 by Administrator B that a bed bug concern was being addressed. The email stated that the exterminator had been to the facilities on 06/03/2023, but additional bed bugs had been identified and the exterminator had been asked to come out again. CM H stated that the managed care organization registered nurse had visited with Resident 3 on 06/23/2023 and a functional screen had been completed onsite on 07/19/2023 and there was no documentation that there still was an existing bed bug concern discussed. CM H stated s/he had received another email from Administrator B on 07/20/2023 that the exterminator had sprayed again at the facilities and Resident 3 would not be allowed to attend any day programs until 07/24/2023.<br><br>On 08/04/2023 at 10:19 AM, Surveyor contacted Licensee A and identified the concern. As of 08/07/2023 at 11:45 AM, Surveyor did not receive a response. | M 278 | | |
| M 406 | 88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT<br><br>The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.<br><br>This Rule is not met as evidenced by: | M 406 | | |

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| M 406 | Continued From page 16<br><br>Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 2 out of 3 records reviewed were developed together with the placing agency, the guardian, and the provider (Resident 1 and Resident 2).<br><br>Findings include:<br><br>On 07/31/2023, Surveyor reviewed Resident 1's and Resident 2's record.<br><br>Resident 1 was admitted to the home on 12/14/2021 and has a court appointed guardian, Guardian I.<br>Resident 1's record contained an undated ISP, marked annual, that the provider, Guardian I's signature or his/her placing agency representative.<br><br>Resident 2 was admitted to the home on 09/16/2022 and has a court appointed guardian, Guardian I and Guardian J.<br>Resident 2's record contained an ISP and a Behavior Support Plan, dated 09/16/2022, that did not contain the providers, Guardian I's, or his/her placing agency representative.<br><br>On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required. | M 406 | | |
| M 408 | 88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES<br><br>The assessment shall identify the person's needs and abilities in at | M 408 | | |

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| M 408 | Continued From page 17<br>least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not assess the needs and abilities in the areas of activities of daily living for 1 of 1 residents reviewed. Resident 2's assessment and Individualized Service Plan (ISP) did not identify and provide care guidelines for his/her housekeeping abilities.<br><br>Findings include:<br><br>On 07/26/2023, at approximately 11:30 AM, Surveyor interviewed Resident 2's Family Member (FM) F. FM F stated that Resident 2 had moved out of the facility and on 05/19/2023 s/he went to the facility to clean out Resident 2's room. FM F stated s/he was shocked at the condition of Resident 2's room. Resident 2's room had soiled clothing piled everywhere, rotten food, empty 'fast food' containers laying everywhere, dirt and bugs covering the floor and in the dresser drawers, the bed was not made and there was what appeared to be food spilled on the mattress. FM F stated, "I was in complete shock that this was how [Resident 2] was allowed to live. Were staff not responsible to assist him/her in the cleaning of his/her room." FM F stated s/he had talked with Administrator B and Resident 2's managed care organization Care | M 408 | | |

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Manager (CM) I about these concerns. FM F stated s/he was informed that Resident 2 did not want anybody in his/her room. FM F forwarded the pictures to Surveyor.

On 07/26/2023 at 4:48 PM, Surveyor requested, from Licensee A and Administrator B, Resident 2's Individual Service Plan (ISP) with signature page, progress notes for May and June 2023 and most recent assessment.

On 07/27/2023, at approximately 2:00 PM, Surveyor interviewed CM I. CM I stated s/he had visited with Resident 2 on 03/29/2023 and s/he would not allow him/her into his/her room. CM I stated Resident 2 would lock people out of his/her room and this was explained to FM F. CM I explained that Resident 2 was not motived to do activities of daily living and would need to rely on staff to offer cueing.

On 07/31/2023, Surveyor reviewed Resident 2's submitted documentation.

Resident 2 was admitted to the facility from a sister facility the end of 10/2022.

Resident 2's Progress Notes documented:
"05/12/2023 - Was up past curfew, snacked, left mess from cooking. Activities of Daily Living (Document if completed during shift): Other - None"
"05/11/2023 - Activities of Daily Living (Document if completed during shift): Other - None"
"05/10/2023 - Activities of Daily Living (Document if completed during shift): Other - N/A (not applicable)"
"05/09/2023 - Activities of Daily Living (Document if completed during shift): Other - None"
"05/08/2023 - Activities of Daily Living (Document

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if completed during shift): Other - None"
"05/07/2023 - Activities of Daily Living (Document if completed during shift): Other - 0"
"05/06/2023 - Made [him/herself] cereal. Poured a bowl of crackers & didn't eat it. Left mess for staff. Activities of Daily Living (Document if completed during shift): Other - Cooking/Baking, Shopping"
"05/05/2023 - Activities of Daily Living (Document if completed during shift): Other - None"
"05/04/2023 - Activities of Daily Living (Document if completed during shift): Other - None"
"05/03/2023 - Activities of Daily Living (Document if completed during shift): Other - None"
"05/02/2023 - Activities of Daily Living (Document if completed during shift): Other - None/slept"
"05/01/2023 - Activities of Daily Living (Document if completed during shift): Other - None"

Surveyor noted there was a section under Activities of Daily Living where staff could document if 'Clean Bedroom' had been completed. This activity had never been marked as completed.

Resident 2's Initial ISP, dated 09/16/2022, documented:
"Capacity for Self-Care: Independent w/Cues or Reminders"
"Cleaning: I am very good at helping keep my home clean - Needs Supervision"

Resident 2's Behavior Support Plan, dated 09/16/2022, documented:
"When redirection is needed please don't use words that are harsh (you need to, I want you to, you have to) Please use words like Could you please, it would be nice if you would, it would be a big help if you could, I will respond better to these cues and redirection if I feel like I am being asked

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| M 408 | Continued From page 20<br>not told"<br>"I am a very fun [guy/gal]! I am willing to help out when I am asked! I am loyal and like to be helpful! I am very funny and like to make people laugh."<br>"I do not like when people are in my room."<br><br>As of 08/03/2023 at 11:30 AM, Surveyor did not receive an assessment for Resident 2. | M 408 | | |