STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017716	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW LIFE NEW LOVE ADULT FAMILY HOME L	2220 W MCKINLEY AVE MILWAUKEE, WI 53205

(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 10/25/2024, Surveyor completed a standard survey and complaint investigation at New Life New Love. As a result, 10 deficiencies were identified. The complaint was unsubstantiated. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 2 of 2 staff had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver C was not screened for communicable diseases, including TB. Caregiver D's TB test was completed 394 days after start of providing cares. Findings include:	M 232		

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

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M 232	Continued From page 1 On 10/18/2024, at 12:00 PM, Surveyor reviewed employee records and identified the following: - Caregiver C was hired on 12/04/2023. Caregiver C's record did not contain evidence s/he was screened for communicable diseases, including TB. - Caregiver D was hired on 09/01/2021. Caregiver D was screened for communicable diseases on 07/08/2021. Caregiver D was screened for TB on 09/30/2022. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B confirmed staff started working on the floor upon their hire dates. Licensee A and Co-Licensee B confirmed the code requirement. Licensee A and Co-Licensee B reported they thought the communicable screening was enough and did not know staff needed a TB test until a later date, which was why Caregiver D had a TB test. Licensee A and Co-Licensee B were unaware of where Caregiver C's screening documentation was.	M 232		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open	M 334		

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M 334	Continued From page 2 stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were located in 1 of 4 resident bedrooms. Resident 1's bedroom did not contain a smoke detector. Findings include: On 10/18/2024, at 10:30 AM, Surveyor toured the facility. Surveyor toured Resident 1's bedroom. Surveyor observed the smoke detector was missing. The base was attached to the ceiling. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B confirmed the code requirement. Licensee A and Co-Licensee B reported it was taken down to have the batteries replaced. Licensee A and Co-Licensee B were unable to report when the smoke detector was removed from Resident 1's bedroom.	M 334		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than	M 346		

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M 346	Continued From page 3 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 1 of 1 resident (Resident 1) who lived in the facility beyond one year. Resident 1 did not have an evacuation assessment completed in 2023 and 2024. Findings include: On 10/18/2024, at 11:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/12/2021 with diagnoses including borderline personality disorder, history of self-harm, intellectual disability, and major depression. Resident 1's fire evacuation was dated 06/12/2022. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Co-Licensee B confirmed the code requirement. Co-Licensee B was unsure why Resident 1's annual evacuation assessments were not completed. Co-Licensee B reported the annual evacuations were completed with the ISP reviews.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by:	M 348		

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M 348	Continued From page 4 Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and the evacuation time for each drill for 3 of 3 years. Fire drills conducted in 2022, 2023, and to date in 2024, did not contain the time of the evacuation. Findings include: On 10/18/2024, at 11:00 AM, Surveyor reviewed the facility's safely records. Fire drills were conducted on 02/16/2022, 05/16/2022, 08/17/2022, 11/20/2022, 02/18/2023, 05/16/2023, 08/20/2023, 11/15/2023, 02/22/2024, 05/19/2024 and 08/20/2024. The documentation did not include evacuation time for each fire drill conducted. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B were unaware of the code requirement. Licensee A and Co-Licensee B reported they would ensure evacuation time was included on the fire drill documentation.	M 348		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's	M 410		

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M 410	Continued From page 5 (Resident 1's) individual service plan (ISP) contained all required information. Resident 1's ISP did not identify Resident 1's behaviors. Findings include: On 10/18/2024, at 11:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/12/2021 with diagnoses including borderline personality disorder, history of self-harm, intellectual disability, and major depression. Resident 1's ISP, dated 07/14/2024, reported the following: "Supervision member requires twenty-four hour supervision, cannot be left alone, [Resident 1] is a 2:1 16 hours of the day and 1:1 8 hours a day due to behavioral issues." "Behavioral intervention, yes [Resident 1] is redirected by, [sic] talks, [sic] therapy intervention." Surveyor requested Resident 1's crisis plan, which was not located in Resident 1's record. Licensee A provided Resident 1's crisis plan, which was in his/her email. Resident 1's crisis plan, dated 09/01/2021, identified the following behaviors: -Self-injurious behaviors such as cutting wrists, overdosing on pills, ingesting chemicals, and rocks, and jumping out a second-floor window. - Physical aggressions towards others such as swinging out, pushing, hitting/shoving if too close to her/him, and throwing items at others. - Elopement, running from her/his residence, running from a location in the community and	M 410		

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M 410	Continued From page 6 disappeared in the woods. Resident 1's crisis plan, identified the following interventions: - Self-injurious behaviors: "Staff working with [Resident 1] should be aware that s/he is a trauma victim and has behavioral issues when not feeling safe or in control of a situation. When [Resident 1] becomes upset (repeating herself/himself, making more negative statements, yelling, cursing, etc.) respond to her/him in a calm, confident, controlled manner. Encourage [Resident 1] to talk about what is bothering her/him. Ask her/him if s/he would like to talk to someone on the help line (do not say "crisis" line) .... Listen to her/his concerns and provide with reassurance that s/he is safe, doing things well, and people care about her/him and want her/him to be successful. [Resident 1] is responsive to verbal gestures of affection (e.g., praise). Refrain from asking her/him a lot of questions. Give her/him choices rather than directives. Try to distract [Resident 1] from her/his concerns/anger by asking about her/his dog...and her/his other interests (e.g., community outings, exercising, arts and crafts, drawing, writing, good penmanship, Christian music). Focus on helping [Resident 1] feel safe by talking about things that s/he enjoys like crafts, coloring, writing, listening to music, etc. Attempt to engage her/him in preferred activities. Give [Resident 1] time and space to calm down on her/his own as sometimes s/he wears herself/himself out during an episode. If [Resident 1] is shouting, lower your voice so s/he must be quiet or talk softly to hear you. Also, ask [Resident 1] to use her/his "inside voice." If [Resident 1] continues to shout, offer her/him to go to quieter environment such as her/his room or outside where staff can maintain	M 410		

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M 410	Continued From page 7	M 410		

visual contact with her/him. After this offer is given to [Resident 1], do not provide attention to the negative behavior, unless s/he threatens to elope or engage in self-harm. Suggest s/he go to her/his room or some other safe place to calm down. Prompt her/him to try a relaxation technique or other coping strategy s/he feels might help her/him feel better. Praise her/him for any adaptive attempts to manage the situation. If [Resident 1] threatens to harm or kill herself/himself or s/he attempts to harm herself/himself, try to remove any items s/he could use to do this. Ask her/him to stop this behavior and try to redirect her/him to a more acceptable task or activity. If s/he cannot be redirected and her/his behavior poses a significant risk to her/his safety, call 911 and request police assistance. Inform the dispatcher this is for a person with mental health needs and request the Crisis Assessment Response Team (CART) if available."

- Physical aggression towards others - "Staff working with [Resident 1] should be aware that s/he is a trauma victim and has behavioral issues when not feeling safe or in control of a situation. When [Resident 1] becomes upset (repeating herself/himself, making more negative statements, yelling, cursing, etc.) respond to her/him in a calm, confident, controlled manner. Encourage [Resident 1] to talk about what is bothering her/him. Ask her/him if s/he would like to talk to someone on the help line (do not say "crisis" line) .... Listen to her/his concerns and provide with reassurance that s/he is safe, doing things well, and people care about her/him and want her/him to be successful. [Resident 1] is responsive to verbal gestures of affection (e.g., praise). Refrain from asking her/him a lot of questions. Give her/him choices rather than

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M 410	Continued From page 8	M 410		

directives. Try to distract [Resident 1] from her/his concerns/anger by asking about her/his dog... and her/his other interests (e.g., community outings, exercising, arts and crafts, drawing, writing, good penmanship, Christian music). Focus on helping [Resident 1] feel safe by talking about things that s/he enjoys like crafts, coloring, writing, listening to music, etc. Attempt to engage her/him in preferred activities. Give [Resident 1] time and space to calm down on her/his own as sometimes s/he wears herself/himself out during an episode. If [Resident 1] is shouting, lower your voice so s/he must be quiet or talk softly to hear you. Also, ask [Resident 1] to use her/his "inside voice." If [Resident 1] continues to shout, offer her/him to go to quieter environment such as her/his room or outside where staff can maintain visual contact with her/him. After this offer is given to [Resident 1], do not provide attention to the negative behavior, unless s/he threatens to elope or engage in self-harm. Suggest s/he go to her/his room or some other safe place to calm down. Prompt her/him to try a relaxation technique or other coping strategy s/he feels might help her/him feel better. Praise her/him for any adaptive attempts to manage the situation. If [Resident 1] becomes physically aggressive, remain calm and back further away from her/him. Ask her/him to stop this behavior and try to redirect her/him to a more acceptable task or activity. If s/he cannot be redirected and her/his behavior poses a significant risk to her/his safety, call 911 and request police assistance. Inform the dispatcher this is for a person with mental health needs and request the Crisis Assessment Response Team (CART) if available. Provide responding officers with [Resident 1's] Police Safety Plan upon arrival.

Elopement - - Physical aggression towards others

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M 410	Continued From page 9 - "Staff working with [Resident 1] should be aware that s/he is a trauma victim and has behavioral issues when not feeling safe or in control of a situation. When [Resident 1] becomes upset (repeating herself/himself, making more negative statements, yelling, cursing, etc.) respond to her/him in a calm, confident, controlled manner. Encourage [Resident 1] to talk about what is bothering her/him. Ask her/him if s/he would like to talk to someone on the help line (do not say "crisis" line) .... Listen to her/his concerns and provide with reassurance that s/he is safe, doing things well, and people care about her/him and want her/him to be successful. [Resident 1] is responsive to verbal gestures of affection (e.g., praise). Refrain from asking her/him a lot of questions. Give her/him choices rather than directives. Try to distract [Resident 1] from her/his concerns/anger by asking about her/his dog ...and her/his other interests (e.g., community outings, exercising, arts and crafts, drawing, writing, good penmanship, Christian music). Focus on helping [Resident 1] feel safe by talking about things that s/he enjoys like crafts, coloring, writing, listening to music, etc. Attempt to engage her/him in preferred activities. Give [Resident 1] time and space to calm down on her/his own as sometimes s/he wears herself/himself out during an episode. If [Resident 1] is shouting, lower your voice so s/he must be quiet or talk softly to hear you. Also, ask [Resident 1] to use her/his "inside voice." If [Resident 1] continues to shout, offer her/him to go to quieter environment such as her/his room or outside where staff can maintain visual contact with her/him. After this offer is given to [Resident 1], do not provide attention to the negative behavior, unless s/he threatens to elope or engage in self-harm. Suggest s/he go to her/his room or some other safe place to calm down. Prompt her/him to try a relaxation	M 410		

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M 410	Continued From page 10	M 410		

technique or other coping strategy s/he feels might help her/him feel better. Praise her/him for any adaptive attempts to manage the situation. If [Resident 1] attempts to elope, follow and walk with her/him but give her/him some space. Try to talk her/him down and keep asking her/him to return and discuss what is bothering her/him. If s/he cannot be redirected and her/his behavior poses a significant risk to her/his safety, call 911 and request police assistance. Inform the dispatcher this is for a person with mental health needs and request the Crisis Assessment Response Team (CART) if available. Provide responding officers with [Resident 1's] Police Safety Plan upon arrival.

Resident 1's record reported Resident 1 was hospitalized for the following self-harm episodes:

11/21/2021 - suicide ideation, intentional drug overdose
03/31/2022 - ingestion of tack/nail
01/13/2023 - ingestion of glass
02/02/2023 - swallowed foreign body, laceration to scalp
09/24/2023 - possible ingestion
05/20/2024 - ingestion of glass

An incident report for Resident 1, dated 01/13/2024, reported Resident 1 jumped out of the window, staff attempted to stop Resident 1, Resident 1 became combative. Resident 1 kicked out the window and threw herself/himself out the window to get away from staff. Resident 1 eloped down the alley and picked up a broken glass bottle. Resident 1 swung the bottle at staff and threatened to cut them. Staff called the police, when the police found Resident 1, s/he ingested glass and was taken to the hospital.

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M 410	Continued From page 11 Resident 1's ISP did not identify any specific behaviors for Resident 1, or interventions of how staff should help manage Resident 1's behaviors. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Surveyor informed Licensee A and Co-Licensee B of the concerns regarding Resident 1's ISP not identifying what behaviors, the severity of Resident 1's behaviors or interventions which were in place, which would identify what services Resident 1 required. Licensee A and Co-Licensee B reported the behaviors were outlined in the crisis plan from the county. Surveyor raised concern about Resident 1's file not being organized and it being difficult to find documentation needed.	M 410		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 1 of 1 resident (Resident 1). Findings include: On 10/18/2024, at 11:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/12/2021 with diagnoses including borderline	M 420		

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M 420	Continued From page 12 personality disorder, history of self-harm, intellectual disability, and major depression. Resident 1 had a guardian. Resident 1's ISP had been reviewed on 01/12/2022, 07/14/2022, 01/12/2023, 07/12/2023, 01/11/2024, and 07/14/2024. The ISP reviews were only signed by Licensee A. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B reported they review the ISPs every 6 months with the managed care organizations. Licensee A and Co-Licensee B reported they were not aware the ISPs needed to be signed by all parties.	M 420		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident (Resident 1) received the required supervision. Resident 1 required 2:1 staffing during awake hours and 1:1 staffing during the night. Findings include: On 10/18/2024, at 10:30 AM, Surveyor entered	M 436		

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NEW LIFE NEW LOVE ADULT FAMILY HOME L	2220 W MCKINLEY AVE MILWAUKEE, WI 53205

(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 436	Continued From page 13 the facility. Surveyor observed 2 residents and 2 caregivers in the home. Surveyor observed 2 more bedrooms. On 10/18/2024, at 10:45 AM, Surveyor interviewed Caregiver C. Caregiver C reported 2 staff worked 1st and 2nd shift and 1 staff worked 3rd shift. Caregiver C reported Resident 1 had behaviors which required 2 staff. Caregiver C reported there were 4 residents who lived in the home. Caregiver C reported Resident 3 was at the hospital and Resident 4 was at work. Caregiver C confirmed Resident 2 required staff assistance and supervision. Caregiver C reported Resident 4 was independent with cares but required supervision. On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B reported they were providing Resident 1 with 2:1 staffing. When Surveyor inquired about Resident 2 being at the home when Surveyor arrived, Licensee A and Co-Licensee B reported Resident 2 was supposed to be gone. When Surveyor inquired about staff reporting the staff ratio to be 2 staff on 1st and 2nd shift and 1 staff on 3rd shift, Licensee A and Co-Licensee B reported they did not realize Resident 1's 2:1 staffing pattern would require a 3rd staff in the home to care for the other residents.	M 436		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access.	M 482		

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M 482	Continued From page 14	M 482		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 2 of 2 resident (Resident 1 and Resident 2) records contained all required information and were maintained in a secure location within the home.

Findings include:

On 10/18/2024, at 11:20 AM, Surveyor requested Resident 1's and Resident 2's record.

Surveyor was handed a manilla folder for Resident 1. The manilla folder was disorganized and papers were mixed together. Surveyor was unable to find documents in Resident 1's file. Licensee A had to search her/his email to provide Surveyor some of the documents requested.

-Resident 1 was admitted on 07/12/2021.
Resident 1's record did not contain the following documents:
Admission health exam
Communicable disease screening and TB test
Current Crisis Plan
Service/Admit Agreement

- Resident 2 was admitted on 11/20/2023.
Resident 2's record did not contain the following documents:
Admission health exam
Communicable disease screening and TB test
Medications written order
Service/Admit Agreement
Assessment
Current Individual Service Plan

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M 482	Continued From page 15 Evacuation Assessment On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Licensee A and Co-Licensee B reported Resident 2's file was taken by her/his care team during a recent audit. Licensee A and Co-Licensee B reported they were working on recreating Resident 2's file. Surveyor reviewed concerns with Licensee A and Co-Licensee B regarding ensuring the files are organized and all information was there for caregivers to properly assist residents.	M 482		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure each resident had physical privacy in living arrangements for 4 of 4 residents residing in the home. There were electronic video monitoring	M 550		

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M 550	Continued From page 16	M 550		

cameras which showed the kitchen, dining room, bathroom door, Resident 1's, Resident 2's, Resident 3's, and Resident 4's bedroom doors.

Findings Include:

On 10/18/2024, at 10:30 AM, Surveyor observed 2 cameras in the facility. There was a camera located in the northeast corner of the dining room. There was a camera located in the kitchen in the southeast corner. Surveyors observed a television screen, located in the dining room, which showed the views of the camera as follows:

The camera located in the dining room showed the dining room, the bathroom door, Resident 1's, Resident 2's, and Resident 3's bedroom doors.

The camera located in the kitchen showed the entire kitchen, Resident 4's bedroom door, and rear exit door.

On 10/18/2024, at 11:20 AM, Surveyor reviewed Resident 1's file. Resident 1 was admitted on 07/12/2021. Resident 1 had a guardian. Resident 1's file contained a document titled "Photography and videography consent form." The consent form stated, "I grant New Life New Love [Adult Family Home] (AFH) and it's employees the right of photography and videography of me for monitoring purposes only. I waive any right to inspect and/or approve photography and videography. I agree that New Live New Love AFH LLC may use cameras inside the facility 24-7 for photograph's [sic] or videograph's [sic] of me as a resident for monitoring purposes only." The document was signed by Resident 1.

On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B.

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M 550	Continued From page 17 Licensee A and Co-Licensee B reported the cameras were up since they bought the house and during their initial licensure visit. Licensee A and Co-Licensee B reported other facilities had cameras up on the inside of the homes and it only depends on the surveyor. Licensee A and Co-Licensee B reported the cameras do not record. When Surveyor inquired why have the cameras if they did not record, Licensee A and Co-Licensee B reported it was for everyone's safety.	M 550		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure a safe physical environment for 1 of 1 resident (Resident 1). Cleaning compounds and toxic substances were not securely stored when Resident 1 had a history of suicidal ideations and consuming cleaning compounds and toxic substances. Findings include:	M 570		

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M 570	Continued From page 18 On 10/18/2024, at 10:30 AM, Surveyor toured the facility and observed the following: - On top of a cabinet, in dining room had a container of Clorox bleach wipes and bottles of Aussie shampoo. - In the cabinet, under the kitchen sink were a bottle of Pine-Sol, bottle of bleach, bottle of Cloralen multipurpose spray with bleach, Clorox spray with bleach, Simply Green all-purpose spray and a bottle of Windex glass cleaner. The cabinet did not contain a locking mechanism. On 10/18/2024, at 11:20 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/12/2021 with diagnoses including borderline personality disorder, history of self-harm, intellectual disability, and major depression. Resident 1's individual service plan (ISP), dated 07/14/2024, under supervision indicated Resident 1 required 2:1 staffing ratio 16 hours a day, and 1:1 8 hours a day due to behavioral issues. Resident 1's crisis plan identified Resident 1 self-injurious behaviors as cutting wrists, overdosing on pills, ingesting chemicals and rocks, and jumping out a second floor window. Resident 1 was hospitalized for self-harm as follows: 11/21/2021 - suicide ideation, intentional drug overdose 03/31/2022 - ingestion of tack/nail 01/13/2023 - ingestion of glass 02/02/2023 - swallowed foreign body, laceration to scalp 09/24/2023 - possible ingestion 05/20/2024 - ingestion of glass	M 570		

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M 570	Continued From page 19 On 10/18/2024, at 12:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. When Surveyor reported her/his concerns regarding Resident 1's behaviors, Licensee A and Co-Licensee B reported they were unaware of the toxic substances not being securely stored. Licensee A and Co-Licensee B reported the toxic substances and cleaning compound should be securely stored.	M 570		