STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019392	A. BUILDING: _____ B. WING _____	04/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL CANAAN	443 FREEMAN ST WAUKESHA, WI 53189

(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 From 04/02/2025 to 04/07/2025, Surveyor conducted a standard survey at HIL Canaan, an AFH in Waukesha. Two deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) Homelike 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 maintain a safe, clean, and home-like environment. The home was not kept clean in resident's bedroom and bathroom. The kitchen was missing a cabinet door. Findings include: On 04/02/2025 at approximately 10:30 a.m., Surveyor toured the home with Caregiver A. The following was observed: -Resident 1's bedroom had a strong odor of urine. The mattress had no sheets and had a large hole in the center. The mattress had several stains.	M 276		

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

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M 276	Continued From page 1 -The bathroom had a strong odor of urine, and the base of the toilet was dirty with marks and waste. -The kitchen cabinet door was missing from the cabinet. On 04/02/2025 at approximately 10:30 a.m., Surveyor interviewed Caregiver A. Caregiver A stated that Resident 1, "gets upset when staff clean his/her room. Resident 1 prefers not to have sheets on the bed and it is hard to get the odor out from the bedroom and bathroom." Caregiver A confirmed the residents were hard on the cabinet doors and the missing door "had been off for a little while." On 04/07/2025 at 9:00 a.m., Surveyor interviewed Client Service Manager B. Client Service Manager B confirmed that Resident 1 did not like to clean his/her room. Client Service Manger B acknowledged that toileting was documented as independent in Resident 1's Individual Service Plan (ISP) and room care concerns were not documented in the ISP. Client Service Manager B stated that s/he would get the items fixed in the home and update the ISP regarding the room clean refusals.	M 276		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.	M 582		

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M 582	Continued From page 2	M 582		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 2 residents reviewed, had medications available in the home. Resident 1 and Resident 3 had medications that were not available.

Findings include:

Example 1- Resident 1

On 04/02/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record and identified the following:

Resident 1 was admitted on 04/04/2023 with diagnosis including autism, mild intellectual disabilities, bipolar, and anxiety. Resident 1's physician orders indicated Resident 1 was prescribed Sodium Fluoride 1.1% Gel with a start date of 08/27/2024, with instructions to use in place of toothpaste 2 times a day. Surveyor reviewed medications and observed the sodium fluoride gel 1.1% was not available in the home.

A review of Resident 1's medication administration record (MAR) from 03/06/2024 - 04/02/2025 was not administered on 03/24/2025 through 04/02/2025, missing 18 administrations.

On 04/02/2025 at approximately 10:15 a.m., Surveyor interviewed Caregiver A. Caregiver A stated that Resident 1 had been out of the gel for several days and it had been reported to the manager.

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M 582	Continued From page 3 On 04/07/2025 at approximately 9:00 a.m., Surveyor reviewed medication concern with Client Service Manager B. Client Service Manager B acknowledged that medication was on the MAR. Client Service Manager B said "the medication should be removed from the MAR, and s/he will work with the doctor to correct MAR." Example 2 - Resident 3 On 04/02/2025 at approximately 10:20 a.m., Surveyor reviewed Resident 3's record and identified the following: Resident 3 was admitted on 06/27/2023 with diagnosis including autism, Pervasive Developmental disorder, Hepatitis C and GERD. Resident 3's physician orders indicated Resident 3 was prescribed House Supplement generic for polaprezinc with a start date of 02/13/2025, with instructions to take 1 tablet by mouth daily. Surveyor reviewed medications and observed the house supplement was not available in the home. A review of Resident 3's medication administration record (MAR) from 03/06/2024 - 04/02/2025 was not administered on 03/26/2025, 03/27/2025, 04/01/2025, and 04/02/2025, missing 4 administrations. On 04/02/2025 at approximately 10:25 a.m., Surveyor interviewed Caregiver A. Caregiver A stated that Resident 3 did not have that medication available because the family supplies it. Caregiver A stated that Resident 3 is often out of the medications provided by family. On 04/07/2025 at approximately 9:00 a.m., Surveyor reviewed medication concern with Client Service Manager B. Client Service Manager B	M 582		

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M 582	Continued From page 4 acknowledged that the house supplement was not in the home. Client Service Manager B stated that s/he will discuss with Resident 3's family to ensure medications will be available going forward.	M 582		