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	0017887	A. BUILDING: _____ B. WING _____	C 11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORGAN TERRACE GROUP HOME 2 LLC	3457 S 85TH ST MILWAUKEE, WI 53227

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M 000	INITIAL COMMENTS From 11/15/2024 to 11/20/2024, Surveyor conducted a complaint investigation and standard survey at Morgan Terrace Group Home LLC, an AFH in Milwaukee. Six deficiencies were identified. The complaint was unsubstantiated. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK 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,	M 114		

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

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M 114	Continued From page 1 the licensing agency may deny, revoke, refuse to renew or suspend a license, 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 a background check was completed at the time of hire for 2 of 3 caregivers reviewed. The provider did not conduct a complete background check for Administrator B or Caregiver C. Findings include: On 11/15/2024 at approximately 9:30 a.m., Surveyor requested employee records from Administrator B. On 11/15/2024 at approximately 10:30 a.m., Administrator B provided Surveyor with an employee list that included no dates of hire. Administrator B stated employee records were kept offsite and s/he would have Human Resources D provide Surveyor with additional information. Surveyor requested the complete background checks for Caregiver C and Administrator B. According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of:	M 114		

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M 114	Continued From page 2	M 114		

1) A completed DHS form F-82064, Background Information Disclosure (BID).
2) A response from the Department of Justice (DOJ).
3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS).

On 11/15/2024 from approximately 10:45 a.m. to 11:00 a.m., Surveyor received employee records from Human Resources D and noted the following:

- The file of Administrator B, hired 02/17/2020, included a complete BID. The file included an incomplete DOJ, dated 02/20/2023. The file did not include an IBIS.
- No records were received for Caregiver C.

On 11/15/2024 at approximately 1:30 p.m., Surveyor made an additional request for the remainder of Administrator B's DOJ and IBIS and Caregiver C's record from Administrator B. Administrator B stated today was a "bad day" and s/he was gathering information. Surveyor requested that information be provided by 4:00 p.m.

On 11/20/2024 at approximately 11:30 p.m., Surveyor received documentation from Licensee E. Surveyor noted the following:

- No additional records were received for Administrator B.
- The file of Caregiver C indicated s/he was hired on 09/26/2023. The file included a BID; however, the DOJ was missing pages and the IBIS was dated 11/16/2024, a day after Surveyor's visit to the facility and greater than 60 days after

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M 114	Continued From page 3 Caregiver C's date of hire. The provider did not ensure complete background checks were conducted for 2 of 3 caregivers reviewed.	M 114		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 unobstructed means of exiting to the outside. Two of 3 exits were obstructed by a safety lock. Findings include: On 11/15/2024 at approximately 8:30 a.m., Surveyor toured the provider's home. Surveyor observed 2 of 3 exits had doorknobs with safety locks over them, obstructing exit to the outside. On 11/15/2024 at approximately 11:00 a.m., Surveyor interviewed Administrator B regarding the 2 exits obstructed with a safety lock. Administrator B stated the safety locks were installed due to a past resident with dementia, but could be removed.	M 338		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT	M 420		

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M 420	Continued From page 4 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 2 of 2 individual service plans (ISP) reviewed were signed and dated by all persons involved in developing the plan. Resident 1's and Resident 2's ISPs were signed only by Administrator B. Findings include: On 11/15/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1 and Resident 2's records, provided by Administrator B. Records documented the following: - Resident 1 was admitted to the provider's home on 05/15/2024. Resident 1's record indicated s/he was enrolled in a managed care organization and had an activated Health Care Power of Attorney (HCPOA). Resident 1's ISP, dated 05/15/2024, was not signed by Resident 1's HCPOA or his/her managed care organization. - Resident 2 was admitted to the provider's home on 06/15/2024. Resident 2's record indicated s/he was enrolled in a managed care organization and was his/her own decision maker. Resident 2's ISP, dated 06/15/2024, was not signed by Resident 2 or his/her managed care organization. On 11/15/2024 at approximately 10:40 a.m., Surveyor interviewed Administrator B. Surveyor shared concern that neither Resident 1, nor Resident 2's ISPs were signed by the legal decision maker and managed care organization.	M 420		

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M 420	Continued From page 5 Administrator B acknowledged Surveyor's concern and was unable to provide documentation indicating the legal decision makers and managed care organizations were in agreement with the ISPs.	M 420		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order from the resident's physician permitting the provider's staff to administer medications was received before administering medications for 2 of 2 residents reviewed. The provider did not have a written order to administer medications to Resident 1 or Resident 2. Findings include: On 11/15/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's and Resident 2's records, provided by Administrator B. Records documented the following:	M 464		

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M 464	Continued From page 6 - Resident 1 was admitted to the provider's home on 05/15/2024. Resident 1's record indicated the provider's staff administered Resident 1's medications. Resident 1's record did not include a physician order to administer medications. - Resident 2 was admitted to the provider's home on 06/15/2024. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's record did not include a physician order to administer medications. On 11/15/2024 at approximately 10:40 a.m., Surveyor interviewed Administrator B. Surveyor shared concern that neither Resident 1's, nor Resident 2's record included documentation of a physician order to administer medications. Administrator B reviewed Resident 1's and Resident 2's record and confirmed s/he was unable to locate a physician order to administer medications.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. There were several packages of meat and leftover foods in the refrigerator which were not dated or labeled. Findings include:	M 474		

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M 474	Continued From page 7 On 11/15/2024 at approximately 8:30 a.m., Surveyor toured the provider's home. Surveyor observed the following in the provider's refrigerator: - An open log of beef sausage that was not dated with the date of opening. - An open container of salami that was not dated with the date of opening. - An open package of bacon that was not dated with the date of opening. - An open package of hot dogs that was not dated with the date of opening. - A container of spaghetti that was not dated. - A container of salad that was not dated. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) On 11/15/2024 at approximately 8:35 a.m., Surveyor interviewed and asked Caregiver A about the food in the refrigerator which was open or prepared that was not labeled. Caregiver A stated s/he believed the spaghetti and salad had been prepared the day prior. On 11/15/2024 at approximately 11:00 a.m., Surveyor shared food safety concerns with Administrator B. Administrator B instructed Caregiver A to repackage and date items in the refrigerator.	M 474		

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M 550	Continued From page 8	M 550		
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 and interview, the provider did not ensure residents had privacy in their living area for 3 of 3 residents in the home. The provider's home had a video monitoring system in the living room, which was accessible to view on Licensee A's phone. Findings include: On 11/15/2024 at approximately 8:30 a.m., Surveyor observed a camera in the home's living room and kitchen. On 11/15/2024 at approximately 8:40 a.m., Surveyor interviewed Caregiver A. Caregiver A confirmed there were cameras in the living room and kitchen, but was unsure of the motive or purpose to have cameras. On 11/15/2024 at approximately 11:00 a.m.,	M 550		

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M 550	Continued From page 9 Surveyor interviewed Administrator B. Administrator B stated the cameras recorded, but s/he was not sure who monitored them.	M 550		