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M 000	INITIAL COMMENTS On 10/07/2024, Surveyor conducted an standard licensure survey and complaint investigation at Journey Home. Data was collected through 10/14/2024 The complaint was substantiated. Ten deficiences were identified. Census: 2	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 complete a caregiver background check for 2 of 2 employees (Caregiver B and C) sampled. Findings include: On 10/07/2024, Surveyor reviewed employee records. It was not noted when Caregiver B or C were hired. Caregiver B and C's record did not include evidence of a Wisconsin caregiver background check. On 10/07/2024, Surveyor interviewed Licensee A. Licensee A stated Caregiver B had worked for him/her for about the past 5 years but did not recall a specific hire date. Licensee A stated Caregiver C had been working for him/her for about the last 2 years but s/he could not recall a specific hire date. Licensee A stated s/he did not complete a caregiver background check on either Caregiver B or C but s/he knew they were good people.	M 114		
M 216	88.04(2)(a) RESPONSIBILITIES	M 216		

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M 216	Continued From page 2	M 216		

The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the licensee did not ensure the home and its operation complied with all laws governing the operation.

Findings include:

The provider is licensed to care for 4 residents in the client groups physically disabled, traumatic brain injury, and developmentally disabled.

On 05/24/2024, the Department received a complaint investigation related to program services.

On 10/07/2024, the Department conducted a standard licensure survey and complaint investigation. The complaint was substantiated, and 10 deficiencies were identified.
The following was a list of the issues identified during the survey:
- The provider did not complete Wisconsin caregiver background checks on employees.
- The provider did not ensure health screening for staff was completed 90 days prior to hire.
- Staff did not complete required training within 6 months of hire.
- The provider did not complete pre-admission assessments on any of the residents.
- The provider was unaware that s/he needed to complete a service agreement upon admission.
- The provider did not go through resident

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M 216	Continued From page 3	M 216		

rights/ grievance procedures upon admission with either resident.
- The provider did not complete the initial ISP within 30 days of admission.
- Medications were not stored securely.
- The provider did not obtain a written order from resident physicians prior to administering medications.

On 10/07/2024, Surveyor interviewed Licensee A. Licensee A stated s/he did not do background checks on his/her current employees because s/he knows they were good people. Licensee A was also unsure of the exact start date for either employee. S/he stated Caregiver B had been there about 5 years and Caregiver C about the last 2 years. Licensee A identified that s/he did not realize that service agreements or resident rights/grievance procedures needed to be completed and signed upon admission.

On 10/07/2024, Surveyor interviewed Licensee A about medication storage. Licensee A stated s/he leaves the key in the door handle to the medication cabinet because otherwise s/he would probably lose the key. Licensee A stated s/he was not concerned that residents would try to access any of the unlocked medications. Licensee A also stated s/he was unaware that s/he needed written orders from the resident's physicians to administer medications.

On 10/09/2024, Licensee A was able to provide Surveyor with tuberculosis (TB) tests for both employees. The tests were completed on 06/06/2021. It was unable to be determined if the TB tests were completed 90 days before hire for the employees without exact hire dates. Licensee A stated s/he was unaware that the caregivers

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M 216	Continued From page 4 needed a health screen as well. On 10/14/2024, Surveyor interviewed Licensee A. Licensee A stated s/he was sure that the caregivers probably had a health screen done at some point. Licensee A asked how s/he was supposed to know what training topics were required upon hire. Surveyor directed Licensee A to Chapter (Department of Health Services) DHS 88 for training guidance. Cross references: 88.03(3)(b) Criminal Records Check 88.04(2)(g)1 Health Screening For Staff 88.04(5)(a) Training-15 Hours Within 6 Months 88.06(1)(e) Information To Determine Services 88.06(2)(b) Service Agreement Except Respite 88.06(2)(c)8 Resident Rights And Grievance 88.06(3)(a) Individual Service Plan Assessment 88.07(3)(a) Prescription Medications 88.07(3)(d) Medication- Written Order	M 216		
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.	M 232		

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M 232	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff (Caregiver B and Caregiver C) reviewed, were screened for communicable disease. Findings include: On 10/07/2024, Surveyor reviewed employee records. It was not noted when Caregiver B or C were hired. Caregiver B and C's record did not include any evidence that they were screened for communicable disease. On 10/07/2024, Surveyor interviewed Licensee A. Licensee A stated Caregiver B had worked for him/her for about the past 5 years but did not recall a specific hire date. Licensee A stated Caregiver C had been working for him/her for about the last 2 years but s/he could not recall a specific hire date. Licensee A stated s/he knew they had tuberculosis (TB) screenings done at some point, s/he just needed to find the documents. Surveyor requested that Licensee A email these documents by 10/09/2024. On 10/09/2024, Surveyor received a TB skin test dated 06/06/2021 for both Caregiver B and C. Surveyor did not receive any evidence of any health screen for communicable disease for either Caregiver B or C.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training	M 244		

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M 244	Continued From page 6	M 244		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C) sampled, received 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights, treatment appropriate to residents, fire safety, and first aid.

Findings include:

The provider is licensed to care for 4 residents in the client groups physically disabled and advanced aged.

On 10/07/2024, Surveyor reviewed employee records. It was not noted when Caregiver B or C were hired. Caregiver B and C's record did not include any evidence of initial training. The only training Caregiver B and C had in their employee file was 8 hours of annual training in 2024.

On 10/07/2024, Surveyor interviewed Licensee A. Licensee A stated Caregiver B had worked for her for about the past 5 years but did not recall a specific hire date. Licensee A stated Caregiver C had been working for about the last 2 years but s/he could not recall a specific hire date. Licensee A stated s/he did not realize there needed to be

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M 244	Continued From page 7 specific initial training upon hire. S/he stated s/he was only aware of the 8 hours of annual training.	M 244		
M 378	88.06(1)(e) INFORMATION TO DETERMINE SERVICES The licensee shall obtain information from a prospective resident necessary to determine whether the person's needs can be met with the services identified in the home's program statement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a pre-admission assessment for 2 of 2 residents reviewed. Findings include: On 10/07/2024 at approximately 12:45 PM, Surveyor reviewed resident's records and identified the following: Resident 1 was admitted on 08/07/2023. Resident 1's record did not contain a pre-admission assessment. Resident 2 was admitted on 09/11/2023. Resident 2's record did not contain a pre-admission assessment. On 10/07/2024, Surveyor interviewed Licensee A about the missing pre-admission assessments from resident records. Licensee A stated s/he did not do a pre-admission assessment. S/he stated s/he just talks to them on the phone but did not complete an assessment or document it.	M 378		

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M 384	Continued From page 8	M 384		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 or Resident 2 had a signed service agreement prior to admission. Findings include: On 10/07/2024 at approximately 12:45 PM, Surveyor reviewed Resident 1 and Resident 2's record. Resident 1 was admitted on 08/07/2023. Resident 1's record did not contain a service agreement. Resident 2 was admitted on 09/11/2023. Resident 2's record did not contain a service agreement. Surveyor interviewed Licensee A about signed service agreements prior to admission. Licensee A stated s/he did not complete one. Licensee A acknowledged that a service agreement prior to	M 384		

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M 384	Continued From page 9 admission needs to be completed.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed (Resident 1 and Resident 2) received the resident rights and grievance procedure upon admission. Findings include: On 10/07/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/07/2023. His/her record did not include evidence that resident rights or the provider's grievance procedure were explained or provided upon admission. On 10/07/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 09/11/2023. His/her record did not include evidence that resident rights or the provider's grievance procedure were explained or provided upon admission. On 10/07/2024, Surveyor interviewed Licensee A about reviewing resident rights and grievance procedures. Licensee A stated s/he had those hanging on her bulletin board. S/he stated it had not been part of her admission process to review	M 402		

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M 402	Continued From page 10 those upon admission. Licensee A stated s/he will make sure it is completed moving forward.	M 402		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed and developed for Resident 1 and Resident 2 within 30 days after placement. Findings include: On 10/07/2024 at approximately 12:45 PM, Surveyor reviewed resident records and identified the following: Resident 1 had an admission date of 08/07/2023. The record contained a handwritten ISP, with a date of 08/25/2023. There were no signatures on this ISP. Resident 2 had an admission date of 09/11/2023. The record did not contain any evidence of an initial ISP. On 10/07/2023, Surveyor interviewed Licensee A. Licensee A stated s/he was "pretty sure" s/he had the care team sign Resident 1's initial ISP.	M 404		

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M 404	Continued From page 11 Licensee A also stated that Resident 2's initial ISP was done but s/he was just not sure where. Surveyor requested that Licensee A email these documents by 10/09/2024. On 10/09/2024, Surveyor received a signature page for Resident 1, signed 01/16/2024.	M 404		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored. Findings include: On 10/07/2024 at approximately 12:35 PM, Surveyor observed the provider's medication storage system. Surveyor observed the key hanging from the lock on the door handle of the medication closet. The medication closet door was also open. Surveyor had full access to all the medications in the closet.	M 458		

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M 458	Continued From page 12 On 10/07/2024, Surveyor interviewed Licensee A about medication storage. Licensee A stated s/he did not want to take the key out of the medication door because s/he would probably lose the key. Licensee A stated in the past s/he had residents that might go in the medication closet if it was unlocked but his/her current residents would never do that. Licensee A acknowledged the importance of ensuring prescription medications were securely stored.	M 458		
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 Resident 1 or 2 had a written order from his/her prescribing physician, specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered. Findings include:	M 464		

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M 464	Continued From page 13 On 10/074/2024 at approximately 12:45 PM, Surveyor reviewed resident records. Resident 1 was admitted on 08/07/2024. Resident 1's record did not include a written authorization for the provider to administer Resident 1's medication. Resident 2 was admitted on 09/11/2024. Resident 2's record did not include a written authorization for the provider to administer Resident 2's medication. On 10/07/2024, Surveyor interviewed Licensee A regarding written authorization for medication administration. Licensee A stated s/he did not have that for either resident. On 10/08/2024 at 10:20 AM, Surveyor received a call from Licensee A. Licensee A stated s/he had reached out to the residents' providers this morning and requested written authorization for medication administration.	M 464		