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M 000	INITIAL COMMENTS On 02/17/2025, with information gathered through 03/11/2025, Surveyor conducted a standard licensure survey and a complaint investigation at Oakwood House of Waukesha Corp Doty. Twenty-two deficiencies were identified. Complaint was unsubstantiated. Census: 3	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES 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 record review and interview, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 02/17/2025, with information gathered through 03/11/2025, Surveyor conducted an abbreviated licensure survey and a complaint investigation. As a result of the survey, 22 deficiencies, including this one, were identified: M0216 88.04(2)(a) Responsibilities M0232 88.04(2)(g)1. Health Screening for Staff M0235 88.04(2)(h) Comply with OSHA	M 216		

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

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M 216	Continued From page 1 M0244 88.04(5)(a) Training - 15 Hours Within 6 Months M0246 88.04(5)(b) Training - 8 Hours Annually M0276 88.05(3)(a) Home Environment M0278 88.05(3)(b) Free of Hazards M0346 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0348 88.05(4)(d)2.c. Semi-Annual Fire Drills M0404 88.06(3)(a) Individual Service Plan & Assessment M0408 88.06(3)(c) Assessment Identify Needs & Abilities M0424 88.06(3)(f) Review of ISP M0428 88.07(1)(b) Autonomy And Choices M0448 88.07(2)(b)5. Monitoring Health M0450 88.07(2)(b)6. Notification of Changes M0458 88.07(3)(a) Prescription Medications M0464 88.07(3)(d) Medication - Written Order M0466 88.07(3)(e)1. Medication - Record Keeping M0482 88.09(1)(a) Resident Records M0572 88.10(3)(m) Freedom From Abuse M0582 88.10(3)(q) Medications Z0055 2-DHS 13.05(3)(a) Entity Allegations Reporting Requirements On 02/19/2025 at 4:49 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would provide additional training to Manager B. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated this was a learning opportunity and was appreciative of all the guidance the Surveyor provided.	M 216		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a	M 232		

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M 232	Continued From page 2	M 232		

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 from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed (House Manager 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 02/17/2025, Surveyor reviewed House Manager C's and Caregiver D's record with Manager B.

House Manager C was hired 06/28/2023. His/her file did not contain a communicable disease screen or a TB test result.

Caregiver D was hired 06/27/2023. His/her file did not contain a communicable disease screen or a TB test result.

On 02/17/2025, at approximately 5:30 PM,

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M 232	Continued From page 3 Surveyor interviewed Manager B. Manager B confirmed the records contained a communicable disease screen form, which had not been signed, and the records did not contain TB test results.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. House Manager C did not complete initial training regarding standard precautions and did not complete annual training in 2024. Caregiver D did not complete annual training regarding standard precautions. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with	M 235		

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the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows:
At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter."

The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.

On 02/17/2025, Surveyor reviewed House Manager C's and Caregiver D's record with Manager B.

House Manager C was hired 06/28/2023. His/her file did not contain initial standard precautions training upon hire and did not include annual training for universal precautions related to the control of blood-borne pathogens in 2024.

Caregiver D was hired 06/27/2023. His/her file did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024.

On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he was not aware of any other training records for House Manager C or Caregiver D.

On 02/27/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility, 06/28/2022, with diagnosis including history of hepatitis C.

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M 235	Continued From page 5 As of 03/06/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 1 service providers (House Manager C) received 15 hours of initial training, including trainings related to first aid and fire safety. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 02/17/2025, Surveyor reviewed House Manager C's record with Manager B. House Manager C was hired on 06/28/2023. House Manager C's record did not include training in first aid and fire safety.	M 244		

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M 244	Continued From page 6 On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he was not aware of any other training records for House Manager C. As of 02/24/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (House Manager C and Caregiver D) completed resident rights training and 8 hours of annual training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents served in the facility in 2024. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.	M 246		

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M 246	Continued From page 7 On 02/17/2025, Surveyor reviewed House Manager C's and Caregiver D's record with Manager B. House Manager C was hired 06/28/2023. House Manager C's record did not contain at least 8 hours of continuing education hours in 2024 covering required topics. Caregiver D was hired 06/27/2023. Caregiver D's record did not contain at least 8 hours of continuing education hours in 2024 covering required topics. On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he was not aware of any other training records for House Manager C and Caregiver D. On 02/22/2025 at 12:00 PM, Manager B emailed Surveyor and stated there were no continuing education records.	M 246		
M 276	88.05(3)(a) HOME 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 homelike	M 276		

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M 276	Continued From page 8	M 276		

environment.

Findings include:

The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.

On 02/17/2025, at approximately 4:15 PM, Surveyor toured the home and observed the following:

Resident Bathroom:
-Bathroom had a strong urine and bowel like scent. Garbage cans consisted of what appeared to be days' worth of soiled incontinence products.
-Sink basin and faucet had what appeared to be soap and dirt buildup.
-Sink basin had brown staining which had the appearance of burn marks.
-Vanity drawers had white markings dripping down the front.
-Toilet auger was lying on the floor, causing a potential tripping hazard for the non-ambulatory.

Common Area:
-Brown cloth couch appeared to have dirt and food crumbs scattered across the sitting area.

Laundry Room:
-Dryer vent was covered in a heavy layer of what appeared to be lint, dryer sheets and garbage.
-Garbage can, approximately 32-gallon size, in laundry room was overflowing with empty laundry soap containers, disposable gloves, lint, and miscellaneous garbage. This garbage was also overflowing onto the floor.

Kitchen:
-Refrigerator door would not stay closed.

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M 276	Continued From page 9 -Refrigerator basin, where drawers sat, was covered in a brownish colored liquid. There were soaked paper toweling next to the liquid. -Refrigerator plastic drawer was broke creating sharp edges. -Refrigerator handles and side of doors, which were white, were brown in color. -Refrigerator shelving units had what appeared to be liquid and food spillage covering them. -Stove and stove hood felt greasy to the touch and had a layer of what appeared to be dust in the grease buildup. -Microwave had what appeared to be dried and burned on food covering the interior of the microwave. The white interior of the microwave appeared yellow and brown. Resident 2's Bedroom: -Carpeted floor showed signs of built-up dirt and appeared to need vacuuming. -Dresser handles were not securely fastened, were hanging by one attachment. -Ceiling fan had a heavy layer of black dust on each blade. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he agreed that the home needed to be properly cleaned, and s/he was in the process of doing that. Manager B stated tasks lists for staff have been created.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was free from clutter and free from potential insects and rodents.

Bags of garbage were stacked and stored in the home due to not having adequate number of garbage canisters for weekly garbage removal.

Findings include:

The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.

On 02/17/2025, at approximately 4:15 PM, Surveyor arrived at the home. Surveyor observed House Manager C moving bags of garbage from a hallway into the basement. House Manager C stated that the refuse company had removed one of their garbage containers, leaving the provider with only one, which was not large enough to dispose of the home's weekly garbage. Surveyor counted at least 6 bags, which appeared to be the standard 13-gallon kitchen bag. While the garbage bags were tied shut, the bags were not stored in closed containers or other method of storage to prevent access by animals/insects.

On 03/04/2025, at approximately 2:00 PM, Surveyor arrived at the home. Surveyor observed 4 residential trash bins (which appeared to be approximately the 96-gallon size) for garbage pickup at the end of the driveway. The bins were not closed, and garbage bags (which appeared to be the standard 13-gallon kitchen size) were

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M 278	Continued From page 11 stacked above the top of the bins. There were 3 garbage bags on the ground and squirrels were ripping the bags. Surveyor walked into the home and found 2 more garbage bags sitting in the hallway. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he would contact the company they were contracted with and request additional trash bins. Manager B stated staff should not be storing bags of garbage in the home.	M 278		
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 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident (Resident 2 and Resident 3) were evaluated annually for evacuation time using the department's form. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 02/17/2025, Surveyor reviewed Resident 2's and Resident 3's record.	M 346		

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M 346	Continued From page 12 Resident 2 was admitted to the facility in 2015. Resident 2's evacuation assessment form was dated 2021. Resident 3 was admitted to the facility in 2016. Resident 3's evacuation assessment form was dated 2021. The evacuation forms were not completed in 2022, 2023, and 2024. On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he was in the process of updating the resident records.	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: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home in 2024. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.	M 348		

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On 02/17/2025, at approximately 4:40 PM, Surveyor asked House Manager C if s/he had participated in a fire drill in the home with the residents. House Manager C stated s/he had not. Surveyor verified House Manager C was hired in 06/2023.

On 02/17/2025, Surveyor reviewed the provider's 2024 fire drills, all signed by House Manager C.
01/03/2024 3:30 PM
02/03/2024 11:00 AM
03/06/2024 7:00 PM
04/14/2024 12:30 PM
05/08/2024 6:00 PM
06/09/2024 10:00 AM
07/13/2024 4:00 PM
08/07/2024 5:30 PM
09/11/2024 7:00 PM
10/08/2024 4:45
11/05/2024 6:00 PM
12/16/2024 6:45

On 02/18/2025 at 8:30 AM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D if s/he had participated in a fire drill in the home with the residents. Caregiver D stated s/he had not.

On 02/20/2025, Surveyor reviewed the handwriting of the 2024 Fire Drills with other documents that House Manager C had completed. The handwriting did not match.

On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated that s/he was the one that completed the fire drills with House Manager C and Caregiver D. Surveyor asked why House Manager C's name was listed as the individual who conducted the fire drills. Manager B stated because s/he was the house manager. Manager B stated s/he did not have a response

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(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 348	Continued From page 14 why House Manager C and Caregiver D stated they had not participated in any fire drills.	M 348		
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 1 of 1 resident (Resident 1) record reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Findings include: On 02/17/2025, at approximately 4:45 PM, Surveyor requested to review Resident 1's record. Manager B stated Resident 1 was a respite stay that turned into long term and his/her record was not complete. Manager B informed Surveyor Resident 1 had lived in the home for over a year. On 02/24/2025 at 6:05 PM, Manager B informed Surveyor that Resident 1 had moved into the home 06/28/2022. On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he	M 404		

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M 404	Continued From page 15 was in the process of updating the resident records. Cross Reference: M0482 DHS 88.09(1)(a) Resident Records	M 404		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: 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 resident reviewed. Resident 1 was reported to be abusing alcohol and abusing his/her as-needed (PRN) narcotic medications and the provider did not assess the resident and determine a behavior plan. Resident 1 was incapable of keeping his/her bedroom clean and a safe environment, and the provider did not assess the resident and determine a behavior plan. Findings include:	M 408		

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M 408	Continued From page 16 On 02/17/2025, at approximately 4:30 PM, Surveyor and House Manager C observed Resident 1's medication in the medication closet. Surveyor observed bags of medication that were from the past, that had not been administered. House Manager C explained that Resident 1 picked and chose what days s/he was going to take his/her medication and when s/he was under the influence of alcohol, staff would not administer his/her medications, particularly his/her 'narcotics.' (Surveyor observed 3 blister cards of PRN Tramadol (pain medication) and 2 blister cards of PRN Hydroxyzine (psychotropic)). House Manager C stated, "[Resident 1] would take [his/her] medications with [him/her] when [s/he] was going away for the weekend. Then [s/he] would bring them back, [s/he] did not take them. Or [s/he] wouldn't return when [s/he] said [s/he] was going to, and return days later, so then [s/he] wouldn't have any medication. Or s/he would want all of [his/her] PRN meds, [s/he] doesn't request them until [s/he] is leaving for the weekend." Surveyor asked House Manager C to elaborate on Resident 1's alcohol consumption concern. House Manager C stated Resident 1 would go out and return to the facility slurring his/her speech, tripping and falling onto the other residents, and would become belligerent towards staff. Surveyor asked if Manager B was aware of these concerns. House Manager C stated s/he would inform Manager B and on-call Nurse F when Resident 1 appeared under the influence of alcohol. On 02/17/2025, at approximately 5:35 PM, Surveyor interviewed Resident 1 in his/her bedroom. Surveyor noted a strong incontinence like smell emanating from the room, into the hallway. Resident 1's room had an unkempt	M 408		

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appearance with food containers stacked around room, soiled flooring, clothing stacked around the room. Resident 1 did not have any concerns to report to the Surveyor.

On 02/17/2025, at approximately 5:45 PM, Surveyor interviewed Manager B. Manager B stated that Resident 1 ordered his/her own medications and there were concerns with how s/he was managing his/her medications.

On 02/18/2025, at approximately 8:30 AM, Surveyor interviewed Caregiver D. Caregiver D stated there were concerns with Resident 1 being under the influence of alcohol and/or drugs and then wanting his/her PRN 'narcotics.' Caregiver D stated, "[Resident 1] does not normally ask for the medication until [s/he] is going on a family visit. There have been family members who have come into the house asking for all of [his/her] PRN meds. I won't give them. I hand them [his/her] scheduled meds, but they do not want those. They get mad and leave. If [Manager B] says I am to send all of the PRN meds, then I will send them." Caregiver D explained that Resident 1 orders his/her own medication, so new medications will show up or a repeat medication. Caregiver D stated, "It can be difficult to follow at times."

On 02/19/2025, Surveyor reviewed Resident 1's managed care organization (MCO) documentation, dated 01/01/2024 to 02/18/2025, provided by the MCO provider which documented:
04/01/2024 - [Manager B] stated member is not getting along with [House Manager C]. States [s/he] is telling stories to other staff, has come home intoxicated and causing problems. IDT (interdisciplinary team) completed a care

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conference with the member to advise of reported facility concerns. Member stating that the staff member will not give [him/her] [his/her] as needed medications. When asked for more specifics regarding this however, member has no examples or specifics and reported [s/he] has not been asking for any as needed medication because [s/he] heard this staff member say [s/he] would not be giving [him/her] any. When asked about use of alcohol, member reports this was only a one-time event during a weekend.
04/05/2024 - Does the member have a behavioral support plan (BSP) - No.
10/07/2024 - IDT arrived to the member's AFH (adult family home) for scheduled face-to-face meeting was advised by the caregiver that the member has not been there since last Wednesday (10/02/2024) but has been at [his/her] [aunt's/uncle's] home.
10/17/2024 - Does the member have a BSP - No, the member displays no behaviors that require a BSP at this time.
01/13/2025 - Face to Face visit. No changes to medications. Members environment is clean of clutter, free of bugs, and well kept.

On 02/22/2025, Surveyor reviewed on-call Nurse F's documentation provided by Licensee A:
03/04/2024 - [Resident 1] out all weekend. Came home at night to sleep. [S/he] was intoxicated when [s/he] returned.
04/05/2024 - Caregiver complained [Resident 1] has been swearing at [him/her] and calling [him/her] names.
05/20/2024 - [Resident 1] had large BM (bowel movement) on floor in room. Caregiver gave material to resident to clean floor.
06/03/2024 - [Resident 1] swearing at caregiver.
09/16/2024 - [Resident 1] called writer before on call began. [S/he] wanted me to give permission

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to take all meds with [him/her] when [s/he] was gone. I told [him/her] I was not on call yet and [s/he] should talk with the caregivers and follow what they tell [him/her]. [S/he] told the caregivers that the writer stated that [s/he] could just take [his/her] own meds and sign them out. This was never said to [him/her]. Meds, scheduled, were given but not PRN's. [S/he] was told by writer to clean room. Which was not done. I reminded staff to keep meds locked up and to make sure any meds that are given are signed out.
10/07/2024 - Friday spoke with caregiver. [S/he] stated [Resident 1] was leaving for weekend. Stated that resident gave [him/her] a list of PRN meds that [s/he] wanted to take with him. [S/he] had 7 meds for pain that [s/he] wanted. Caregiver refused to give [him/her] all of the meds. Caregivers were reminded to document everything.
12/23/2024 - Refusing to clean room. According to caregiver room has awful odor.
12/29/2024 - Continues to refuse to clean room. Odor remains.
01/13/2025 - In all weekend. Continues to refuse to clean room.
01/20/2025 - [Resident 1] out on Friday (01/17/2025) back on Saturday (01/18/2025). Room remains uncleaned. Stated when [Resident 1] left on Friday [s/he] was given meds for the weekend. When [s/he] returned on Saturday and it was time for [him/her] to receive [his/her] meds, [s/he] was unable to produce some meds.
01/27/2025 - Received text from caregiver stating [Resident 1] returned smelling from alcohol and slurring words. Meds not given. Resident had large BM all over room at 11:30 PM according to caregiver.
02/01/2025 - Received telephone call from caregiver stated [Resident 1] threw out

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medication. Stated [s/he] hasn't been taking meds. Caregiver stated [s/he] was acting confused.
02/03/2025 - Didn't clean room. Caregiver states room is very smelly.
02/10/2025 - Refuses to clean room.

On 02/28/2025 at 2:39 PM, Surveyor interviewed Resident 1's current MCO Care Manager (CM) I. Surveyor asked if the provider had communicated with him/her regarding Resident 1's potential abuse of medications, potential abuse of alcohol and the refusal to clean his/her room. CM I stated s/he was not aware of any of these concerns. CM I explained that when s/he completed his/her face-to-face visit with Resident 1, it was completed at a sister facility. CM I stated s/he had not seen Resident 1's actual living environment. CM I stated s/he would reach out with the provider and determine if a BSP should have been developed.

On 02/28/2025 at 8:40 AM, Surveyor interviewed Resident 1's previous MCO CM H. Surveyor asked if the provider had communicated with him/her regarding Resident 1's potential abuse of medications, potential abuse of alcohol and the refusal to clean his/her room. CM H stated s/he was not aware of those concerns but thought maybe, since his/her gastric bypass surgery, s/he was developing unfavorable behaviors. CM H stated staff were making good decisions not to dispense Resident 1's PRN narcotics when s/he is displaying behaviors resembling intoxication.

On 03/04/2025, at approximately 2:30 PM, Surveyor toured the home. Surveyor noted an incontinence smell emanating throughout the home. The smell was very strong near the resident bathroom and Resident 1's room.

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M 408	Continued From page 21 Surveyor noted medication sitting on the kitchen countertop. Surveyor asked Caregiver D whose medication was sitting on the countertop. Caregiver D stated Resident 1 was refusing his/her medications that day. On 03/04/2025, at approximately 2:40 PM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 1 refuses to clean his/her room and staff had been told not to enter his/her room unless they had permission from Resident 1. Caregiver D stated, "We are told it is [his/her] room." On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B explained that s/he could have communicated with Resident 1's CM's when Resident 1 was displaying behaviors. Manager B stated s/he thought it was a resident right for them to not allow an individual to enter their room if they did not have permission.	M 408		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences	M 424		

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M 424	Continued From page 22 change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 2 and Resident 3) Individual Service Plans (ISP) were reviewed at least once every six months by the licensee, the resident and/or resident's guardian, and the placing agency. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 02/17/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 was admitted to the facility in 2015, and his/her current ISP was dated 2021. Resident 3 was admitted to the facility in 2016, and his/her current ISP was dated 2021. On 02/17/2025, at approximately 5:30 PM, Surveyor interviewed Manager B. Manager B stated s/he was new to this position, and s/he was in the process of updating the resident records.	M 424		
M 428	88.07(1)(b) AUTONOMY AND CHOICES The licensee shall encourage a resident's autonomy, respect a	M 428		

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resident's need for physical and emotional privacy and take a resident's preferences, choices and status as an adult into consideration while providing care, supervision and training.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not encourage 2 of 3 resident's autonomy, respect for a resident's needs, or take a resident's preferences, choices, and status as an adult into consideration while providing care, supervision, and training.

Resident 1 and Resident 2 were transported to a 'sister' facility, between 7:30 AM and 3:00 PM, due to staffing levels.

Findings include:

The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness.

On 02/17/2025, Surveyor reviewed the provider's biennial report, dated 2021, on file with the department that documented residents were not in the home between 7:30 AM and 3:00 PM, Monday through Friday.

On 02/17/2025, at approximately 4:15 PM, Surveyor arrived at the home and observed Resident 2 sitting in a recliner, in the common area, watching television. House Manager C stated Resident 2 often sits in the recliner when s/he returns home. House Manager C stated, "[S/he] is tired." House Manager C explained that Resident 2 gets up early so that s/he can go to a sister facility by 7:30 AM.

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M 428	Continued From page 24 On 02/17/2025, at approximately 5:15 PM, Surveyor interviewed Manager B. Manager B stated s/he did not have 'day' shift staff member for all the homes and those residents who did not participate in a day program, or a work program were transported to a 'sister' facility where day staff was available. Manager B stated Resident 2 was retired and did not participate in any programs outside of the home. Manager B explained that Resident 1 also did not participate in a day program or a work program and was transported to the 'sister' facility if s/he did not have any plans made. On 02/17/2025, at approximately 5:40 PM, Surveyor sat next to Resident 2, who was sitting in the recliner again, after s/he had finished his/her evening meal. Surveyor noted Resident 2 was falling asleep. Surveyor attempted to have a conversation with Resident 2, who did not respond. At approximately 6:00 PM, Manager B asked House Manager C where Resident 2 was. House Manager C stated s/he assisted him/her to bed as s/he was tired. On 02/18/2025, Surveyor requested Resident 2's record from his/her managed care organization (MCO). On 02/18/2025 at 8:30 AM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 2 did not express a desire to leave his/her home to go to the sister facility during the daytime hours. On 02/19/2025, Surveyor reviewed Resident 2's MCO documentation which stated: Resident 2 had diagnoses including chronic pain, leg pain, contractures of muscle, weakness, dementia, schizophrenia and cardiomegaly	M 428		

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(enlarged heart).
Cognition: Member has a cognitive Dx (diagnosis) and needs assistance/cues with routine tasks and navigating new/unfamiliar situations.
The person has physical and mental incapacitation due to advanced age such that his/her needs are similar to those of geriatric nursing home residents.
The member and their legal guardian of person would prefer that the member continue to reside in the least-restrictive environment where the member's health and safety needs are able to remain met.
01/28/2025 - A Community Connections conversation/activity was completed with the member and Manager B. Manager B reported there were no staffing shortages.

On 02/19/2025, at approximately 11:50 AM, Surveyor interviewed Resident 2's MCO Care Manager (CM) F. Surveyor asked for clarification regarding MCO guidelines regarding their clients, who are not independent, congregating at another adult family home due to staffing concerns at the home they reside in. CM F stated each adult family home is responsible for adequate staffing levels, as that is what the provider is being paid for. CM F stated s/he was not aware that Resident 2 was transported to another home due to staffing levels and expressed concerns about if Resident 2 was allowed to get up when s/he was ready, if s/he wanted to go to the other location, what interaction did s/he receive at the other location.

On 02/19/2025 at 4:49 PM, Surveyor interviewed Licensee A. Licensee A stated s/he understood that residents should not have to be transported to another home due to inadequate staffing

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M 428	Continued From page 26 levels. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated that additional staff were being hired and residents were no longer being transported to a sister facility.	M 428		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not observe and document 2 of 2 resident's health. Resident 2 has a history of urinary tract infections (UTI) and staff were not required to document signs and symptoms. Resident 3 sustained a fall, related to having a UTI, and staff were not required to document potential signs and symptoms. Findings include: Example 1: Resident 2 On 02/17/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility, 07/22/2015, with diagnoses including paranoid schizophrenia, diabetes, and chronic diastolic heart failure.	M 448		

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(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
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Resident 2's medical documentation stated:
12/02/2024 - Had been admitted to [hospital name] from 09/18-09/23/2024 for UTI due to pansensitive E. coli (a strain of Escherichia coli bacteria that is susceptible to all commonly used antibiotics) with sepsis (life-threatening condition in which the body responds improperly to an infection). Also had acute metabolic encephalopathy (mental status) and acute hypoxemic respiratory failure (low levels of oxygen in the body).

Resident 2's available Incident Reports documented one UTI incident in 2024:
"08/25/2024 - Became verbally non responsive and seemed out of it on the morning of 8.25.24. During lunch which was around 1pm [s/he] was the same also very shakey [sic: shaky] and sweaty. I took [his/her] vitals and called [Nurse F]. [S/he] instructed me to send [Resident 2] to the hospital."

Resident 2's individual service plan, dated 2021, did not provide guidance regarding monitoring for signs and symptoms of UTIs.

On 02/19/2025, Surveyor reviewed Resident 2's managed care organization (MCO) documentation provided by the MCO provider which documented:
07/11/2024 -Call and spoke with [Manager B] - member is doing well; member recently had a UTI and has completed cycle of antibiotics.
08/26/2024 - [Manager B] contacted the CM (care manager) and RN (registered nurse) and notified them that the member was taken to [hospital name] yesterday for an UTI.
08/29/2024 - The member was discharged from the (hospital) on (08/28/2024).
09/19/2024 - [Manager B] reports to IDT

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(interdisciplinary team) staff and member's [legal guardian] that member was sent out to [hospital name] due to urinary/bathroom difficulties. [Manager B] reports recent UA (urinary analysis) was negative for UTI. ... Member was seen in the emergency room and was discharged the same day. Member was evaluated for cystitis without hematuria (inflammation of the bladder that does not involve blood in the urine). Treated with antibiotic and returned to the facility.
09/20/2024 - Member remains hospitalized.

On 02/22/2025, Surveyor reviewed on-call Nurse F's documentation provided by Licensee A:
05/13/2024 - [Resident 2] in hospital from last week ... was diagnosed with UTI
05/20/2024 - [Resident 2] returned on Wed [05/15/2024] from [hospital]. Foley drng (draining) cl (clear) yellow urine
05/27/2024 - [Resident 2] cath (catheter) removed, voiding with difficulty cl yellow urine. Urine measured, voiding adeq (adequate).
06/24/2024 - Please contact MD (medical doctor) for [Resident 2]. Urine strong smelling. Prob (probably) UTI.
07/01/2024 - [Resident 2] finished ABT (antibiotic).
08/26/2024 - [Resident 2]: Sunday approx. (approximately) 1PM received T.C. (telephone call) from caregiver. Stated resident was shaking, nonverbal, having difficulty moving. Unable to ambulate to BR (bathroom) with assistance. Caretaker had [him/her] attempt to eat lunch. Resident unable to swallow. Had to direct [him/her] to chew. Caregiver told to stop feeding [him/her] and call 911. Resident transported to hospital.

On 02/25/2025, at approximately 12:55 PM, Surveyor interviewed House Manager C.

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Surveyor asked what the process was for monitoring residents, what documentation was required. House Manager C stated staff were not trained to document signs and symptoms residents may be experiencing. Staff can fill out an incident report or report the concern to Manager B or the on-call Nurse F.

On 02/27/2025, Surveyor reviewed Resident 2's hospital documentation provided by the recent treating hospital, which documented:
08/25/2024 - Urinary tract infection without hematuria. Altered mental status, unspecified altered mental status. Acute UTI. Admitted for IV antibiotic. Discharged 08/28/2024.
09/18/2024 - Elderly, unkempt. Acute cystitis without hematuria. Hospitalized. Discharged 09/24/2024.

On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he was working with the staff on proper documentation. Manager B stated, "[Resident 2] usually does not show signs of a UTI, until s/he is unsteady on [his/her] feet." Manager B stated Resident 2's daily behaviors should be documented as s/he has recurrent UTI's.

Example 2: Resident 3

On 02/17/2025, at approximately 4:50 PM, Surveyor interviewed House Manager C. House Manager C explained that Resident 3 had sustained a fall and was sent out via 911. House Manager C stated that s/he suspected Resident 3 had a UTI and s/he was diagnosed with a UTI.

On 02/17/2025, Surveyor reviewed Resident 3's record and did not observe any documentation regarding monitoring of possible signs and

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M 448	Continued From page 30 symptoms of a UTI. On 02/25/2025, Surveyor reviewed Resident 3's MCO documentation provided by the MCO provider which documented: 01/08/2025 - Member was seen in the emergency room and was discharged the same day (01/07/2025). On 02/26/2025, at approximately 10:40 AM, Surveyor interviewed Resident 3's Power of Attorney (POA) G. POA G stated that s/he received a phone call in the middle of the night from the hospital stating that Resident 3 was being seen due to a fall and was diagnosed with a UTI. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he was working with the staff on proper documentation. Manager B stated the on-call nurse only worked weekends and staff should not rely on the nurse to complete all documentation. Manager B stated processes were being put into place to monitor residents who have frequent UTIs and determine if additional cares need to be provided.	M 448		
M 450	88.07(2)(b)6 NOTIFICATION OF CHANGES Notifying the placing agency, if any, the guardian, if any, of any significant changes in the resident's medical condition, including any life-threatening, disabling or serious illness, any illness lasting more than 3 days, an injury sustained by the resident, medical treatment needed by the resident or the resident's absence	M 450		

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M 450	Continued From page 31 from the home for more than 24 hours. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not inform 1 of 1 resident's placing agency that s/he was refusing his/her medications. Resident 1's placing agency was not notified after a change in medical condition when s/he was refusing his/her Aripiprazole (medication for bipolar disorder), and s/he was displaying behaviors that were not baseline. Findings include: On 02/17/2025, at approximately 4:40 PM, Surveyor interviewed House Manager C. House Manager C stated that Resident 1 dealt with mood swings. House Manager C stated, "[S/he] can come out of [his/her] room and just scream at you. It can be scary at times." On 02/17/2025, at approximately 5:45 PM, Surveyor interviewed Manager B. Manager B stated that Resident 1 ordered his/her own medications and there were concerns with how s/he was managing his/her medications. Manager B stated that staff were responsible for administering Resident 1's medications. On 02/19/2025, Surveyor reviewed Resident 1's MCO documentation, dated 01/01/2024 to 02/18/2025, provided by the MCO provider which did not document any concerns with Resident 1 refusing medications.	M 450		

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M 450	Continued From page 32 On 02/22/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 06/28/2022, was his/her own person, and was placed by a managed care organization (MCO). Resident 1's January and February 2025 Medication Administration Records (MAR), dated 01/07/2025 to 02/17/2025, documented: -Aripiprazole 5 MG (milligram) Tab (tablet) - Take one tablet by mouth once a day for bipolar disorder. Start Date: 04/19/2024. Scheduled at 8:00 AM. Documented as refused 01/11 to 02/03 and 02/05 to 02/17. On 02/22/2025, Surveyor reviewed on-call Nurse F's documentation provided by Licensee A: 02/01/2025 - Received telephone call from caregiver stated [Resident 1] threw out medication. Stated [s/he] hasn't been taking meds. Caregiver stated [s/he] was acting confused. On 02/25/2025, at approximately 12:55 PM, Surveyor interviewed House Manager C. House Manager C stated that Resident 1 always threw out his/her Aripiprazole when s/he was administered meds. House Manager C stated s/he had informed Manager B. On 02/28/2025 at 2:39 PM, Surveyor interviewed Resident 1's current MCO Care Manager (CM) I. Surveyor asked if the provider had communicated with him/her concerns regarding Resident 1's refusal to take his/her scheduled medication. CM I stated s/he had not been informed of that concern and the provider should have, even if the	M 450		

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M 450	Continued From page 33 resident was his/her own person. CM I stated s/he would follow up with the provider and the resident. On 03/04/2025, at approximately 2:40 PM, while onsite, Surveyor interviewed Caregiver D. Caregiver D stated that Resident 1 was still refusing his/her medications. Caregiver D pointed to Resident 1's medications sitting on the counter. Caregiver D stated, "Those are [his/her] meds [s/he] chose not to take." Surveyor observed a blister bubble of Pantoprazole and Zenpep, a blister bubble of Aripiprazole, calcium carbonate, and calcium/D3 (vitamin) and a blister bubble of Tizanidine. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B explained that s/he could have communicated with Resident 1's CM's when Resident 1 was displaying behaviors and refusing his/her medications. Manager B stated s/he thought it was a resident right for them to refuse their medication. Manager B stated Resident 1's behaviors were not always like this. Manager B stated, "Since [s/he] received [his/her] gastric bypass surgery [s/he] had been displaying more negative behaviors." Cross Reference: M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities	M 450		
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.	M 458		

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This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 1 resident medications were stored as specified by the pharmacist.

Resident 1's medications had been removed from the blister card index, so medication directions and expiration dates were not available.

Findings include:

Example 1: Resident 1

On 02/17/2025, at approximately 4:30 PM, Surveyor and House Manager C observed Resident 1's medications in the medication closet. Surveyor noted the following medications were laying loosely on the floor, in their blister bubble, or had been removed from the blister card index which identified when the medication should be administered and the expiration date. Surveyor observed the following:
-Blister bubbles with 50 MG (milligram) Tramadol - Doses left 8, 50 MG Tramadol - Doses left 19, 50 MG Tramadol - Doses left 20, 50 MG Tramadol - Doses left 21, Zenpep 20K Unit - Doses left 30
-Portions of Diclofen (Diclofenac) Potassium 50 MG blister cards: 12 blister bubbles section, 5 blister bubbles section, 8 blister bubbles section,

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M 458	Continued From page 35 26 blister bubbles section, 15 blister bubbles section On 02/17/2025, at approximately 4:45 PM, Surveyor interviewed House Manager C. Surveyor asked how staff knew which blister bubble to use, since they were no longer attached to the directions and knew when the medications had been dispensed. House Manager C stated the medications appeared unorganized but Resident 1 ordered his/her own medications and the orders were continuously changing, so it was difficult to keep up with which blister card of medications was the current order. On 02/17/2025, Surveyor reviewed Resident 1's February 2025 Medication Administration Record which documented: Diclofenac POT (potassium) - Take one tablet by mouth twice daily as needed for pain. Tramadol HCL (hydrochloride) - Take one tablet by mouth every six hours as needed. On 02/17/2025, at approximately 6:00 PM, Surveyor interviewed Manager B. Surveyor and Manager B observed Resident 1's medications. Manager B stated the medications were unorganized and could not confirm which medications or blister cards had been used. Manager B stated s/he would review all resident medications and dispose of expired medications, along with medications no longer prescribed. "Any medicine can have side effects. But you can lower your chances of side effects from medicines by carefully following the directions on the medicine label or from your pharmacist, doctor, or nurse." (Source: OASH (Office of Disease Prevention and Health Promotion) website, Use Medicines Safely, March 7, 2025,	M 458		

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M 458	Continued From page 36 https://odphp.health.gov/myhealthfinder/healthy-living/safety/use-medicines-safely#:~:text=But%20if%20you%20don't,pharmacist%2C%20doctor%2C%20or%20nurse. (retrieval date - March 07, 2025).) Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	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, prior to dispensing or administering medications to a resident, the provider did not 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 for 1 of 1 resident. Resident 1's record did not contain a written order for him/her to keep his/her epi-pen (Epinephrine)	M 464		

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and albuterol inhaler with him/her and to self-administer.

Findings include:

On 03/04/2025, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the home, 06/28/2022, with diagnosis including allergy to bees.

Resident 1's February 2025 Medication Administration Record documented:
Albuterol AER (aerosol) HFA (hydrofluoroalkane) - inhale 2 puffs into the lungs every six hours as needed for wheezing
Epinephrine Inj (injection) 0.3MG (milligram) - inject intramuscularly as needed for anaphylaxis (life-threatening allergic reaction).

On 03/04/2025, at approximately 2:15 PM, Surveyor observed Resident 1's medications and did not see these medications in his/her basket in the medication closet.

On 03/04/2025, at approximately 2:20 PM, Surveyor interviewed Caregiver D. Caregiver D stated s/he was not aware that Resident 1 had an epi-pen.

Surveyor was unable to locate a written order from Resident 1's physician stating s/he was permitted to administer his/her own medication.

On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he was unaware that a written order was required for self-administration of medications. Manager B stated s/he would contact Resident 1's

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M 464	Continued From page 38 pharmacist and request a written order for the inhaler and epi-pen and also address the other-the-counter medications that Resident 1 holds.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 1 resident. Resident 1's Medication Administration Record (MAR) documented medication administration when the medication was not administered. Resident 1's MAR contained blanks where medication administration should have been documented or a rationale as to why the medication was not administered. Findings include: On 02/17/2025, at approximately 4:30 PM, Surveyor and House Manager C observed Resident 1's medications in the med closet.	M 466		

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M 466	Continued From page 39 Surveyor observed a bag labeled "[Resident 1's] Noon pills Saturday & Sunday." Surveyor noted the blister bubbles of meds (Tizanidine [muscle relaxer] and Zenpep [pancreatic enzymes]) were dated 02/08, 02/09, 02/16, 02/22, 02/23, 03/01 and 03/02. House Manager C stated that Resident 1 would leave for the weekend and then return the medications because s/he did not take them as prescribed. Surveyor observed a blister card that contained 02/16 and 02/17 6:00 AM med Tizanidine and 02/16 and 02/17 8:00 AM meds Aripiprazole (antipsychotic), calcium/D3 (vitamin), Pantoprazole (acid reflux medication), and Zenpep. House Manager C stated Resident 3 had been refusing his/her meds since s/he returned on 02/15/2025. On 02/17/2025, Surveyor reviewed Resident 1's record. Resident 1's February 2025 Medication Administration Record (MAR), dated 02/04/2025 to 02/17/2025, documented: -Tizanidine 4 MG (milligram) - Take 1 tablet by mouth three times daily. Start Date: 12/11/2024. Scheduled at 6:00 AM, Noon, 8:00 PM. Documented as administered 02/16 and 02/17 at 6:00 AM. -Zenpep 40,000 Unit Cap (capsule) - Take 2 capsules by mouth three times daily with meals. Start Date: 11/01/2024. Scheduled at 8:00 AM, Noon, and 5:00 PM. Documented as administered 02/16 and 02/17 at 8:00 AM. -Calcium/D3 600 MG/800 IU (international units) - Take 1 tablet by mouth twice daily with meals. Start Date: 10/31/2024. Scheduled at 8:00 AM and 4:00 PM. Documented as administered 02/16 and 02/17 8:00 AM.	M 466		

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-Pantoprazole - 40 MG - Take 1 tablet by mouth twice daily. Start Date: 01/07/2025. Scheduled at 8:00 AM and 8:00 PM.
Documented as administered 02/16 8:00 AM.

On 02/17/2025, at approximately 5:15 PM, Surveyor interviewed House Manager C. Surveyor explained that the MAR documented the medications that were in the bag were administered. House Manager C stated s/he had not been trained how to code medications that were returned.

On 02/17/2025, Surveyor reviewed Resident 1's January and February 2025 MARs, dated 01/10/2025 to 02/17/2025, which documented:
-Ondansetron (medication to treat nausea) 8 MG tablet - Take one tablet by mouth on the tongue and allow to dissolve three times daily. Start Date: 12/24/2024. Scheduled at 6:00 AM, Noon and 6:00 PM.
6:00 AM - 02/04 to 02/09, 02/16, 02/17: the MAR did not document administration
Noon - 02/04 to 02/14, 02/16, 02/17: the MAR did not document administration
8:00 PM - 02/05 to 02/09, 02/15, 02/16: the MAR did not document administration
-Pantoprazole 40 MG tablet - Take 1 tablet by mouth twice daily. Start Date: 01/07/2025. Scheduled at 8:00 AM and 8:00 PM.
8:00 AM - 02/07, 02/08, 02/09, 02/17: the MAR did not document administration
8:00 PM - 02/06, 02/07, 02/08, 02/09, 02/16: the MAR did not document administration
-Prenatal Plus Iron 27-1 MG tablet - Take one tablet by mouth once a day. Start Date: 10/01/2024. Scheduled at 8:00 AM.
02/04, 02/05, 02/07 to 02/17: the MAR did not document administration
-Tamsulosin (muscle relaxer for the bladder) .4

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M 466	Continued From page 41 MG capsule - Take one capsule by mouth once a day. Start Date: 04/30/2024. Scheduled at 8:00 PM. 02/06 to 02/09: the MAR did not document administration -Tizanidine 4 MG - Take 1 tablet by mouth three times daily. Start Date: 12/11/2024. Scheduled at 6:00 AM, Noon, 8:00 PM. Noon - 01/13 to 01/24, 01/26 to 01/31, 02/03, 02/04 to 02/14, 02/17: the MAR did not document administration 8:00 PM - 02/07 to 02/09: the MAR did not document administration The MARs continued to list additional medications with the same pattern. On 02/17/2025, at approximately 5:00 PM, Surveyor interviewed House Manager C. House Manager C stated that blanks on the MARs could be due to Resident 1 being out of the home, such as at the sister facility or on a family weekend. Surveyor asked if there were codes to be used on the MAR to signify that the resident was out of the building and if medications were sent with him/her. House Manager C stated they were not trained to code the MAR in those situations. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he understood there were improvements that needed to be made with how staff were documenting medication administration.	M 466		
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	M 482		

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M 482	Continued From page 42 location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's (Resident 1) record contained all required information and were maintained in a secure location within the home. Findings include: On 02/17/2025, at approximately 5:00 PM, Surveyor requested Resident 1's record from Manager B. Manager B stated Resident 1 was a respite stay but had now been in the home for approximately one year. Manager B could not confirm Resident 1's admission date and had minimal information in his/her record. Resident 1's record did not contain the following documents: Admission health exam Communicable disease screening and tuberculosis (TB) test Evacuation Evaluation Medications Written Order Resident Rights Grievance Procedure Service Agreement On 02/17/2025, at approximately 5:15 PM, Surveyor interviewed Manager B. Manager B stated s/he would review Resident 1's record and ensure all required documentation was included. On 02/24/2025 at 6:05 PM, Manager B informed	M 482		

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M 482	Continued From page 43 Surveyor that Resident 1 had moved into the home 06/28/2022. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he had contacted the previous house manager and was informed Resident 1's documentation had been completed but the binder had not been located.	M 482		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident was free from misappropriation of property. Resident 3's petty cash was misappropriated. Findings include: The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 03/04/2025, at approximately 3:15 PM, Surveyor observed Resident 3 asking Caregiver D where his/her soda was. Resident 3 was upset that there was no soda available. Surveyor interviewed Caregiver D and asked him/her to explain if Resident 3 was allowed to have soda. Caregiver D stated that Resident 3's treat is his/her soda. Caregiver D stated, "[S/he] gets one with his/her dinner and there isn't any	M 572		

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M 572	Continued From page 44	M 572		

available. Groceries were brought in yesterday, but no soda." Caregiver D was unsure of who purchased the soda, Resident 3 or the provider.

On 03/04/2025 at 5:45 PM, Surveyor emailed Manager B requesting Resident 3's personal fund log, if s/he was responsible for the management of those funds.

On 03/05/2025 at 6:34 PM, Manager B emailed Surveyor an Excel spreadsheet that documented what was purchased each month:
January 2024 - $40 Day Program, $20 Body Wash
February 2024 - $50 tow/rag, $10 toothpaste, $15 Shampoo & Conditioner
March 2024 - $40 jeans and top, $25 dine out, $40 Day Program
April 2024 - $40 coloring supplies, $20 body wash, $25 dine in, $5 self
May 2024 - $20 shampoo & conditioner, $50 shoes, $10 self
June 2024 - $10 toothpaste, $40 program, $40 t-shirts, $10 self
July 2024 - $70 6 shorts, $30 pillows, $10 self
August 2024 - $40 sheets, $40 comforter, $20 3 sports [clothing], $45 birthday dinner, $20 shampoo & conditioner
September 2024 - $40 Program, $10 toothpaste, $20 bodywash
October 2024 - $35 dine out, $30 socks, $30 Halloween
November 2024 - $30 sweater set, $20 shampoo & conditioner
December 2024 - $40 bed in bag, $30 pajama set, $20 hat scarf gloves
January 2025 - $40 Day Program, $20 shampoo & conditioner, $30 games
February 2025 - $25 underwear, $30 pajama set, $20 body wash, $20 toothpaste & brush, $10 self

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M 572	Continued From page 45 March 2025 documented a balance of $255.00 On 03/06/2025 at 10:23 AM, Surveyor emailed Manager B and requested the receipts that correlated with Resident 3's petty cash log. On 03/06/2025 at 10:59 AM, Manager B emailed Surveyor and stated s/he did not save receipts. On 03/06/2025 at 3:28 PM, Surveyor emailed Manager B and asked where Resident 3's petty cash was kept. On 03/06/2025 at 3:43 PM, Manager B emailed Surveyor and stated the funds were locked in a closet at the home. On 03/06/2025 at 3:45 PM, Surveyor interviewed Caregiver D. Caregiver D stated s/he was currently at the home. Surveyor asked if s/he could count Resident 3's petty cash, while s/he was on the phone. Caregiver D stated s/he did not have access to Resident 3's petty cash and did not know where it was located. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he never kept the receipts but would start now. Manager B stated s/he rounds the totals when s/he filled out the petty cash log. Surveyor stated s/he had spoken with Caregiver D, who stated s/he did not know Resident 3's petty cash was in the home. Surveyor asked how Resident 3 could access his/her petty cash if Manager B was not available. Manager B explained that staff would call him/her and s/he would explain to them where the petty cash was. Manager B stated, "The keys are in the home, often staff do not want to touch the petty cash, because they do not want to be responsible if money goes missing." Surveyor	M 572		

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M 572	Continued From page 46 asked for verification of how much money Resident 3 had in his/her petty cash. On 03/10/2025, at approximately 4:00 PM, Surveyor arrived at the home. Surveyor was greeted by Caregiver D and the live-in House Manager C. Surveyor asked if they were informed by Manager B where Resident 3's petty cash was secured. Caregiver D and House Manager C stated the only closet in the home was where the medications were stored. Surveyor emailed Manager B at 4:07 PM and asked for clarification as to where Resident 3's petty cash was secured in the home. Surveyor, Caregiver D and House Manager C emptied the medication closet and found a bag of petty cash with Resident 3's initials on it that totaled 46 cents. As of 03/11/2025 at 10:00 AM, Surveyor did not receive a response from Manager B.	M 572		
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. This Rule is not met as evidenced by: Based on observation, record review and	M 582		

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M 582	Continued From page 47	M 582		

interview, the provider did not ensure 1 of 1 resident received prescribed medications in the proper dosage and administration times.

Resident 2's prescribed Cetirizine (allergy medication) was discontinued 09/23/2024 and the medication was administered through 10/14/2024.

Findings include:

On 02/17/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home on 07/22/2015.

Resident 2's medical documentation stated:
12/02/2024 - Had been admitted to [hospital name] from 09/18-09/23/2024 for UTI due to pansensitive E. coli (a strain of Escherichia coli bacteria that is susceptible to all commonly used antibiotics) with sepsis (life-threatening condition in which the body responds improperly to an infection). Also had acute metabolic encephalopathy (mental status) and acute hypoxemic respiratory failure (low levels of oxygen in the body). Initially [s/he] was treated with Ceftriaxone, and this was transitioned to Keflex.

Resident 2's hospital discharge summary, dated 09/23/2024, documented:
"Stop taking Cetirizine 10 MG (milligram)."

Resident 2's MAR, dated 09/17/2024 to 10/14/2024, documented that s/he was administered his/her Cetirizine 09/24 to 09/28 and 09/30 to 10/14.

On 02/27/2025 at 3:29 PM, Surveyor interviewed

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M 582	Continued From page 48 House Manager C. Surveyor asked if s/he had been informed that Resident 2 was not receive his/her Cetirizine when s/he was discharged back to the home 09/24/2024. House Manager C stated s/he was not informed of that. On 02/27/2025 at 3:48 PM, Surveyor emailed Manager B and requested Resident 2's physician orders regarding his/her Cetirizine starting 09/2024. On 03/04/2025, at approximately 2:00 PM, Surveyor went to the home and reviewed Resident 2's record. Surveyor observed a pharmacy medication list, dated 01/28/2025, which documented that the Cetirizine was started again on 11/27/2024. On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated that when residents have medical appointments or are discharged from the hospital, the medical discharge summary is delivered to the home with the resident. Manager B stated s/he will discuss with staff that they have to read those discharge summary's closely to determine if there was a change in medication.	M 582		
Z 055	DHS 13.05 (3) (a) ENTITY ALLEGATION REPORTING REQUIREMENTS Entity's duty to report to the department. Except as provided under pars. (b) and (c), an entity shall report to the department any allegation of an act, omission or course of conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person employed by or under contract with	Z 055		

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the entity if the person is under the control of the entity. The entity shall submit its report on a form provided by the department within 7 calendar days from the date the entity knew or should have known about the misconduct. The report shall contain whatever information the department requires.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not contact the licensing agency within 7 days when they had reasonable cause to suspect that a resident had been abused. The licensee did not conduct a written investigation, as soon as possible, after being notified by staff and resident of alleged abuse and/or neglect and/or sustained injuries of unknown origin.

Resident 3 was touched inappropriately by Driver E.

Findings include:

On 02/17/2025, Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the home in 2016, with diagnoses including brain injury, scoliosis, and intellectual disability.

Resident 3's "Incident/Accident/Unusual Occurrence Report," dated 11/08/2024, written by House Manager C, documented:

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"Time of occurrence: 11/08/2024 7:05 AM. [Driver E] arrived at about 7:03 AM, spoke to [Resident 2] who was seated on the couch then [s/he] went into [Resident 3's] room. Over the baby monitor I heard [Driver E] ask [Resident 3] if [s/he] would like a back massage. [Resident 3] replied we have to get going [Driver E] replied we have about 15 minutes yet [s/he] reminded [Resident 3] that it's their early day [s/he] then stated, "Remember Tuesdays and Fridays are the early days." [S/he] then stated, "Plus you enjoy my massages right." [Resident 3] replied, "Yeah I do." It got quite [sic: quiet] for a second and [Driver E] asked "Want me to rub your stomach too." [Resident 3] replied quietly I couldn't hear. That's when I walked by [Resident 3's] room door and I observed [Driver E] sitting on the edge of [Resident 3's] bed and [Resident 3] was laying flat on [his/her] back. I observed [Resident 3's] shirt midway up showing [his/her] stomach area as they both looked at me. Shocked I asked [Resident 3] "Why is [s/he] laying down," [Driver E] replied, "Oh, I was rubbing [his/her] back."

On 02/17/2025, at approximately 6:00 PM, Surveyor interviewed House Manager C. Surveyor asked if Resident 3's incident report s/he had filled out, dated 11/08/2024, had been submitted to management. House Manager C stated s/he had given a copy of the incident report to Manager B and had discussed the concern with the on-call Nurse F. House Manager C stated management had not discussed the concern with him/her. House Manager C confirmed Driver E was a driver for the provider's 4 homes and was still employed with the provider.

On 02/21/2025 at 7:52 AM, Surveyor emailed Licensee A to have On-Call Nurse F forward Surveyor his/her 2024 progress notes.

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Z 055	Continued From page 51 On 02/22/2025, Surveyor reviewed On-Call Nurse F's progress notes, which documented: 11/25/2024 - Caregiver asked about an incident. [S/he] spoke to manager. Writer unable to respond D/T (due to) lack of knowledge of incident. Writer informed caretaker and manager. On 02/22/2025 at 2:32 PM, Surveyor emailed Manager B asking if an internal investigation had been completed regarding the 11/08/2024 incident report and if the concern had been forwarded to the Office of Caregiver Quality, as the Surveyor did not find a self-written report in the department file. On 02/24/2025 at 5:47 PM, Surveyor emailed Manager B, after s/he had submitted additional requested documentation, and stated there was no documentation regarding the incident reported on 11/08/2024. On 03/04/2025, at approximately 2:35 PM, Surveyor interviewed House Manager C and Caregiver D. House Manager C and Caregiver D explained that Resident 3 told him/her on 11/09/2024 that Driver E had touched him/her, and s/he did not like it. Caregiver D stated Manager B and on-call Nurse F were notified. Surveyor asked if Manager B discussed the incident with him/her. Caregiver D stated, "[House Manager C] and I spoke to [Resident 3] and recorded the conversation, so that we could send it to [Manager B]. [Resident 3] deals with short term memory so we thought we should talk to [him/her] right away. [Resident 3] explained what had happened, so we sent the video to [Manager B]. [Manager B] stated we shouldn't be recording the residents and told us to get rid of	Z 055		

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the video." House Manager C stated, "[Manager B] arrived a few days later and took [Resident 3] out for lunch and a shopping trip, I don't know what they talked about. But nothing has been discussed about it since." Surveyor asked if a copy of the video was still available. Surveyor was forwarded the video.

On 03/04/2025, at approximately 2:50 PM, Surveyor interviewed Resident 3. Surveyor asked Resident 3 if a [fe/male] staff member had touched him/her inappropriately. Resident 3 stated, "Yes, I was touched by a [fe/male] and now we only have [fe/male] caregivers. I said [s/he] can't touch me, 'No Way!'"

On 03/04/2025, at approximately 3:00 PM, Surveyor watched the video, which had a timestamp of 11/09/2024 at 10:49 AM. Resident 3 can be heard saying, "He kept asking me if I wanted to lay down and I said no, we needed to go. I said No Way. Want to touch me all over. No Way."

As of 03/04/2025 at 5:00 PM, Surveyor did not receive any additional documentation.

On 03/06/2025 at 4:00 PM, Surveyor interviewed Manager B. Manager B stated s/he had been informed of the incident and when s/he spoke to Resident 3, Resident 3 stated s/he had not been touched. Surveyor asked why was the driver in Resident 3's room. Manager B stated s/he was helping him/her get a coat. Surveyor stated that s/he had interviewed Resident 3, and s/he explained s/he had been inappropriately touched. Manager B stated Driver E only helped out at the home once and is no longer an employee with the provider.