STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590167	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME	1117 W STOUT CHETEK, WI 54728

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 01/10/2024, Surveyor conducted an abbreviated survey at Just Like Home. Three deficiencies were identified. Census: 4	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a fire extinguisher was mounted in or near the kitchen. The fire extinguisher was located under the kitchen sink and the inspection	M 332		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590167	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME	1117 W STOUT CHETEK, WI 54728

(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 332	Continued From page 1 tag was from 2022. Findings include: On 01/10/2024 at approximately 12:15 p.m., Surveyor toured the home. Surveyor could not locate a fire extinguisher in or near the kitchen. Surveyor asked Caregiver B where the fire extinguishers were located. Caregiver B told Surveyor it used to be located near the head of the stairway by the kitchen. Caregiver B could not locate the fire extinguisher for the kitchen. Caregiver C, who was also working, said it was under the sink. Surveyor observed the fire extinguisher located under the sink. The inspection tag was from August 2022. Surveyor then observed other fire extinguishers in the home located in the laundry room, near the other head of stairway, and in the lower level of the home. All of the other fire extinguishers had an inspection tag of August 2023. On 01/10/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A. Surveyor explained that the fire extinguisher in the kitchen was required to be mounted and it was not tagged with an inspection date of August 2023, like the other fire extinguishers. Licensee A said s/he would get it mounted and would come and have the fire department come and do an inspection on it.	M 332		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590167	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME	1117 W STOUT CHETEK, WI 54728

(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 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure Resident 1's medications were stored in their original containers and secured. Staff set up Resident 1's medications in a 2-week planner. Resident 1's insulin was unsecured in the kitchen refrigerator.

Findings include:

On 01/10/2024 at approximately 12:30 p.m., Surveyor observed the medication storage system with Caregiver B. Each resident had their own drawer in the medication cart. Resident 1's drawer contained weekly medication planners for Resident 1's medications. Caregiver B told Surveyor that Caregiver D set up Resident 1's medications every 2 weeks. Surveyor observed Resident 1 had a glucometer. Surveyor asked Caregiver B if Resident 1 took insulin. Caregiver B said Resident 1 did take insulin. Surveyor asked where Resident 1's insulin was stored. Caregiver B said it was in the refrigerator in the kitchen. Surveyor observed Resident 1's Humalog insulin stored in the refrigerator door in the kitchen. The insulin was not secured.

At approximately 1:00 p.m., Surveyor interviewed Caregiver D and asked if s/he set up Resident 1's medications. Caregiver D said s/he did. S/he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590167	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME	1117 W STOUT CHETEK, WI 54728

(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 458	Continued From page 3 explained Resident 1's family had changed pharmacies and Resident 1's prescriptions came with a 90-day supply in a pill bottle. At approximately 1:30 p.m., Surveyor interviewed Licensee A. Surveyor explained concerns related to Resident 1's insulin not secured and Resident 1's medications not stored in their original container. Licensee A confirmed understanding and said s/he would be getting a lock box for Resident 1's insulin.	M 458		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a complete caregiver background check (CBC) was completed every 4 years for Caregiver C. Findings include: On 01/10/2024 at approximately 12:30 p.m., Surveyor observed Caregiver C working in the facility. Caregiver C told Surveyor s/he worked	Z 022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590167	A. BUILDING: _____ B. WING _____	01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME	1117 W STOUT CHETEK, WI 54728

(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
Z 022	Continued From page 4 there "off and on" since the facility was opened. On 01/10/2024, Surveyor reviewed Caregiver C's employee file. Caregiver C's date of hire was 10/04/2019. The most recent CBC in Caregiver C's file included: A Background Information Disclosure (BID) form dated 04/18/2017. A response letter from the Department of Justice (DOJ), dated 12/27/2017. A Response to Caregiver Background Check letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS), dated 12/27/2017. Caregiver C should have had another CBC completed by December 2021, over 2 years ago. On 01/10/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A and asked if s/he completed a more recent CBC for Caregiver C. Licensee A said s/he did not.	Z 022		