STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016053	A. BUILDING: _____ B. WING _____	R 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGETTES ADULT HOME CARE LLC	5462 N 37TH ST MILWAUKEE, WI 53209

(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 01/09/2024, Surveyor completed a standard survey and a verification survey at Bridgette's Adult Family Home Care LLC. Eight deficiencies were identified. Four of 8 deficiencies were repeat deficiencies. See SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022. Two of the 4 repeat deficiencies were cited for the 3rd time. See SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{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 interview and record review, the provider did not ensure the home and its operation complied with this chapter, which had the potential to affect 2 of 2 residents residing in the home. During the verification visit, 8 deficiencies were identified. Four of 8 deficiencies were repeat deficiencies. Two of the 4 repeat deficiencies were cited for the 3rd time. The provider did not follow and implement the Department order not to admit new or additional	{M 216}		

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

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{M 216}	Continued From page 1 residents and special orders which resulted from previous Statement of Deficiency (SOD) G4J012, dated 11/04/2022. This deficiency is being cited for a third time. See SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022. Findings include: The facility was licensed on 03/10/2017 to serve 4 residents in the client groups of advanced aged and developmentally disabled. On 01/09/2024, Surveyor completed a standard survey and a verification visit for SOD G4J012, dated 11/04/2022. As a result, 8 deficiencies were identified. Four of 8 deficiencies were repeat deficiencies (see SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022). Two of the 4 repeat deficiencies were cited for the 3rd time. (See SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022). The following deficiencies were identified: 88.04(2)(a) Responsibilities (repeat) 88.04(2)(h) Comply with OSHA 88.04(5)(b) Training- 8 hours Annually 88.05(4)(d)(2)(a) Fire Safety Evacuation Plan Review (repeat) 88.05(6)(c) Household Pets- Handled Properly 88.06(3)(f) Review of ISP 88.06(2)(a) Admission-Health Exam (repeat) 88.09(1)(a) Resident Record Requirements (repeat) On 12/21/2023, Surveyor reviewed department documents and identified on 02/28/2023, the	{M 216}		

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{M 216}	Continued From page 2 department issued SOD G4J012, with a Notice and Order letter to Licensee A by email. The Notice and Order Letter identified an order not to admit new or additional residents-extended. The Notice and Order Letter also contained Special Orders which stated, "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Bridgette's Adult Home Care LLC: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure the home and its operation comply with this chapter and with all other laws governing the home and its operation. WITHIN 45 DAYS of receipt of this notice, the licensee shall: - "Provide training to all managers and service providers on the corrective actions taken to resolve each deficiency identified in Statement of Deficiency (SOD) G4J012. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. - "Provide the legal representative and case manager (if any) for each resident with a copy of SOD G4J012, a copy of this Notice and Order letter, and a written plan to correct each deficiency. The licensee shall retain evidence to verify compliance with Order #1. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request." The department received confirmation of delivery on 02/28/2023. On 12/27/2023, Surveyor reviewed Resident 4's	{M 216}		

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{M 216}	Continued From page 3 record. Resident 4 was admitted to the facility on 12/06/2023. Resident 4's admission date was after receipt of the No New Admission Order from SOD G4J011, dated 08/24/2022, and SOD G4J012, dated 02/28/2023. On 12/27/2023, at 2:05 p.m., Surveyor interviewed Licensee A regarding the repeat deficiencies. Licensee A reported s/he believed everything was cleared up with the previous SOD and was unaware of the Special Orders from the department. Licensee A reported s/he was unaware of having to train staff, create written plan of correction, or needing to notify case managers of SOD. During the survey process, Licensee A stated, "Where can I get a copy of those codes?" On 12/27/2023, at 4:15 p.m., Surveyor reviewed the facility's department file. Surveyor observed a relayed receipt for SOD G4J012, dated 02/28/2023. Surveyor confirmed the e-mail address for the facility was correct. On 01/09/2024 at approximately 9:05 a.m., Surveyor confirmed Licensee A's email address on file. Licensee A stated, "I never received the letter or statement of deficiency after the last survey. I had to call your office to get the documents."	{M 216}		
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	M 235		

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M 235	Continued From page 4 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 staff reviewed received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Licensee A did not receive annual training in standard precautions in 2022. Caregiver B did not receive annual training in standard precautions in 2022. The OSHA standard requires the employer train each employee with occupational exposure and states, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g)(2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). Findings include: On 12/27/2023 at 11:55 a.m., Surveyor reviewed staff files and identified the following: -Licensee A's date of hire was 03/17/2021. Licensee A's record did not contain evidence of receiving continuing education training for the year 2022. Licensee A confirmed s/he did not receive required annual standard precaution training in 2022. Licensee A stated, "[Caregiver B] doesn't have the 2022 training and I don't have the training either." -Caregiver B's date of hire was not listed, but Licensee A reported it was in August 2021.	M 235		

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M 235	Continued From page 5 Caregiver B's record did not include evidence of training. On 12/27/2023 at 12:05 p.m., Surveyor interviewed Licensee A, who confirmed Caregiver B began providing cares in August 2021. Licensee A confirmed Caregiver B did not receive required annual standard precaution training in 2022. On 12/27/2023 at 9:10 a.m., Surveyor interviewed Caregiver B, who stated, "I had my CBRF (community based residential facility) classes when I started back in 2021. I'm done with my classes. I don't need refresher classes." Caregiver B confirmed not receiving the required annual standard precaution training in 2022. On 01/09/2024 at approximately 9:05 a.m., Surveyor interviewed Licensee A, who confirmed Licensee A and Caregiver B did not complete 2022 standard precaution training. Licensee A explained s/he was not aware of the requirement for annual standard precaution training.	M 235		
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.	M 246		

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M 246	Continued From page 6 This Rule is not met as evidenced by: Based on record review and staff interview, 2 of 2 staff did not complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, and treatment of residents every year beginning with the calendar year after the year in which the initial training was received. Licensee A did not receive training in 2022. Caregiver B did not receive training in 2022. Findings include: On 12/27/2023 at 11:55 a.m., Surveyor reviewed staff records and identified the following: -Licensee A's date of hire was 03/17/2021. Licensee A's record did not contain evidence of receiving continuing education training for the year 2022. Licensee A confirmed s/he did not receive the required annual training in 2022. "Caregiver B doesn't have the 2022 training and I don't have the training either." -Caregiver B's date of hire was not listed, but Licensee A reported it was in August 2021. Caregiver B's record did not include evidence of training. On 12/27/2023 at 12:05 p.m., Surveyor interviewed Licensee A, who confirmed Caregiver B began providing cares in August 2021. Caregiver B's file did not contain evidence of receiving the required annual training for the year 2022. On 12/27/2023 at 9:10 a.m., Surveyor interviewed Caregiver B, who stated, "I had my CBRF (community based residential facility) classes when I started back in 2021. I'm done with my classes. I don't need refresher classes."	M 246		

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M 246	Continued From page 7 On 01/09/2024 at approximately 9:07 a.m., Surveyor interviewed Licensee A, who confirmed Licensee A and Caregiver B did not complete 8 hours of annual training in 2022. Licensee A explained s/he was going to work on improving training in the future.	M 246		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) was evaluated for fire evacuation immediately following placement to determine whether the resident was able to evacuate the home without any assistance within 2 minutes. This deficiency is being cited for a third time. See SOD G4J011, dated 04/08/2022, and SOD G4J012, dated 11/04/2022. Findings include: On 12/27/2023 at 9:20 a.m., Surveyor requested to review Resident 4's record. Resident 4's record did not include assessment information.	{M 344}		

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{M 344}	Continued From page 8 On 12/27/2023, Surveyor reviewed the resident roster provided by Licensee A. Resident 4 was admitted to the home on 12/06/2023. On 01/09/2024, at 9:30 a.m., Surveyor interviewed Licensee A who confirmed s/he completed resident evacuation assessment on 01/05/2023 for Resident 4, after the survey visit.	{M 344}		
M 360	88.05(6)(c) HOUSEHOLD PETS-HANDLED PROPERLY Pets shall be kept and handled in a manner which protects the well-being of both residents and pets. This Rule is not met as evidenced by: Based on observation and interview, the care provided to the adult family home (AFH) pet(s) did not support the health and well-being of residents and pets. There were 3 small dogs that urinated on incontinence pads, on the floor in Resident 2's bedroom. Findings include: On 12/27/2023 at 9:15 a.m., Surveyor observed three small dogs in the AFH. Upon Surveyor entrance, Caregiver B placed the dogs in Resident 2's bedroom. Caregiver B explained to Surveyor, "The dogs have pads in the room, on the floor, to urinate on until we let them outside." On 12/27/2023 at 10:05 a.m., Surveyor interviewed Licensee A who explained, "We've had the 3 dogs as long as [Resident 2] has lived here, which was since 2017." Licensee A further explained how the staff put incontinence pads on the floor for the dogs to urinate on, when the staff	M 360		

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M 360	Continued From page 9 does not let them out on time. On 12/27/2023 at approximately 12:30 p.m., Surveyor toured Resident 2's bedroom. The room had a strong odor of dog urine. Surveyor observed two-three incontinence pads on the floor, in the corner of Resident 2's bedroom. Caregiver B was gathering up the old incontinence pads off the floors and lying down clean incontinence pads. Caregiver B stated, "The dogs go to the bathroom on the pads." On 01/09/2024 at approximately 9:35 a.m., Surveyor interviewed Licensee A, who confirmed staff cared for Resident 2's dogs by feeding them and putting 'puppy pads' down on the floor when the dogs "don't make it" outside. Licensee A stated, "We clean up the dirty mats for [Resident 2]."	M 360		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the	M 380		

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M 380	Continued From page 10 provider did not ensure each resident admitted to the facility received a health examination to identify health problems and was screened for communicable disease, including tuberculosis (TB), for 1 of 1 resident (Resident 4), within 90 days prior to admission or within 7 days after. This is a repeat deficiency. See Statement of Deficiency (SOD) G4J011, dated 04/08/2022. Findings include: On 12/27/2023 at 9:05 a.m., Surveyor reviewed the resident roster provided by Licensee A. Resident 4 was admitted to the home on 12/06/2023. On 12/27/2023 at 9:20 a.m., Surveyor reviewed Resident 4's record. Resident 4's record contained documentation from previous medical appointments, specifically indicating his/her last annual physical was 01/06/2022. No additional records were available. On 12/27/2023, at 9:30 a.m., Surveyor interviewed Licensee A regarding Resident 4's health examination. Licensee A stated, "I don't know any information about him/her." Licensee A confirmed Resident 4 did not have a health examination within 90 days before the date of admission or within 7 days after. On 01/09/2024, at 9:30 a.m., Surveyor interviewed Licensee A regarding Resident 4's health examination and TB test. Licensee A stated, "We finally got [Resident 4] into a doctor and s/he received a physical on 01/04/2024. I'm still waiting of the results of his/her TB test."	M 380		

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M 424	Continued From page 11	M 424		
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 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 each resident's Individual Service Plan (ISP) was reviewed and updated at least every 6 months for 1 of 1 resident. Resident 2's ISP should have been reviewed and updated by 12/01/2023. Resident 2's ISP did not include updates under medication. Resident 2 stated staff always helped with his/her medication because his/her hands trembled. Resident 2's ISP, dated 06/01/2023, did not include signature from the resident and the placing agency. Findings Include: On 12/27/2023, Surveyor reviewed Resident 2's record and identified the following:	M 424		

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M 424	Continued From page 12 -Resident 2 was admitted to the home on 03/01/2017, with diagnoses including type 2-diabetes, diabetic neuropathy associated with type 2 diabetes, chronic kidney disease, peripheral vascular disease, and unsteady gait. -Resident 2's ISP was dated 06/01/2023 and did not include signature from the resident and the placing agency. Resident 2's record did not include evidence Resident 2's ISP was reviewed and updated on or before 12/01/2023. Resident 2's ISP did not include updates under medication. Resident 2's ISP stated s/he could give himself/herself their own medication and insulin. On 12/27/2023 at 10:50 a.m., Surveyor interviewed Resident 2, who stated, "Staff always helps with my medication. My hands shake too much now." Resident 2 confirmed staff administered his/her medication. On 01/09/2024, at 9:30 a.m., Surveyor interviewed Licensee A regarding Resident 2's assessment and ISP. Licensee A stated s/he completed Resident 2's update on 01/05/2024 with the medication administration changes.	M 424		
M 488	88.09(1)(d) RESIDENT RECORDS REQUIREMENTS A resident's record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop and maintain a record for 1 of 1 resident. Resident 4 did not have a record	M 488		

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M 488	Continued From page 13 within the home. This is a repeat deficiency. See SOD G4J011, dated 04/08/2022. Findings include: On 12/27/2023, Surveyor reviewed the resident roster provided by Licensee A and identified the following: Resident 4 was admitted to the home on 12/06/2023. On 12/27/2023 at 9:20 a.m., Surveyor requested to review Resident 4's record. No records were available. The following information was unavailable in Resident 4's record: 1. The name, address, and phone number of the resident's legal guardian, if any. 2. The name, address, and phone number of every person, including the resident's physician, to be notified in the event of an emergency. 3. Medical insurance or medical assistance and Medicare identification numbers and the name of the pharmacy that the resident uses. 4. The service agreement. 5. The report of the admission health examination. 6. The individual service plan and updates. 7. The statement indicating that resident rights and grievance procedures had been explained and copies have been provided to the parties. 8. Medication records. 9. Records maintained by the licensee of the resident's finances, including written authorization from the resident or the resident's guardian to control the resident's funds.	M 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016053	A. BUILDING: _____ B. WING _____	R 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGETTES ADULT HOME CARE LLC	**5462 N 37TH ST MILWAUKEE, WI 53209**

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M 488	Continued From page 14 On 12/27/2023, at 9:30 a.m., Surveyor interviewed Licensee A regarding Resident 4's record. Licensee A stated, "I don't know any information about him/her. I'm still trying to gather information." On 01/09/2024, at 9:30 a.m., Surveyor interviewed Licensee A regarding resident records. Licensee A confirmed s/he did not keep a resident record with all information listed in DHS 88 since Resident 4's admittance to the facility. Licensee A reported s/he was continuing to gather all of Resident 4's information for his/her file.	M 488		