STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013569	A. BUILDING: _____ B. WING _____	R-C 03/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	5025 N 83RD ST MILWAUKEE, WI 53218

(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 03/04/2024, Surveyor conducted a verification visit, standard survey and complaint investigation at Positive Pathways LLC. As a result, 4 deficiencies were identified, and the complaint was unsubstantiated. One of 4 citations was a repeat deficiency. See Statement of Deficiency GOWO11, dated 11/23/2021. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
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 3 of 3 service providers received annual training in universal precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. House Manager E, Caregiver F, and Caregiver G did not complete annual training in universal precautions in 2023. Findings include:	M 235		

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

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M 235	Continued From page 1 On 02/01/2024 10:45 AM, Surveyor reviewed staff records and identified the following: House Manager E was hired on 04/20/2020. House Manager E's record did not contain evidence s/he received standard precautions training in 2023. Caregiver F was hired on 11/26/2020. Caregiver F's record did not contain evidence s/he received standard precautions training in 2023. Caregiver G was hired on 06/18/2022. Caregiver G's record did not contain evidence s/he received standard precautions training in 2023. On 03/04/2024, at 10:00 AM, Surveyor interviewed House Manager E. House Manager E reported s/he could not remember what continuing education s/he received in 2023. House Manager E reported s/he could not locate any documentation of training s/he or the other caregivers received in standard precautions. On 03/04/2024, at 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware of the requirement. Licensee A reported s/he rotated subjects each year. Licensee A reported s/eh would have staff complete the required training as soon as possible. Cross Reference M0246 DHS 88.04(5)(b) Training 8 Hours Annually	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	{M 246}		

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{M 246}	Continued From page 2 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 1 of 1 caregiver completed training related to rights of residents every year beginning with the calendar year after the year in which the initial training was received. Caregiver F did not receive resident rights training in 2023. This is a repeat deficiency. See Statement of Deficiency GWOW11, dated 11/23/2021. Findings include: On 02/01/2024 10:45 AM, Surveyor reviewed Caregiver F's record. Caregiver F was hired on 11/26/2020. Caregiver F's record did not contain evidence s/he received resident rights training in 2023. On 03/04/2024, at 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he rotated subjects each year and was unsure if Caregiver F received any training in resident rights. Licensee A reported s/he would have staff complete the required training as soon as possible. Cross Reference M0235 DHS 88.04(2)(h)	{M 246}		

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{M 246}	Continued From page 3 Comply With OSHA	{M 246}		
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 observations, record review, and interview, the provider did not ensure 1 of 1 individual service plan (ISP) was updated to reflect Resident 2's required 1:1 supervision related to behaviors, including throwing belongings out the window, removing curtains/blinds, dismantling items such as vents and outlet covers. Findings include: On 03/04/2024, at 9:25 AM, Surveyor observed Resident 2's bedroom. There were no curtains,	M 424		

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M 424	Continued From page 4 blinds, or covering on the windows, no personal effects on the walls or in the room, an electrical outlet cover was missing, and the heat vent cover was missing. On 03/04/2024, at 10:00 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 07/01/2021, with diagnoses including Lewy body dementia and anxiety. Resident 2's record contained the following: -A document, dated 03/14/2022, indicating Resident 1 was approved for 1:1 staffing for 16 hours per day. -A behavioral support plan (BSP), dated 01/11/2023, which identified Resident 2 had behaviors including throwing out her/his and peer's belongings, remove curtains/blinds, dismantle outlet covers, and vent covers. -Resident 1's ISP, dated 01/18/2024, did not indicate Resident 2 received 1:1 staffing, identify behaviors or had a BSP. On 03/04/2024, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2 received 1:1 supervision and had the aforementioned behaviors. Licensee A confirmed Resident 2's BSP was still relevant. Licensee A reported s/he was responsible for updating the ISPs. Licensee A reported it was an oversight and would update Resident 2's ISP.	M 424		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who	M 570		

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M 570	Continued From page 5 cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not ensure water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature at the bathroom faucet, utilized by residents, was 120° Fahrenheit (F). Findings include: The provider is licensed to provide services for up to 4 residents who may have Alzheimer's/dementia, emotionally disturbed/mental illness, developmental disability, physical disability, traumatic brain injury, and/or be advanced aged. On 03/04/2024, at 9:30 AM, Surveyor tested the water from the resident's bathroom faucet. The water temperature reading was 120° F. On 03/04/2024, at 9:40 AM, Surveyor interviewed Caregiver F regarding the hot water temperature. Caregiver F reported 2 of 3 residents could not verbalize whether the water was too hot. On 03/04/2024, at 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of a maximum temperature but could not remember the exact temperature. Licensee A confirmed 2 of 3 residents could not verbalize if	M 570		

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M 570	Continued From page 6 the water was hot. Licensee A reported s/he tested the water temperature twice per year but would change the frequency of monitoring. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		