STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016001	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J AND T HELPING HANDS INC	5641 N 73RD 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 From 08/01/2025 to 08/07/2025, Surveyor conducted a standard survey at J and T Helping Hands Inc., an AFH in Milwaukee. Eight deficiencies were identified. Census: 3	M 000		
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 ensure fire drills were conducted semi-annually. The provider had only conducted 1 fire drill per year the past 2 years. Findings include: On 08/01/2025 at 3:15 p.m., Licensee A provided Surveyor with documentation of fire drills conducted from 01/01/2023 through 08/01/2025. Documentation indicated the provider had conducted drills on 08/17/2023 at 8:30 p.m., 12/18/2024 at 10:30 p.m. and 03/31/2025 at 9:00 p.m. On 08/07/2025 at approximately 2:30 p.m., Surveyor shared concern with Licensee A that fire drills had been conducted annually rather than semi-annually. Licensee A agreed with Surveyor's concern and stated s/he had recently learned the requirement was 2 per year and would complete a second fire drill this year.	M 348		

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

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M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed had a service agreement completed prior to admission. Resident 1 did not have a signed service agreement. Findings include: On 08/01/2025 at approximately 9:00 a.m., Surveyor reviewed Resident 1's record, provided by Caregiver B. Resident 1 was admitted to the provider's home on 03/07/2025 with an activated Health Care Power of Attorney (HCPOA). Resident 1's record did not include a signed service agreement. On 08/01/2025 at approximately 11:00 a.m., Surveyor interviewed Licensee A and asked if Resident 1 had a signed service agreement. Licensee A replied, "No," and stated s/he had mailed Resident 1's HCPOA a copy of the service agreement, but did not receive any follow up.	M 384		

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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 2 residents reviewed had an individual service plan (ISP) completed within 30 days after placement. Resident 1 did not have an ISP completed until approximately 3 months after his/her admission. Findings include: On 08/01/2025 at approximately 9:00 a.m., Surveyor reviewed Resident 1's record, provided by Caregiver B. Resident 1 was admitted to the provider's home on 03/07/2025 with an activated Health Care Power of Attorney (HCPOA). Resident 1's record included an ISP, dated 07/01/2025. On 08/01/2025 at approximately 11:00 a.m., Surveyor interviewed Licensee A and requested to review the ISP that was completed within 30 days of Resident 1's admission. Licensee A stated Resident 1 would not have an older ISP as it was not completed until 07/01/2025.	M 404		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT	M 420		

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M 420	Continued From page 3 A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed had a statement of agreement, including the signature of the legal representative. Resident 1 and Resident 2's ISPs were not signed by their legal representatives. Findings include: On 08/01/2025 at approximately 9:00 a.m., Surveyor reviewed Resident 1 and Resident 2's record, provided by Caregiver B, which documented the following: - Resident 1 was admitted to the provider's home on 03/07/2025 with an activated Health Care Power of Attorney (HCPOA). Resident 1's ISP, dated 07/01/2025, was not signed by his/her HCPOA. - Resident 2 was admitted to the provider's home on 11/17/2017. Resident 2 had a legal guardian. Resident 2's ISP, dated 04/18/2025 was not signed by his/her legal guardian. On 08/01/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that Resident 1 and Resident 2's ISPs were not signed by their legal representatives. Licensee A stated s/he had mailed the legal representatives a copy of the ISPs, but had not requested a signature of agreement.	M 420		

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M 458	Continued From page 4	M 458		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were securely stored. Findings include: On 08/01/2025 at approximately 10:30 a.m., Surveyor toured the provider's home and observed 6 Lantus insulin pens, 1 box of Lispro insulin and 3 additional Lispro insulin pills in the provider's refrigerator, unsecured. On 08/01/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that insulin was stored in the refrigerator unsecured. Licensee A stated s/he would order a lock box for the insulin.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications	M 466		

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M 466	Continued From page 5	M 466		

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 record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider for 2 of 2 residents. Resident 1's and Resident 2's record did not consistently record medication administration.

Findings include:

On 08/01/2025 at approximately 9:00 a.m., Surveyor reviewed Resident 1's and Resident 2's records, provided by Caregiver B. The following concerns were identified:

Example 1 - Resident 1:

Resident 1 was admitted to the provider's home on 03/07/2025. Resident 1's physician orders included Amlodipine 5 milligrams (mg) 1 tablet daily (Start Date: 04/21/2025), Aspirin 81 mg 1 tablet daily (Start Date: 04/21/2025), Atorvastatin 40 mg 1 tablet daily (Start Date: 03/13/2025), Folic Acid 1 mg daily (Start Date: 04/21/2025), Levetiracetam 1000 mg 1 tablet twice daily (Start Date: 03/13/2025), Lisinopril 5 mg daily (Start Date: 04/21/2025), Oxcarbazepine 150 mg 1 tablet twice daily (Start Date: 03/13/2025) and Sertraline 50 mg daily (Start Date: 04/21/2025).

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M 466	Continued From page 6 Resident 1's Medication Administration Record (MAR), dated 07/01/2025 through 08/01/2025, did not include documentation of administration or reason medication was not administered on the following dates: 07/03/2025 PM, 07/05/2025 PM, 07/07/2025 AM, 07/08/2025 AM, 07/09/2025, 07/10/2025 PM, 07/11/2025 - 07/14/2025 AM and PM, 07/19/2025 AM, 07/20/2025 PM, 07/23/2025 AM and PM, 07/26/2025 AM and PM, 07/27/2025 AM and PM, 07/28/2025 AM, 07/29/2025 AM and PM, 07/30/2025 AM and PM and 07/31/2025 PM. Example 2 - Resident 2: Resident 2 was admitted to the provider's home on 11/17/2017. Resident 2's physician orders included Furosemide 40 mg (Start Date: 07/21/2025). Resident 2's MAR, dated 07/21/2025 through 08/01/2025, had blank entries for the Furosemide 07/25/2025 through 07/28/2025 and on 08/01/2025. On 08/01/2025 at approximately 11:00 a.m., Surveyor interviewed Licensee A. Surveyor reviewed concern with Licensee A that Resident 1's and Resident 2's MARs had frequent blank entries, leaving it unknown if they received their medication, refused their medication or missed their medication for some other reason. Licensee A stated s/he would follow up with caregivers to ensure they always document something when medications were due, even if medications were not passed.	M 466		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the	M 582		

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M 582	Continued From page 7 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, interview and record review, 1 of 2 residents reviewed did not receive his/her medication as prescribed. Resident 2 did not receive his/her Quetiapine as ordered. Findings include: On 08/01/2025 at approximately 9:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 11/17/2017. Resident 2's record included a hospital discharge summary that summarized a hospitalization from 07/11/2025 to 07/20/2025. The summary included orders for Quetiapine 25 milligrams (mg) 0.5 tablet daily. Resident 2's medication supply did not include Quetiapine and Quetiapine was not listed on Resident 2's medication administration record. On 08/01/2025 at approximately 11:00 a.m., Surveyor interviewed Licensee A. Surveyor shared that Resident 2 was not receiving his/her Quetiapine as prescribed. Licensee A stated s/he picked up "whatever" was sent to Resident 2's preferred pharmacy after his/her hospitalization. Licensee A explained that Resident 2 was particular about his/her medications and would only use 1 particular drug store, rather than the provider's pharmacy. Licensee A was unsure why	M 582		

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M 582	Continued From page 8 Quetiapine was not filled, but stated s/he would follow up. As of 08/07/2025 at 2:30 p.m., Surveyor had not received follow up regarding Resident 2's Quetiapine.	M 582		
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 caregiver background checks were completed every 4 years for 2 of 2 caregivers reviewed. Caregiver B and Caregiver C had not had background checks completed in the past 4 years. Findings include: On 08/01/2025 at 9:00 a.m., Surveyor reviewed the employee records of Caregiver B and Caregiver C, provided by Caregiver B. Records documented the following:	Z 022		

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Z 022	Continued From page 9 - Caregiver B was hired on 03/18/2019. Caregiver B's background information disclosure (BID) was dated 03/18/2019, Department of Justice check (DOJ) was dated 03/07/2019 and governmental findings report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS), was dated 03/17/2019. All 3 background checks had not been completed in greater than 6 years. - Caregiver C was hired on 07/30/2020. Caregiver C's BID was dated 07/31/2020. Caregiver C's DOJ and IBIS were dated 12/30/2020. All 3 background checks had not been completed in greater than 4 years. On 08/01/2025 at approximately 11:00 a.m., Surveyor asked Licensee A if s/he had more recent background checks for Caregiver B and Caregiver C. Licensee A replied, "No. I did not do background checks every 4 years."	Z 022		