STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016022	A. BUILDING: _____ B. WING _____	C 10/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOTS RESIDENTIAL ADULT FAMILY HOMES	1715 LASALLE STREET LOWER RACINE, WI 53402

(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 10/08/2024 with information gathered through 10/21/2024, Surveyors conducted three complaint investigations at Roots Residential Adult Family Homes LLC-Lower Unit, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Two of three complaints substantiated. Census: 3	M 000		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of the services in the individual service plan (ISP) the licensee would provide to meet the assessed needs of 1 of 1 resident. Resident 1 had a history of consuming non-food items for self-harm. Resident 1's ISP did not identify what services staff were to provide to keep Resident 1 safe from self-harm which were identified by Resident 1's mental health provider. Findings include: On 10/09/2024, Surveyors reviewed Resident 1's record and identified the following:	M 412		

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

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M 412	Continued From page 1 Resident 1 was admitted to the facility on 06/20/2023 with diagnoses including attention deficit hyperactivity disorder (ADHD), anxiety, autism spectrum disorder, bi-polar 1 disorder, intellectual disability and borderline personality disorder. Resident 1's Individual Service Plan (ISP), dated 07/15/2024, stated the following: "-Self abusive behavior current status: [Resident 1] as self injured [him/herself] over 5x while at Roots. Frequency of service and service provided: Staff will monitor all behaviors and redirect as needed. Goal/outcome: to remain free from self harm. -Suicidal Tendencies current status: Has displayed this behavior. Frequency of service and service provided: Staff will assist and redirect [Resident 1] as needed. Goal/outcome: To keep [Resident 1] active and refrain from suicidal tendencies. -Resident 1's ISP did not include information from Resident 1's safety plan from his/her mental health clinic. Resident 1's Safety Plan from his/her mental health clinic, dated 07/17/2024 stated the following: "-Warning signs: Does not like when other people are getting hurt or scared. Does not like people "snapping at me". May become irritable, agitated or verbally aggressive. May engage self harm behaviors. May have suicidal ideation and attempt suicide. -Making the Environment Safe: Minimize access to batteries, screws or anything [s/he] may swallow. Lock Up remotes. Supervise while shaving."	M 412		

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M 412	Continued From page 2 Resident 1's Emergency Department after visit summary dated 08/20/2024 stated the following: "-Diagnoses: Swallowed foreign body, initial encounter and suicidal ideation -Home Care: Follow any instructions from your provider about eating and drinking. In some cases, you may be told to only eat soft foods and drink liquids for the first 24 to 48 hours. You will need to check your stool each time you have a bowel movement. This is so you can confirm that the object has passed, and look for signs of bleeding. If the object does not pass, it may mean that the object is stuck somewhere along the digestive tract. In such cases, the object may need to be removed with a procedure. -Call your healthcare provider right away if any of these occur: belly pain, cramps, or swelling, shortness of breath or coughing that won't stop, trouble swallowing or pain with swallowing, vomiting that won't stop, blood in the stool, fever of 100.4 or higher, or as directed by your provider, inability to pass stool." Resident 1's Behavioral Incident Report dated 09/17/2024 at 1:30 PM stated the following: "-List events/factors leading up to the incident: [Resident 1] informed staff that when they sat the remote down and went to check on food in the kitchen, he took the batteries out of the remote and swallowed them. Describe the incident in detail: [Resident 1] informed staff that when they sat the remote down and went to go check on food in the kitchen, [s/he] took the batteries out of the remote and swallowed them. Staff inquired why [s/he] did this, and [s/he] stated that [s/he] needed attention and to be catered to as the hospital here in Racine does this for [him/her]. Staff transported member to the hospital where [s/he] was kept as [s/he] would have to undergo surgery for the batteries to be removed."	M 412		

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M 412	Continued From page 3 Resident 1's Safety Plan from his/her mental health clinic, dated 09/17/2024 stated the following: "-Warning signs: Does not like when other people are getting hurt or scared. Does not like people "snapping at me". May become irritable, agitated or verbally aggressive. May engaging self harm behaviors. May have suicidal ideation and attempt suicide. -Making the Environment Safe: Minimize access to batteries, screws or anything [s/he] may swallow. Lock Up remotes. Supervise while shaving. If self harm (punching self in face), monitor in bathroom for 12 hours afterwards. Pat down as needed for sharps." On 10/09/2024 at approximately 10:15 AM, Surveyors interviewed Human Resources (HR) Director A. Human Resources Director A stated all remotes had been removed from the home since the last incident with Resident 1. HR Director A stated s/he did not update Resident 1's service plan to reflect the safety plan assessments from his/her mental health clinic to minimize access to batteries, screws or anything s/he may swallow, lock up remotes, supervise while shaving, if self harm (punching self in face), monitor in bathroom for 12 hours afterwards and pat down as needed for sharps. HR Director A confirmed the current ISP was dated 07/15/2024.	M 412		