Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014544	A. BUILDING: _____ B. WING _____	R-C 07/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BETTER LIVING FAMILY SERVICES SITE 4	3915 N 62ND STREET MILWAUKEE, WI 53216

(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 07/17/2023, Surveyor completed a verification visit and complaint investigation at A Better Living Family Services Site 4. As a result, 5 deficiencies were identified. Four of 5 deficiencies were repeat deficiencies. See SOD HIRS11, dated 04/19/2021, SOD HIRS12, dated 12/07/2021, and HIRS13, dated 08/19/2022. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be 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 observation and interview, the provider did not ensure the home and its operation complied with this chapter. At the time of this verification visit, the provider had 4 repeat deficiencies. This is a repeat deficiency. See Statement of Deficiency (SOD) HIRS13, dated 08/19/2022. Findings include: On 07/17/2023, Surveyor completed a verification visit at A Better Living Family Services Site 4. As a result, 5 deficiencies were identified. Four of 5 deficiencies were repeat deficiencies. See SOD HIRS11, dated 04/19/2021, SOD HIRS12, dated	{M 216}		

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

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{M 216}	Continued From page 1 12/07/2021, and HIRS13, dated 08/19/2022. The following deficiencies were identified: 88.04(2)(a) Responsibilities. This is a repeat deficiency. 88.05(3)(a) Home Environment. This requirement is being cited for the third time. 88.05(3)(g) Windows and Ventilation 88.05(4)(b)1 Fire Safety - Smoke Detectors. This is a repeat deficiency. 88.10(3)(L) Safe Physical Environment. This requirement is being cited for fourth time. On 07/17/2023, at 12:10 PM, Surveyor interviewed House Lead H and Compliance and Training Officer (CTO) I regarding the deficiencies. House Lead H reported s/he transferred to the new position approximately 5 months ago. House Lead H and CTO I reported they would follow up with staff and residents regarding water temperatures and smoke detectors. CTO I reported s/he completed water temperature training with staff in February 2023. CTO I reported s/he was not aware the water temperature was above 115° F. CTO I stated, "Someone keeps turning it up." CTO I reported s/he would speak with maintenance to implement a plan to prevent the water heater being turned up and address the windows.	{M 216}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	{M 276}		

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{M 276}	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean, and well-maintained for 2 of 2 (Resident 2 and Resident 3) residents residing in the home. -Vacant resident bedroom #1 contained a broken windowpane with jagged edges, no curtains or blinds, and a hole in the closet wall, approximately 5 inches in diameter. There was no closet door. -In the hallway, the heating vent was covered with a heavy layer of a black dust-like substance. -The laundry chute, next to the bathroom, contained a smeared brown substance, consistent with dried feces on the frame. -The bathroom sink faucet was not secure, moved when turning on the water. There was no cold water, and the hot water had a weak stream. -The bathroom heating vent was covered with an orange-colored substance consistence with rust. Resident 2's bedroom contained a pungent urine-like odor. This requirement is being cited for the third time. See Statements of Deficiency (SOD) HIRS11, dated 04/19/2021, and SOD HIRS13, dated 08/19/2022. Findings include: On 07/17/2023, between 9:15 AM and 11:00 AM, Surveyor toured the facility and observed the following: Hallway adjacent to bedrooms and bathroom The laundry chute frame, on the lower portion, contained a smeared brown substance consistent with dried feces. (Photo 04)	{M 276}		

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{M 276}	Continued From page 3 Vacant Resident Bedroom (Room 1) The northeast windowpane was broken. There were white bath sheets tacked to the window frames. (Photos 01 and 02) Bathroom The bathroom sink faucet was 1 piece with the spout and levers connected. When attempting to turn on the water, the entire faucet was loose and moved. The cold water lever did not work. There was no water flow when turned on. The hot water lever produced a weak water stream. The bathroom heating vent was covered with an orange-colored substance consistence with rust. (Photo 03) Resident 2's Bedroom The bedroom contained a pungent urine-like odor. A heating vent was covered with a heavy layer of a black dust-like substance. (Photo 05) On 07/17/2023, at 9:30 AM, Surveyor interviewed Caregiver G. Caregiver G reported Resident 3 occupied the vacant room (room 1) until approximately 1 week ago. Caregiver G confirmed the sheets covering the windows "had been there for a while." Caregiver G reported staff were responsible for cleaning during their shift. Caregiver G reported Resident 2 was incontinent of urine and needed staff assistance to manage cares. On 07/17/2023, at 10:50 AM, Surveyor interviewed Resident 3. Resident 3 reported s/he resided in the vacant room about 1 week ago. Resident 3 reported s/he occupied room 1 since her/his admission. Resident 3 was admitted on 07/31/2021. Resident 3 reported the windowpane	{M 276}		

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{M 276}	Continued From page 4 was broken when s/he moved in. Resident 3 reported s/he did not like the bath sheets hung for curtains. Resident 3 reported her/his new room had curtains. On 07/17/2023, at 11:00 AM, Surveyor interviewed House Lead H. House Lead H reported s/he became house lead approximately 5 months ago. House Lead H reported her/his responsibilities included oversight of the home. House Lead H reported s/he was not aware of broken window in the vacant resident room. Prior to the vacancy, Resident 3 resided in the room and Resident 3 would not allow staff in the room to clean. House Lead H reported s/he would send a maintenance request to address the home environment.	{M 276}		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 7 resident bedroom casement windows were capable of being opened and used as ventilation for health and comfort. Resident 3's bedroom contained 2 casement windows which required a crank tool to open them. Resident 3 did not have the crank tool required to open her/his bedroom windows.	M 298		

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M 298	Continued From page 5 Findings include: On 07/17/2023, at 10:30 AM, Surveyor toured the facility and observed Resident 3's bedroom contained 2 casement windows. The windows did not contain the crank tool required to open them. On 07/17/2023, at 10:35 AM, Surveyor interviewed Resident 3 regarding the bedroom windows. Resident 3 reported s/he moved into her/his current bedroom over a week ago. Resident 3 confirmed s/he was unable to open the windows as the crank tool was missing. Resident 3 stated, "I would like to open the windows." Resident 3 reported s/he "told someone" and s/he had not received any crank tool. On 07/17/2023, at 10:45 AM, Surveyor interviewed House Lead H. House Lead H reported s/he was not aware Resident 3 did not have the crank tool to open the bedroom windows. House Lead H stated, "This is the first I'm hearing about it." House Lead H reported s/he would inform Licensee A the crank tools were missing.	M 298		
{M 334}	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and	{M 334}		

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{M 334}	Continued From page 6 specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 3 of 6 required locations: on the ceiling of the vacant resident bedroom, at the head of an open stairway, and on the ceiling in the basement. This is a repeat deficiency. See Statement of Deficiency (SOD) HIRS11, dated 04/19/2021 and SOD HIRS13, dated 08/19/2022. Findings include: On 07/17/2023, between 9:15 AM and 11:15 AM, Surveyor toured the basement and identified the following: -The vacant resident room, identified with "1" on the door, did not contain a smoke detector. -The head of an open stairway leading from the basement to the side door, did not contain a smoke detector. -The basement smoke detector was installed on the side of a wooden joist and not on the ceiling of the basement. On 07/17/2023, at 10:50 AM, Surveyor interviewed House Lead H regarding the smoke	{M 334}		

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{M 334}	Continued From page 7 detectors. House Lead H reported s/he had recently tested the smoke detectors and, at that time, the vacant resident room had one. House Lead H reported s/he had completed monthly smoke detector checks around 06/24/2023. House Lead H reported s/he was unaware it was missing. House Lead H reported s/he was not aware the open stairway required a smoke detector or the basement smoke detector was to be secured on the ceiling. House Lead H reported s/he updated Licensee A and requested replacement of the smoke detectors.	{M 334}		
{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 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 did not exceed 115° Fahrenheit (F) for 1 of 1 resident bathroom. The hot water temperature at the resident bathroom tub was 151° F and 148° F. This requirement is being cited for the fourth time. See Statement of Deficiency (SOD) HIRS11,	{M 570}		

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{M 570}	Continued From page 8 dated 04/19/2021, SOD HIRS12, dated 12/07/2021, and SOD HIRS13, dated 08/19/2022. 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, and/or be advanced aged. On 07/17/2023, at 9:25 AM, Surveyor tested the water from the resident's bathtub. The water temperature reading was 151° F. On 07/17/2023, at 9:25 AM, Surveyor interviewed Resident 3 regarding the hot water temperature. Resident 3 confirmed the water was hot. Resident 3 stated, "It's hot. I had to back up off it." On 07/17/2023, at 10:45 AM, Surveyor and House Lead H tested the hot water at the resident's bathtub. The water temperature was 148° F. On 07/17/2023, at 10:45 AM, Surveyor interviewed House Lead H regarding the hot water temperature. House Lead H confirmed the water temperature was hot. House Lead H reported s/he tested the water temperatures weekly and it "is never over 115° F." House Lead H stated, "Someone turned it up." On 07/17/2023, at 12:10 PM, Surveyor interviewed Compliance and Training Officer (CTO) I. CTO I reported s/he was aware of the water temperature requirement. CTO I reported s/he completed water temperature training with staff in February 2023. CTO I reported s/he was not aware the water temperature was above 115°	{M 570}		

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{M 570}	Continued From page 9 F. CTO I stated, "Some keeps turning it up." CTO I reported s/he would speak with maintenance to implement a plan to prevent the water heater being turned up. 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}		