STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310701	A. BUILDING: _____ B. WING _____	C 10/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEANNETTA ROBINSON HOUSE	5427 W VILLARD AVE 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
N 000	Initial Comments On 10/17/2023, Surveyor completed an abbreviated licensing survey and a complaint investigation at Jeannetta Robinson House. Five deficiencies were identified. One complaint was unsubstantiated. Census: 24	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on records review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 3 of 3 employees were screened for clinically apparent communicable disease, including tuberculosis (TB). Caregiver D, Caregiver E, and Caregiver F were not screened for communicable disease, including TB.	N 220		

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

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N 220	Continued From page 1 Findings include: On 10/05/2023 at approximately 10:55 a.m., Surveyor reviewed employee records and identified the following: - Caregiver D was hired on 07/25/2019. Caregiver D's record had documentation a screening for clinically apparently communicable disease was completed on 04/23/2022. Caregiver D's record did not contain documentation a two-step tuberculosis (TB) test was completed within 90 days before the start of employment. - Caregiver E was hired on 05/22/2023. Caregiver E had no documentation that a screening for clinically apparently communicable disease, including TB, was completed within 90 days before the start of employment. -Caregiver F was hired on 07/05/2018. Caregiver F had no documentation a screening for clinically apparently communicable disease, including TB, was completed within 90 days before the start of employment. On 10/17/2023 at 11:57 a.m., Surveyor interviewed Quality Assurance Director (QAD) I, who stated the older employee's files may have not followed proper processes. The Human Resources Department had been revising the system the past 3 months. They were continuing to find "hiccups."	N 220		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF	N 326		

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N 326	Continued From page 2	N 326		

involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident was served a 30-day written advance notice of discharge. Resident 1 was not provided a 30-day written notice of discharge which explained to the resident the need for and possible alternatives to the discharge.

Findings include:

On 10/13/2023 Surveyor reviewed Resident 1's record and identified the following:

- Resident 1 was admitted to the facility on 08/28/2023.
- Resident 1's pre-admission assessment, dated 08/24/2023, did not identify s/he was of imminent risk of serious harm to the health or safety of his/herself, other residents, or employees.
- Resident 1's Case Management note, dated 09/05/2023, did not indicate [Resident 1] would be given a notice of discharge.
- Resident 1's record did not contain a written 30-day notice of discharge.

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N 326	Continued From page 3 - Resident 1's record did not contain evidence s/he was of imminent risk of serious harm to the health or safety of his/herself, other residents, or employees. On 10/05/2023 at 10:49 a.m., Surveyor received email from Clinical Supervisor C who wrote, "[Resident 1] entered treatment on 08/28/2023 and discharged on 09/06/2023. [S/He] was staffed for discharge 09/05/2023 with clinical team. [S/He] was terminated due to behavioral issues. Unfortunately, [Former Counselor G] did not complete the treatment plan as [s/he] was directed to do, [s/he] did not document the incident, and [s/he] did not complete the discharge summary for [Resident 1] either." On 10/17/2023 at 9:05 a.m., Surveyor interviewed Quality Assurance Director (QAD) I and Clinical Supervisor C. QAD I confirmed a full term stay at the Community Based Residential Facility (CBRF) was 90 days. Clinical Supervisor C confirmed Resident 1 did not receive a 30-day notice of discharge.	N 326		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above	N 452		

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N 452	Continued From page 4 and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food in a sanitary manner which had the potential to affect 24 of 24 residents. Surveyor observed food items in the cabinets that were not refrigerated with labels that read, 'refrigerate after opening'. Findings include: On 09/28/2023, at approximately 11:40 a.m., Surveyor toured the environment. Surveyor observed and half used, 8-pound, 7-ounce bottle of taco sauce in cabinet in the kitchen. The bottle had a handwritten date on it reading 08/25/2023. The label of the taco sauce read: 'refrigerate after opening'. 09/28/2023, at approximately 11:41 a.m., Surveyor interviewed Executive Director (ED) A. Surveyor asked ED A to identify how to store the taco sauce. ED A told Surveyor, "The label of the taco sauce says: 'refrigerate after opening'. ED A, acknowledged the date of 08/25/2023 was the date the taco sauce was opened. ED A acknowledged taco sauce was half empty and potentially served to the residents. The "Servsafe Coursebook - 7th Edition documents ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41	N 452		

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N 452	Continued From page 5 degrees Fahrenheit or lower." According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (Servsafe Coursebook, 7th Ed., 2017, p. 5-23) 09/28/2023, at approximately 11:43 a.m.., Surveyor interviewed ED A, who acknowledged the taco sauce should have been refrigerated. ED A stated facility would retrain the staff on food safety. On 10/17/2023 at 10:03 a.m., during exit survey, ED A stated, "We will be monitoring food more often."	N 452		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if	N 454		

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N 454	Continued From page 6 any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required	N 454		

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N 454	Continued From page 7 which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's record was maintained for 1 of 3 residents. Resident 1's record did not include an initial health screening or health examination. Findings include: On 10/03/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 08/28/2023. Resident 1's record did not include an initial health screening or health examination. On 10/03/2023, at 3:25 p.m., Surveyor interviewed Client Rights Specialist (CRS) B. CRS B reviewed Resident 1's record and confirmed s/he was unable to locate initial health screening or health examination for Resident 1. CRS B reported the initial health exam was done off site before residents come into the facility. CRS B confirmed no initial health screening or health examination were in Resident 1's record.	N 454		

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N 454	Continued From page 8 CRS B identified there were issues with missing documents from records. On 10/17/2023 at 10:06 a.m., during exit interview, CRS B stated every client was medically cleared before they moved in by a nurse at the detoxification center. CRS B stated something went wrong in the process and they could not find Resident 1's initial health screening or health examination. CRS B stated the facility would revise the system, so they did not miss another initial health screening or health examination.	N 454		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior floors and walls were clean and in good repair for 4 of 4 current resident (Residents 5, 6, 7, 8) rooms. The provider did not ensure resident rooms were clean and maintained. Resident activity room carpets were frayed. In some areas the carpet was frayed, and the seams were separating, creating a trip hazard. Findings include: On 09/28/2023, between 10:40 a.m. and 11:50 a.m., Surveyor toured the facility and interviewed staff and residents. The following was identified: Resident 4's room (accompanied by Office Coordinator (OC) J):	N 491		

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N 491	Continued From page 9	N 491		

-The sink was loose from the wall.
-Unidentified loose wires and cords in walls of bedrooms. (Photo 1)
-Twelve inch by 12 inch patched, unfinished wall spackle patch under sink. (Photo 2)
Surveyor interviewed OC J who confirmed, "the sink is loose from the wall. I will let them know about that right away."

Resident 5's room (accompanied by OC J):
-Vent above the door contained substances consistent with dust and dirt. (Photo 3 and 4)
-Twelve inches of molding around floorboard was missing.
-Light fixture above sink contained thick dust/grime, turning white light fixture grey. (Photo 5)
Surveyor interviewed OC J who confirmed, "that is thick dust on that light fixture."

Resident 6's room (accompanied by OC J):
- Long black mark on wall in northeast corner of room, parallel to the floor, approximately 8 inches above the floor. (Photo 6)
Surveyor interviewed OC J who stated s/he had put work orders in to paint the residents' rooms, but s/he had not put a work order in to paint Resident 6's room prior to move-in.

Resident 7's room (accompanied by OC J):
-Towel bar loose from wall. One side of bracket was missing 1 of 3 screws to stabilize.
OC J confirmed towel bar was loose from wall.

- Unable to raise or lower blinds.
OC J reported, "I don't see a way to pull up these blinds."

Resident 8's room (accompanied by OC J):
-Sink area missing against wall.

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N 491	Continued From page 10 -Paper stuffed in between gap in window and screen. (Photo 7) Surveyor interviewed Resident 7, who reported, "That paper stuffed in there has been here since before I moved in. I think there is a gap in the window." Activity Rooms: -The carpet was frayed and seams splitting in 5 high traffic areas in men's activity room (Photo 08). - Men's activity room carpet split and fraying at doorway and south doorway leading to laundry room, creating a trip hazard. (Photo 9) On 09/28/2023, at 11:00 a.m., Surveyor interviewed OC J, who stated residents were responsible for deep cleaning their own rooms on weekends. OC J confirmed s/he was supposed to be monitoring the cleaning of the building. OC J told Surveyor, "I haven't checked in a couple of weeks." On 10/17/2023 at 10:10 a.m., Surveyor interviewed Executive Director (ED) A and Clients Rights Specialist (CRS) B regarding the observations. ED A confirmed the need for ongoing cleaning and repairs at the facility. ED A confirmed the carpet was shampooed but "definitely needs to be replaced." RDO A reported s/he had submitted a work order for new carpeting.	N 491		