| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017445 | A. BUILDING: _____ B. WING _____ | 04/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MY PLACE OF IXONIA II | N8616B NORTH RD IXONIA, WI 53036 |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 04/02/2024, with information obtained through 04/03/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at My Place of Ixonia II, an adult family home (AFH) located in Ixonia, WI.<br><br>As a result of the survey, 4 deficiencies were identified.<br><br>Census: 4 | M 000 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 2 staff reviewed obtained training that included fire safety and first aid training prior to or within 6 months after starting to provide care.<br><br>Caregiver C did not have training in fire safety or first aid prior to or within 6 months after starting to provide care.<br><br>Findings include: | M 244 | | |

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

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| M 244 | Continued From page 1<br><br>On 04/03/2024, Surveyor conducted a review of 2 employees to verify initial training requirements. Surveyor requested training records for Caregiver C from Chief Operating Officer B.<br><br>The record for Caregiver C, hired 02/08/2023, did not contain evidence of first aid or fire safety training.<br><br>On 04/03/2024, Surveyor verified that Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety or first aid.<br><br>At approximately 10:21 a.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B acknowledged Surveyor's concern that there was no evidence that Caregiver C was trained in fire safety or first aid, and reported s/he would look closer into the initial training procedures. | M 244 | | |
| M 276 | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that the adult family home was clean, well-maintained, and provided a homelike environment. | M 276 | | |

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| M 276 | Continued From page 2<br><br>Findings include:<br><br>On 04/04/2024, at approximately 7:55 a.m., Surveyor arrived onsite and observed the entryway door into side II's living area appeared to have a hole punched through the paneling (see Photo 10).<br><br>At approximately 9:05 a.m., Surveyor toured the home with Manager A and observed the following:<br><br>- In the living room, black staining and scuff marks appeared across the entire length of the wall (see Photo 1). Manager A reported that the provider's couch used to be there, and the marks were from residents reclining their seats back and hitting the wall.<br><br>- The interior flooring leading to the door on the upper level to the deck appeared to have an approximate 6"x30" section of floor missing, exposing the layer underneath the vinyl (see Photo 2). The subfloor layer appeared to have damage consistent in appearance with water damage. Manager A reported that the flooring there had been missing for approximately 2 months. Manager A reported that there had been water damage at one point from a previous resident who flooded the upper level of the home.<br><br>- The door to Resident 2's room appeared to have nearly the entire upper half covered by a plywood board, which contrasted with both the color and material of his/her door (see Photo 4). When asked if Resident 2 demonstrated behaviors that caused initial damage to his/her door, Manager A replied that the door was damaged by a previous resident who lived in that room. Manager A reported that s/he thought that | M 276 | | |

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| M 276 | Continued From page 3 | M 276 | | |

Resident 2's door was going to be replaced. Both screens of Resident 2's two bedroom windows were missing. Manager A reported that the previous resident who lived in that room caused damage to the screens.

- Water streaming from the upper bathroom's sink came out in multiple small, high-pressure streams instead of a steady, consistent flow. The water, even when the faucet handle was not turned to its full extent, sprayed water to the edge of the bathroom counter, onto Surveyor, and onto the floor in front of the bathroom cabinets (see Photo 5). Manager A reported s/he wasn't sure why the sink faucet pressure was like that but that this sink was the only one that streamed water like that.

- Black wall stains, marks, and smudges were observed on the walls of the main upper level common area (see Photo 6). Manager A reported that staff had rearranged furniture recently and furniture hitting the walls may have been what caused the marks.

- The wall above the downstairs shower appeared to have the paint chipping away. In one area, a section of paint with an unknown layer of material underneath appeared to be peeling away from the wall (see Photo 7). Manager A reported s/he wasn't sure what that piece was but noticed that it had been like this for approximately 1 month and thought it was due to general wear and tear of the home. In the downstairs bathroom, one section of wall appeared to have a 3"x3" area dented inwards (see Photo 8). Manager A reported that this occurred when Resident 3, whose bedroom was on the other side of the wall, punched a hole through his/her side of the wall that extended into the bathroom side. The corner wall next to the

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| M 276 | Continued From page 4<br>shower appeared stained, with sections of paint and drywall chipped off and the vinyl rounded corner material underneath exposed (see Photo 9).<br><br>- The cabinet under the kitchen sink appeared to have debris consistent in appearance with mouse droppings. A mouse trap was observed on the kitchen floor to the front right corner of the oven. Manager A reported that with the house being in the country the provider occasionally had problems with mice.<br><br>At approximately 1:45 p.m., Surveyor interviewed Manager A about the above concerns. Manager A reported that s/he agreed with Surveyor's concerns and for several of them had already put in maintenance requests. Manager A reported s/he would follow up with maintenance staff to address the concerns.<br><br>At approximately 2:45 p.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B reported that Manager A had discussed with him/her the concerns pointed out by Surveyor and s/he would follow up on addressing them. | M 276 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 | M 424 | | |

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| M 424 | Continued From page 5 | M 424 | | |

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 observation, record review, and interview, the provider did not ensure that 1 of 2 residents' individual service plans (ISPs) were updated in writing when their needs changed.

Resident 1's ISP was not updated to include information about contact sensor monitoring on his/her bedroom door in order for staff to be alerted when s/he leaves his/her room.

Findings include:

On 04/02/2024, at approximately 9:05 a.m., Surveyor toured the environment with Manager A and observed a contact sensor on Resident 1's bedroom door (see Photo 3). Manager A reported that the contact sensor was only turned on during the overnight (NOC) shift to sound an audible chime whenever Resident 1's bedroom door opened. Manager A reported that sometimes staff needed to assist Resident 1 to the downstairs bathroom due to his/her visual impairments and so the contact sensor helped to alert NOC shift staff when Resident 1 was leaving his/her bedroom.

On 04/02/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider

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| M 424 | Continued From page 6<br>on 06/09/2021 with diagnoses including severe intellectual disability, autistic disorder, and blindness. Resident 1's current ISP, last signed as reviewed on 10/04/2023, documented the following with regards to assistance surrounding his/her visual impairment, under the "Leisure Time Activities" heading: "If [s/he] is in the common area staff need to have [him/her] in their line of sight. This will prevent [Resident 1] from walking into walls, furniture, etc..." There was no information about the contact sensor being used for monitoring Resident 1.<br><br>At approximately 11:07 a.m., Surveyor interviewed Manager A. Manager A confirmed s/he was unable to find information about the use of a contact sensor to monitor Resident 1 in his/her ISP. Manager A reported s/he would be sure to update his/her ISP to include this information. | M 424 | | |
| M 436 | 88.07(2)(a) SERVICES<br><br>The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide the individualized services specified in 1 of 2 residents' individual service plans (ISPs) as being the licensee's responsibility. | M 436 | | |

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| M 436 | Continued From page 7<br><br>Staff did not consistently document Resident 3's bowel movements in accordance with his/her ISP.<br><br>Findings include:<br><br>On 04/02/2024, Surveyor reviewed Resident 3's ISP. Resident 3 was admitted to the provider on 12/03/2019 with diagnoses including autistic disorder. Resident 3's current ISP, last signed as reviewed on 02/13/2024, documented the following under his/her health monitoring / medical management information: "Staff will encourage [Resident 3] to drink fluids throughout the day and will document [his/her] [bowel movements (BMs)] in [his/her] BM tracker after each one." A previous ISP, reviewed by Surveyor and signed as reviewed on 09/20/2023, documented the same information.<br><br>Surveyor reviewed Resident 3's bowel movement tracking document, and observed several multi-day gaps in his/her tracking, including the following:<br><br>- Bowel movements documented on 11/25/2023 (11:00 a.m.) and 11/30/2023 (4:30 p.m.), with nothing in between (an approximate 5 day gap)<br>- Bowel movements documented on 11/30/2023 (4:30 p.m.) and 12/05/2023 (1:30 p.m.), with nothing in between (an approximate 5 day gap)<br>- Bowel movements documented on 12/05/2023 (1:30 p.m.) and 12/13/2023 (6:00 p.m.), with nothing in between (an approximate 8 day gap)<br>- Bowel movements documented on 12/13/2023 (6:00 p.m.) and 12/20/2023 (6:15 p.m.), with nothing in between (an approximate 7 day gap)<br>- Bowel movements documented on 12/20/2023 (6:15 p.m.) and 12/30/2023 (5:30 p.m.), with nothing in between (an approximate 10 day gap) | M 436 | | |

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| M 436 | Continued From page 8<br>- Bowel movements documented on 01/04/2024 (8:20 p.m.) and 01/15/2024 (7:10 - no morning or evening specified), with nothing in between (an approximate 11 day gap)<br>- Bowel movements documented on 01/15/2024 (7:10 - no morning or evening specified) and 01/26/2024 (no time specified), with nothing in between (an approximate 11 day gap)<br>- Bowel movements documented on 01/27/2024 (4:00 p.m.) and 02/03/2024 (3:15 p.m.), with nothing in between (an approximate 7 day gap)<br>- Bowel movements documented on 02/07/2024 ("1st shift") and 02/12/2024 ("1st"), with nothing in between (an approximate 5 day gap)<br>- Bowel movements documented on 02/12/2024 ("1st") and 02/20/2024 ("1st"), with nothing in between (an approximate 8 day gap)<br>- Bowel moments documented on 02/22/2024 ("1st") and 02/27/2024 ("2nd shift"), with nothing in between (an approximate 5 day gap)<br>- Bowel movements documented on 02/27/2024 ("2nd shift") and 03/14/2024 ("2nd shift"), with nothing in between (an approximate 16 day gap)<br>- Bowel movements documented on 03/18/2024 ("1st shift") and 03/21/2024 ("2nd shift"), with nothing in between (an approximate 13 day gap)<br><br>At approximately 12:00 p.m., Surveyor interviewed Manager A. When asked about the multi-day gaps in Resident 3's bowel movement tracking, Manager A reported s/he didn't think Resident 3 was going periods that long without a bowel movement. Manager A reported s/he thought staff were forgetting to document some bowel movements that Resident 3 had. Manager A reported that s/he would address consistent bowel movement documentation with staff during an upcoming staff meeting. | M 436 | | |