STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017724	A. BUILDING: _____ B. WING _____	R-C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NADINES CARE HOME	**4461 N 55TH 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 On 06/26/2024, Surveyor concluded a verification visit at Nadine's Care Home. As a result, 4 deficient practices were identified. One of the 4 violations was a repeat deficiency. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{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, record review, and interview, the licensee did not ensure the Adult Family Home (AFH) and its operation complied with this chapter and all other laws governing the home and its operation. The licensee did not follow Department orders. The provider did not ensure all staff responsible for providing services to a resident reviewed the resident's current ISP and provided services in accordance with the plan. All service providers did not sign and date an attestation of their review to verify compliance with the requirement within 10 days of 05/08/2023. As a result of this verification visit, a total of 4 violations have been issued. One of the 4 violations was a repeat deficiency related to administration supervising daily operations.	M 216		

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

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M 216	Continued From page 1 Findings include: Nadine's Care Home's license became effective 07/11/2019, for 4 ambulatory residents. On 06/14/2024, Surveyor completed a verification visit for SOD J7PW11 and identified the following deficiencies: 88.04(2)(a) Responsibilities 88.05(2)(a) Difficulty Walking 88.06(3)(b) Persons Involved with ISP & Assessment (repeat) 88.06(3)(f) Review of ISP On 06/14/2024, Surveyor reviewed Department records and identified the following: Licensee A was issued Notice and Order letter and Statement of Deficiency (SOD) J7PW11 on 05/08/2023, which included the following Special Orders: "WITHIN 10 DAYS of receipt of this notice, the licensee shall ensure all staff responsible for providing services to a resident will review the resident's current ISP (individualized service plan) and provide services in accordance with the plan. All service providers shall sign and date an attestation of their review to verify compliance with this requirement. Required evidence will be made available to the department representatives upon request." On 06/14/2023 at 10:15 a.m., Surveyor requested special orders documentation to determine compliance for the verification visit for Statement of Deficiency (SOD) J7PW11, dated 05/08/2023 from Licensee A.	M 216		

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M 216	Continued From page 2 On 06/14/2023 at 10:15 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the documents were not in Resident 2's file. Licensee A stated, "I don't know what they have done with the paperwork. It is still my responsibility that it all stays together." Licensee A stated, "I was under the impression I just needed to update ISPs moving forward." On 06/14/2024, 10:27 a.m., Surveyor interviewed Caregiver B, who stated that s/he did not need to sign and date an attestation that s/he reviewed the resident's current ISPs since the last survey. On 06/26/2024, at 1:25 p.m., Surveyor interviewed Licensee A regarding the above concerns. Licensee A stated s/he was unaware of the special orders. Licensee A stated, "I believe I corrected a smoke detector. I will need to check my emails. I cannot remember anything else."	M 216		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities	M 262		

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M 262	Continued From page 3	M 262		

used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, record review, and interview the provider did not ensure 2 of 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails. Two of 2 exits contained 3 steps from the door to the ground. The side exit steps led to a gravel driveway. Resident 1 required a walker with ambulation. The front exit and the side exit, identified as emergency exits, contained steps to exit.

Findings include:

The adult family home was licensed in 07/11/2019, to serve 4 ambulatory residents only.

On 06/14/2024, at 9:45 a.m., Surveyor conducted a verification visit and observed the following:

Front door/primary exit:

-The front exit contained cement 3 steps, with handrails, extending approximately four yards to four uneven, cement stairs.
- The stairs had wooden handrail that were leaning in towards the stairs with overgrown grass and weeds around the base of the handrails and impeding the stairs.
-The base of the stairs landed on the city sidewalk.

Side door/secondary exit:

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M 262	Continued From page 4	M 262		

-The side exit contained 4 steps.
- The stairs had wooden handrail with weeds around the base of the handrails and impeding the stairs.
-The base of the stairs landed on the city sidewalk.

On 06/21/2024, at 10:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted on 02/03/2023. Resident 3's Individual Service Plan (ISP), dated 03/01/2023, identified Resident 3 needed monitoring with ambulation. Under the section, member uses adaptive aides, it was marked, "no."

Resident 3's Member Centered Plan (MCP) was completed on 12/01/2023 by Managed Care Case Manager (CM) C and Managed Care Nurse Case Manager (RNCM) D. Under mobility in the home, it read, "Level of assistance: Needs assistance- Formal/Natural Support/Needs to Find Helper. DME (durable medical equipment): walker. Comments: Member needs assistance from caregivers due to physical limitations." Under mobility outside the home, it read, "Level of assistance: Needs assistance- Formal/Natural Support/Needs to Find Helper. DME (durable medical equipment): walker. Comments: Member needs assistance from caregivers due to physical limitations."

Resident 3's long term care team's functional screen, dated 03/14/2024, indicated Resident 3 needed assistance to ambulate with walker.

On 06/14/2024, at 11:10 a.m., Surveyor interviewed Caregiver B who stated Resident 3 went to dialysis three days a week. Resident 3 was picked up by a transportation service and utilized a walker for mobility.

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M 262	Continued From page 5 On 06/26/2024, at 1:20p.m., Surveyor interviewed Licensee A, who reported Resident 3 needed monitoring with ambulation. Licensee A stated when Resident 3 moved into the facility, s/he was using a walker. However, Licensee A explained to Activated Heath Care Power of Attorney (POA) E that the facility was an ambulatory facility. POA E removed the walker from the home. Surveyor questioned if Resident 3 needed his/her walker, and s/he was not utilizing it due to the ambulation status of the facility. Licensee A explained Resident 3 moved in small steps around the home, holding onto things. Licensee A stated, "I don't know if s/he uses it from time to time or at dialysis, but I have not seen him/her use the walker." Licensee A confirmed reviewing managed care organization person centered plan and functional screen, with CM C and RNCM D within the past 2-3 weeks. Licensee A was not aware of the differences in assessments concerning Resident 3's ambulation needs. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	M 262		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a	{M 406}		

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{M 406}	Continued From page 6 manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident's individual service plans (ISPs) were signed and dated by all persons involved in developing the plan (the placing agency, service coordinator, resident and/or resident's guardian). Resident 3's ISP update was unsigned and Resident 4's initial ISP was unsigned. This is a repeat deficiency. See Statement of Deficiency (SOD) J7PW11, dated 01/31/2023. Findings include: On 06/21/2024, at 10:00 a.m., Surveyor reviewed resident records and identified the following: Resident 3 Resident 3 was admitted on 02/03/2023. Resident 3 was admitted with an Activated Heath Care Power of Attorney (POA) E. Resident 3's ISP, in section titled, 'ISP Updated and Reviewed', stated, "The ISP must be reviewed at least every six months. If there are no changes, please mark the date reviewed and signed. If there are changes, please update any information. At a minimum, the AFH (adult family home) provider, a member of the IDT (interdisciplinary team), and the member/guardian must participate in this review. The AFH provider will complete the documentation of the ISP."	{M 406}		

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{M 406}	Continued From page 7 Resident 3's Individual Service Plan (ISP) was dated 03/01/2023 and signed by Licensee A, Care Manager (CM) C and POA E. Resident 3's ISP was due for review on 08/03/2023 and 02/03/2024. Resident 3's reviewed ISPs were signed by the Care Manager (CM) C and Nurse Care Manager (RN CM) D on 06/04/2024. Resident 3's reviewed ISPs were not signed by the service coordinator or POA E. Resident 4 Resident 4 was admitted on 02/15/2024. Resident 4's ISP was signed by Licensee A and dated 05/01/2024. Managed Care Case Manager (CM) F and Managed Care Nurse Case Manager (RNCM) G and Resident 4 did not sign his/her ISP. Resident 4's ISP, in section titled, 'ISP Updated and Reviewed,' stated, "The ISP must be reviewed at least every six months. If there are no changes, please mark the date reviewed and signed. If there are changes, please update any information. At a minimum, the AFH (adult family home) provider, a member of the IDT (interdisciplinary team), and the member/guardian must participate in this review. The AFH provider will complete the documentation of the ISP." Resident 4's initial ISP was not signed by the placing agency and Resident 4. On 06/26/2024, at 1:10 p.m., Surveyor interviewed Licensee A regarding the provider's process for ensuring ISPs were reviewed and updated at least every 6 months and upon change of condition. Licensee A stated, "We all do the ISP reviews together. I probably had [Resident 4] look over the ISP. I don't know what	{M 406}		

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{M 406}	Continued From page 8 happened. I'm not sure what happened with [Resident 3's] [POA E]. Maybe I didn't have him/her sign it."	{M 406}		
M 424	88.06(3)(f) REVIEW OF ISP 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 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 record review and interview, the provider did not ensure Individual Service Plans (ISPs) were reviewed and updated at least every 6 months for 1 of 2 residents requiring 6 month reviews. Resident 3 was admitted on 02/03/2023 and did not have a review of his/her ISP 6 months after it was developed. Findings include: On 06/14/2024, Surveyor reviewed Resident 3's	M 424		

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M 424	Continued From page 9	M 424		

record. Resident 3 was admitted on 02/03/2023. Resident 3's ISP, dated 03/01/2023, did not identify Resident 3 had mobility issues or used durable medical equipment (DME). Resident 3's ISP was due for review on 08/03/2023 and 02/03/2024. Resident 3's reviewed ISP, dated 06/04/2024, did not identify Resident 3 was using a walker in and outside the home.

On 12/01/2023, Managed Care Case Manager (CM) C and Managed Care Nurse Case Manager (RNCM) D completed Resident 3's Member Centered Plan. Under mobility in the home, it read, "Level of assistance: Needs assistance-Formal/Natural Support/Needs to Find Helper. DME: walker. Comments: Member needs assistance from caregivers due to physical limitations." Under mobility outside the home, it read, "Level of assistance: Needs assistance-Formal/Natural Support/Needs to Find Helper. DME: walker." Resident 3's long term care team's functional screen, dated 03/14/2024, indicated Resident 3 needed assistance to ambulate with walker.

On 06/26/2024, at 1:25 p.m., Surveyor interviewed Licensee A regarding the provider's process for ensuring ISPs were reviewed and updated at least every 6 months and upon change of condition. Licensee A confirmed Resident 3 did not have an ISP review and update completed within 6 months after his/her ISP was developed. Licensee A confirmed reviewing the managed care organization member centered plan and functional screen, with CM C and RNCM D within the past 2-3 weeks. Licensee A explained s/he was not aware of the differences between the assessments.