STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019417	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HOPE II	7060 N 124TH ST MILWAUKEE, WI 53224

(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 08/23/2023, Surveyor completed a standard survey at Good Hope II. Five deficiencies were identified. Census: 7	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 record 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 (Caregivers B, D, and E) were screened for clinically apparent communicable disease, including tuberculosis (TB). Findings include: On 08/16/2023, Surveyor reviewed employee records and identified the following:	N 220		

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

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N 220	Continued From page 1 Caregiver B was hired on 08/11/2023 and had a start date of 08/12/2023. Caregiver B's record did not contain documentation from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating Caregiver B was screened for clinically apparent communicable disease, including TB. Caregiver D was hired on 07/28/2023 and had a start date of 07/31/2023. Caregiver D's record did not contain documentation from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating Caregiver D was screened for clinically apparent communicable disease, including TB. Caregiver E was hired on 07/08/2023 and had a start date of 07/25/2023. Caregiver E's record did not contain documentation from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating Caregiver E was screened for clinically apparent communicable disease, including TB. On 08/16/2023 at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A affirmed each caregiver was tested for TB and screened for any clinically apparent communicable diseases prior to their start date. Licensee A affirmed the documentation should have been included in their employee files. Licensee A did not state why each employee record did not contain documentation stating each caregiver was screened for clinically apparent communicable diseases or the results of his/her TB test. Licensee A disclosed he/she would need to audit each employee record. On 08/17/2023 at 9:37 a.m., Surveyor received e-mail correspondence from Licensee A that	N 220		

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N 220	Continued From page 2 stated, " ...TB tests are and will remain in all staff files and they are being done. Checking with our medical testing provider to see why they were not returned ..."	N 220		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a separate record for each employee that contained documentation of a written job description including duties, responsibilities and qualifications required for the employee and training or exemption verification for 5 (Caregivers B, C, D, E and F) of 6 employees reviewed. Caregivers B's, D's, E's, and F's records did not contain documentation of completed training in resident rights, abuse/neglect/misappropriation, change in condition, recognizing, preventing, managing, and responding to challenging behaviors, client group specifics, and provision of personal cares.	N 223		

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N 223	Continued From page 3 Caregiver C's record did not contain documentation of a written job description including duties, responsibilities and qualifications required for the employee. Findings include: On 08/16/2023, Surveyor reviewed employee records and identified the following: Caregiver B was hired on 08/11/2023 and had a start date of 08/12/2023. Caregiver B's records did not contain documentation of completed training in resident rights, abuse/neglect/misappropriation, change in condition, recognizing, preventing, managing, and responding to challenging behaviors, client group specifics, dietary and provision of personal cares. Caregiver C was hired on 06/16/2023 and had a start date of 06/21/2023. Caregiver C's record did not contain documentation of a written job description including duties, responsibilities and qualifications required for the employee. Caregiver D was hired on 07/28/2023 and had a start date of 07/31/2023. Caregiver D's records did not contain documentation of completed training in resident rights, abuse/neglect/misappropriation, change in condition, recognizing, preventing, managing, and responding to challenging behaviors, client group specifics, dietary and provision of personal cares. Caregiver E was hired on 07/08/2023 and had a start date of 07/25/2023. Caregiver E's record did not contain documentation of completed training in resident rights, abuse/neglect/misappropriation, change in condition, recognizing, preventing, managing, and	N 223		

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N 223	Continued From page 4 responding to challenging behaviors, client group specifics, dietary and provision of personal cares. Caregiver F was hired on 08/13/2023 and had a start date of 08/14/2023. Caregiver F's record did not contain documentation of completed training in resident rights, abuse/neglect/misappropriation, change in condition, recognizing, preventing, managing, and responding to challenging behaviors, client group specifics, dietary and provision of personal cares. On 08/16/2023 at approximately 11:25 a.m., Surveyor interviewed Caregiver E. Caregiver E acknowledged completing the above trainings. Caregiver E reported Licensee A should have had documentation indicating he/she completed the above trainings. On 08/16/2023 at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A affirmed each caregiver had the required trainings but could not state why documentation indicating each caregiver completed the above trainings were not in his/her record. Licensee A could not state why Caregiver C's record did not contain his/her written job description including duties, responsibilities, and qualifications required for the employee. On 08/17/2023 at 9:37 a.m., Surveyor received an e-mail correspondence from Licensee A that stated, " ...As we discussed yesterday supporting documentation is being redone to ensure all staff is appropriately trained and documented in their files. This also was done and will be done going forward ..."	N 223		
N 302	83.28(4)(a) Resident health screening and documentation	N 302		

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N 302	Continued From page 5 Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident record contained documentation and/or were tested for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before or 7 days after admission for 4 (Residents 1, 2, 3, and 4) of 5 residents reviewed. Residents 1 and 3 were not screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before or 7 days after admission into the community based residential facility (CBRF). Residents 2's and 4's records did not contain documentation indicating he/she was screened for clinically apparent communicable disease, including TB, within 90 days before or 7 days after admission.	N 302		

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N 302	Continued From page 6 Findings include: On 08/16/2023, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 03/29/2023. Resident 1's record did not contain documentation indicating he/she was screened for clinically apparent communicable disease, including TB, within 90 days before or 7 days after admission. Resident 2 was admitted on 05/15/2023. Resident 2's record did not contain documentation indicating he/she was screened for clinically apparent communicable disease, including TB, within 90 days before or 7 days after admission. Resident 3 was admitted on 03/29/2023. Resident 3's record did not contain documentation indicating he/she was screened for clinically apparent communicable disease, including TB, within 90 days before or 7 days after admission. Resident 4 was admitted on 04/25/2023. Resident 4's record did not contain documentation indicating he/she was screened for clinically apparent communicable disease, including TB, within 90 days before or 7 days after admission. On 08/16/2023 at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A reported Residents 1 and 3 were "inherited" from the previous owners at a sister facility. Licensee A denied Residents 1 and 3 were tested and/or screened for clinically apparent diseases prior to his/her move into Good Hope II. Licensee A	N 302		

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N 302	Continued From page 7 disclosed Residents 2 and 4 were tested for TB and screened for clinically apparent disease prior to admission; however, was not sure why documentation was not placed in each record. On 08/23/2023 at 10:24 a.m., Surveyor received an e-mail correspondence from Licensee A stating, " ...These residents were tested for TB and free from communicable. Results will be obtained and added to their files. We are also testing residents that stayed with facility from previous operations and adding to their files, as the files we received back were in such disarray ..."	N 302		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 (Residents 2 and 4) of 5 residents reviewed had a comprehensive	N 386		

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N 386	Continued From page 8 individual service plan (ISP) developed within 30 days after admission. Resident 2's and 4's record did not contain evidence of an ISP. Findings include: On 08/16/2023, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 05/15/2023. Resident 2's record did not contain evidence of a completed ISP. Resident 4 was admitted on 04/25/2023. Resident 4's record did not contain evidence of a completed ISP. On 08/23/2023 at 10:24 a.m., Surveyor interviewed Licensee A via electronic mail (e-mail). Surveyor received an e-mail correspondence from Licensee A which stated, " ...Those two ISPs are not completed and will be in the next 2 weeks ..." Licensee A did not state why Residents 2's and 4's ISPs were not completed within 30 days after admission.	N 386		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as	N 407		

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N 407	Continued From page 9 required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 (Residents 1, 3, and 5) of 5 residents reviewed were reassessed by a pharmacist, practitioner, or registered nurse (RN), as needed, but at least quarterly for the desired response and possible side effects of the medication in the 2nd quarter of 2023. Residents 1, 3, and 5 received scheduled psychotropic medications and the quarterly reviews were not completed in the 2nd quarter of 2023. Findings include: On 08/16/2023, Surveyor reviewed resident records. The following was identified: Resident 1 was admitted on 03/29/2023, with diagnoses including anxiety, cerebral palsy, and depression. Resident 1's medication admission record (MAR) identified Resident 1 was prescribed scheduled haloperidol 5 mg (milligrams), clonazepam 0.5 mg, and olanzapine 10 mg. At minimum, the above scheduled psychotropic medications should have been reviewed between April 2023 to June 2023. Resident 1's record did not contain documentation indicating Resident 1's scheduled psychotropic medications were reviewed between April 2023 and June 2023 for the desired response and possible side effects.	N 407		

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N 407	Continued From page 10	N 407		

Resident 3 was admitted on 03/29/2023, with diagnoses including, brain injury, seizure disorder, mental retardation, intellectual disability, depression, paraplegia, and spinal bifida. Resident 3's MAR indicated Resident 3 was prescribed scheduled aripiprazole 5 mg. At minimum, Resident 3's scheduled psychotropic medication should have been reviewed between April 2023 to June 2023. Resident 3's record did not contain documentation indicating the use of aripiprazole was reviewed between April 2023 and June 2023 for the desired response and possible side effects.

Resident 5 was admitted on 03/29/2023, with diagnoses including anxiety, depression, hemiplegia affected left non-dominant side, seizure disorder, and traumatic brain injury. Resident 5's MAR indicated Resident 5 was prescribed scheduled Buspar 5 mg and divalproex sodium extended release 500 mg. At minimum, Resident 5's scheduled psychotropic medications should have been reviewed between April 2023 to June 2023. Resident 5's record did not contain documentation indicating the above scheduled psychotropic medications were reviewed between April 2023 and June 2023 for the desired response and possible side effects.

On 08/16/2023 at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A stated he/she would speak with the pharmacy to obtain documentation indicating the above medications were reviewed. Surveyor asked that documentation be sent to Surveyor by 08/17/2023 at 9:00 a.m.

On 08/17/2023 at 9:37 a.m., Surveyor received an e-mail correspondence from Licensee A. Licensee A stated, " ...Psychotropic quarterly and

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N 407	Continued From page 11 monthly are being sought from doctor and pharmacy ..." On 8/22/2023 at 2:57 p.m., Surveyor sent an e-mail correspondence to Licensee A stating, "Reviews of psychotropic medications ...were not completed; however, you have arranged for the pharmacy and/or physician to begin completing these reviews. Is this correct?..." On 08/23/2023 at 10:24 a.m., Surveyor received e-mail correspondence from Licensee A. Licensee A stated, " ...Yes. Doctors and pharmacy will be conducting psychotropic medications ..." Licensee A did not state why scheduled psychotropic medication reviews were not completed between April 2023 and June 2023.	N 407		