STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014520	A. BUILDING: _____ B. WING _____	R 04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY HOUSE 4	N89 W15935 CLEVELAND AVE MENOMONEE FALLS, WI 53051

(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 04/25/2024, Surveyor conducted a verification visit and standard survey at Liberty House 4. Two deficiencies were identified. One of 2 deficiencies was a repeat violation. See Statement Of Deficiency JDQF13, dated 04/30/2019 and JDQF13, dated 02/27/2020. The 1 deficiency from Statement Of Deficiency JDQF17, dated 11/01/2023 was substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure dosage of all physician ordered medications administered by staff was recorded.	M 466		

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

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M 466	Continued From page 1	M 466		

Staff did not document number of units of sliding scale insulin administered to Resident 1.

Findings include:

On 04/25/2024, Surveyor reviewed Resident 1's record. Diagnoses included type 1 diabetes mellitus.

Physician orders dated 04/09/2024 included lispro (Humalog) kwikpen 100 Unit/ML- inject (base dose) 5 units subcutaneously in the morning, 5 units at noon, and 8 units in the evening before meal(s). Add 1 unit per sliding scale (start date 01/31/2024):
Blood Glucose 91-130: 5 units (base dose) at breakfast and lunch and 8 units at supper
Blood Glucose 131-150: 6 units at breakfast and lunch and 9 units at supper
Blood Glucose 151-200: 7 units at breakfast and lunch and 10 units at supper
Blood Glucose 201-250: 8 units at breakfast and lunch and 11 units at supper
Blood Glucose 251-300: 9 units at breakfast and lunch and 12 units at supper
Blood Glucose 301-350: 10 units at breakfast and lunch and 13 units at supper
Blood Glucose 351-400: 11 units at breakfast and lunch and 14 units at supper
Blood Glucose 401-450: 12 units at breakfast and lunch and 15 units at supper
Blood Glucose 451 or above:13 units at breakfast and lunch and 16 units at supper

On 04/25/2024 at 9:17 AM, Surveyor reviewed Resident 1's electronic medical record (MAR) with Manager A. The MAR did not include the number of units of sliding scale insulin administered to Resident 1. Manger A sated Resident 1 had always been on sliding scale

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M 466	Continued From page 2 insulin, blood sugars were stable, and a staff nurse monitored Resident 1's diabetes management. On 04/25/2024 at 9:21 AM, Surveyor interviewed Caregiver J who stated the electronic MAR prompted staff to enter Resident 1's blood glucose readings but not the number of units of sliding scale insulin administered and the number of units of sliding scale insulin are not recorded elsewhere. On 04/25/2024 at 9:57 AM, Surveyors discussed concern of not recording number of units of sliding scale insulin administered with Manager A. Manager A stated s/he would solve the issue with the pharmacy and electronic medical record company as soon as possible.	M 466		
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 record review and interview, the provider did not ensure the resident's right to a	M 570		

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M 570	Continued From page 3	M 570		

safe physical environment.
Resident 1's window and the door gasket on the front load washing machine contained a mold like substance and the dryer was not vented.

This is a repeat deficiency. See Statement Of Deficiency JDQF13, dated 04/30/2019 and JDQF13, dated 02/27/2020.

Findings include:

The adult family home is licensed to serve up to 4 residents within the client groups of traumatic brain injury, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, developmentally disabled and physically disabled.

Example 1- Resident 1's window
On 04/26/2024 at 8:26 AM, Surveyors observed Resident 1's window. Upon opening the window shade, Surveyors observed a mold-like substance across the length of the bottom sash and lift (Photo 1), and top sill (Photo 2).

Example 2- Top load washing machine
On 04/25/2024 at 8:29 AM when Surveyor opened the door of the top load washing machine, Surveyors observed a mold-like substance on the flexible door gasket of the top load washing machine (Photo 3).

Example 3- Dryer vent
On 04/25/2024 at 8:31 AM, Surveyors observed the back of the dryer. The vent from the dryer's exhaust outlet to the vent outlet was missing (Photo 4).

On 04/25/2024 at 8:51 AM, Surveyor showed Manager A Resident 1's window, the flexible door gasket on the front load washing machine and the

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M 570	Continued From page 4 back of the dryer. Manager A stated s/he was unaware of the mold-like substance on Resident 1's window and washing machine door gasket and was unaware the dryer was not vented. Manager A stated the dryer was new and the washing machine was approximately 6 months old, and s/he would call maintenance right away. On 04/25/2024 at 9:576 AM, Surveyors discussed concern of mold-like substance and dryer not vented with Manager A. Manager A stated the dryer would be vented that day and they would take care of the other concerns right away.	M 570		