STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016807	A. BUILDING: _____ B. WING _____	R-C 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS 20 LLC	**9430 JASMINE COURT STURTEVANT, WI 53177**

(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 08/28/2024, Surveyors conducted a standard survey, complaint investigation and verification visit at Open Arms 20 LLC, an Adult Family Home (AFH) in Sturtevant, WI. Two deficiencies identified. One of 2 was a repeat violation (see Statement of Deficiency (SOD) JKD911, dated 07/21/2022, and SOD E1GR11, dated 04/15/2021). Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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.	{M 424}		

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

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{M 424}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan (ISP) every 6 months for 4 of 4 residents (Resident 2, Resident 3, Resident 4, and Resident 5). This deficiency is being cited for the third time. See Statement of Deficiency (SOD) JKD911, dated 07/21/2022, and SOD E1GR11, dated 04/15/2021. Findings include: On 08/28/2024 at approximately 9:30 AM, Surveyors reviewed Resident 2's, Resident 3's, Resident 4's, and Resident 5's records and identified the following: -Resident 2 was admitted to the provider's home on 11/03/2022 and was his/her own person. Resident 2's current ISP was dated for 05/03/2023 and had no resident signature. -Resident 3 was admitted to the provider's home on 09/28/2017 and was his/her own person. Resident 3's current ISP was dated for 07/20/2023. Resident 3's last signature on the ISP was 01/11/2023. -Resident 4 was admitted to the provider's home on 10/03/2022 and was his/her own person. Resident 4's current ISP was dated for 05/03/2023. Resident 4's last signature on the ISP was 01/15/2024. -Resident 5 was admitted to the provider's home on 10/03/2022 and had a guardian. Resident 5's current ISP was dated for 07/29/2023 and had no guardian signature. On 08/28/2024 at approximately 9:40 AM, Surveyors interviewed Chief Operating Officer	{M 424}		

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{M 424}	Continued From page 2 (COO) A and Administrator B. Administrator B stated managers were usually in charge of updating the ISPs and getting the appropriate signatures. COO B stated there was no reason why ISPs were not signed and should have been signed by the resident if s/he was their own person or by the resident's guardian.	{M 424}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 medication that required refrigeration was securely stored. Resident 5's florajen acidophilus was stored in the common refrigerator, which was unlocked in a metal box, and accessible to all 4 residents in the home. Findings include: On 08/28/2024, at 9:47 AM, Surveyor observed Resident 5's florajen acidophilus in a metal lock box that was not locked and had the key in the lock. Surveyors observed a resident who was	M 458		

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M 458	Continued From page 3 ambulatory and was able to move freely throughout the home. On 08/28/2024, at 9:48 AM, Surveyors interviewed COO A regarding the medication in the refrigerator. COO A reported the medication should have been locked and s/he was not sure how long the box had been unlocked. COO A took metal lock box and locked it and gave key to Administrator B.	M 458		