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 02/25/2025

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 02/25/2025, Surveyors conducted a complaint investigation and verification visit at Open Arms 20 LLC, an Adult Family Home (AFH) in Sturtevant, WI. Three deficiencies were identified. One of 3 is being cited for the fourth time. (see Statement of Deficiency (SOD) JKD911, dated 07/21/2022, and SOD E1GR11, dated 04/15/2021 and JDK912 dated 08/28/2024.) Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe, clean, and well-maintained homelike environment for 4 of 4 residents in the home. Resident 2's bedroom contained a fly-strip-catcher with dead bug carcasses, a bent curtain rod, broken blinds, two air registers with thick accumulation of debris and	M 276		

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

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M 276	Continued From page 1 his/her floor and base of television contained food crumbs and dried spills . Findings include: On 02/25/2025 at approximately 9:05 a.m., Surveyors toured the facility and observed the following: Resident 2's Bedroom: - Bowl of dried up, what appeared to be oatmeal. At 9:05 a.m., Resident 2 identified it as, "Bread pudding from yesterday." - Long, fly strip-catcher with approximately 15-20 dead bug carcasses stuck to it. - The curtain rod that extended across the approximately 5-foot window, was bent. The curtain and rod were on the left side of Resident 2's bed. - Behind the window curtain, Surveyor observed two broken blinds. -Behind bedroom door, there were two air registers, measuring approximately 6 inches by 12 inches. The two air register slats contained a thick accumulation of debris. -The bottom of his/her nightstand table, measuring approximately 20 inches, was broken off, with broken wood remaining that hung off bottom right side. - Tall osculating fan was broken at the base, with a large crack, approximately 5 inches by 7 inches.	M 276		

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M 276	Continued From page 2 - Floor and base of television contained many food crumbs and dried spills. On 02/25/2025, at 9:05 a.m., Surveyor observed no paper towel in the shower-bathroom. At 12:20 p.m., Surveyor observed no hand towels in 2 of 2 bathrooms. On 02/25/2025, at 11:30 p.m., Surveyor interviewed Caregiver D, who stated, "We just ran out of hand towels and do not have any extra in the house. I am just using a regular towel for now." On 02/25/2025, at 12:40 p.m., Surveyor interviewed Administrator B about Resident 2's fly strip-catcher, bent curtain rod, broken blinds, two air registers with thick accumulation of debris and floor that contained food crumbs and dried spills. Administrator B stated third shift staff was supposed to do the deep cleaning. Administrator B stated, "It should have been done."	M 276		
{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	{M 424}		

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{M 424}	Continued From page 3 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 update the Individual Service Plan (ISP) every 6 months for 1 of 1 resident (Resident 2) and when the resident's needs or preferences changed. Resident 2 was admitted on 11/03/2022 and did not have a review of his/her ISP 6 months after it was developed. Resident 2 utilized a sit to stand. Resident 2's ISP was not updated to reflect s/he was using durable medical equipment (DME), a sit to stand, to transfer to his/her wheelchair, in the home. Resident 2's record did not contain evidence his/her ISP was reviewed every 6 months by the resident to determine continued appropriateness of the plan and if s/he wanted to update the plan as necessary regarding his/her activities of daily living. Resident 2 participated in physical and occupational therapy in January 2025. Resident 2's ISP was not revised to reflect the description of services provided by an outside agency. This deficiency is being cited for the fourth time. See Statement of Deficiency (SOD) JKD911, dated 07/21/2022, SOD E1GR11, dated 04/15/2021, and JDK912 dated 08/28/2024. Findings Include:	{M 424}		

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{M 424}	Continued From page 4 On 02/06/2025, the department received a complaint alleging a resident was not receiving regular showers. On 02/25/2025 at approximately 11:00 a.m., Surveyors reviewed Resident 2'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. Example 1 Resident 2's ISP, dated 05/03/2023, under mobility and transfers, identified, "pivot and wheelchair." Resident 2's ISP was due for review on 11/03/2023, 05/03/2024, and 11/03/2024. Resident 2's ISPs was not updated to identify Resident 2 was using DME, sit to stand, to transfer to his/her wheelchair, in the home. On 02/25/2025, at 9:36 a.m., Surveyors interviewed Resident 2, who reported staff was supposed to use the sit to stand, to get him/her up, but they usually just lift him/her up under his/her arms. Example 2 Resident 2's ISP, dated 05/03/2023, under bathing abilities, identified, s/he needed moderate assistance. "Goals: [Resident 2] will wash his/her upper body and ask for assistance with parts of his/her body that s/he is not able to reach by him/herself. [Resident 2] will work with staff to transfer him/her to and from the shower chair	{M 424}		

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{M 424}	Continued From page 5	{M 424}		

using the grab bars. Staff support methods: Staff will assist [Resident 2] with transferring to the shower chair. Staff will encourage [Resident 2] to use the grab bars to assist him/her with transferring. Staff will assist [Resident 2] with washing his/her hair and other parts of his/her body that s/he needs assistance with reaching."

Resident 2's daily shift reports, dated 12/12/2024 through 02/23/2025, provided space for first shift (am) and second shift (pm) caregivers to document Resident 2's shower schedule. The caregivers observed and documented, "Has the resident taken shower, bed bath, or neither (n/a) If refused: R." The back side of the document read, "Extra details." Surveyor observed 140 occurrences, for first shift and second shift. For 3 of the occurrences, Resident 2's space was blank. For 5 of the occurrences, caregivers documented 'hair wash' for Resident 2. For 10 of the occurrences, caregivers documented 'refused' for Resident 2 shower/bed bath. For 25 of the occurrences, caregivers documented 'yes' for Resident 2 shower/bed bath. For 97 of the occurrences, caregivers documented 'no' for Resident 2's shower and/or bed bath schedule.

On 02/25/2025, at 9:30 a.m., Surveyor interviewed Resident 2, who stated the last time s/he got out of bed and had a shower was at least three months ago. Resident 2 reported only getting bed baths and that s/he would like a shower but does not always feel safe with staff.

On 02/25/2025, at 10:57 p.m., Surveyor interviewed Caregiver D, who stated Resident 2 does not feel safe with one staff and the sit to stand to get out of bed and shower. Resident 2 needs two caregivers to get him/her out of bed. Surveyors asked if there were two staff on third

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{M 424}	Continued From page 6 shift. Caregiver D stated, "I don't think so." Example 3 On 02/25/2025 at approximately 9:30 a.m., Surveyors toured the facility. In Resident 2's room, Surveyors observed a January 2025 calendar/schedule, labeled, 'Aurora Health Care, Health at Home.' Surveyors observed 4 dates with notations of occupational therapy and two dates of physical and occupational therapy visits. On 02/25/2025, Surveyor reviewed Resident 2's ISP, dated 05/03/2023. Resident 2's ISP was not updated to identify Resident 2 received outside services. On 02/25/2025, at 11:05 a.m., Surveyors interviewed Administrator B, who stated Resident 2 was in physical and occupational therapy in January 2025 until insurance ran out. Surveyors asked if Resident 2's ISP was updated to reflect the description of services provided by an outside agency. Administrator B confirmed Resident 2's ISP had not been updated to include services provided by an outside agency.	{M 424}		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.	M 462		

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M 462	Continued From page 7	M 462		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure Resident 2 received the correct dosage of medication at the correct time. Resident 2 had 5 loose medications in his/her room.

Findings include:

On 02/25/2025 at approximately 9:05 a.m., Surveyors toured the facility. In Resident 2's room, Surveyors observed loose medications on Resident 2's side table and on his/her bedroom floor. Surveyors observed three, 250 milligram (mg) divalproex delayed release (DR), one 40 milligram atorvastatin and one Vitamin D3.

On 02/25/2025 at approximately 11:00 a.m., Surveyors reviewed Resident 2'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 authorization to dispense medication, dated 10/24/2022, identified, "Patient requires medication administration by the adult family care provider."

On 02/25/2025, at 9:36 a.m., Surveyors interviewed Resident 2, who stated the staff would usually leave his/her medication on his/her table. Resident 2 stated s/he did not like the staff staring at him/her while taking the medication, so s/he would ask them to leave the pills on his/her table. Resident 2 stated s/he did not take all his/her prescribed medications consistently.

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M 462	Continued From page 8 On 02/25/2025, at 11:30 p.m., Surveyor interviewed Caregiver D, who stated the staff had always administered Resident 2's medication. Resident 2 never administered his/her medications independently. On 02/25/2025, at 12:34 p.m., Surveyors interviewed Administrator B and showed him/her the loose pills on the floor. Administrator B stated the caregivers are supposed to observe the residents taking their medications. Administrator B stated, "I have stressed this with our staff." Administrator B confirmed the pills on the floor were divalproex DR, atorvastatin, and vitamin D. On 02/25/2025, at 1:18 p.m., Surveyors interviewed Administrator B and Human Resources (HR) C. Administrator B stated s/he continued to work with his/her staff on medication management. Administrator B stated, "I do not think it is a system issue. I think it is a staffing issue."	M 462		