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M 000	INITIAL COMMENTS On 08/30/2023, with information obtained through 09/05/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at REM Evergreen Trail, an adult family home (AFH) located in Portage, WI. As a result of the survey, 6 deficiencies were identified. Census: 4	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review and interview, the provider permitted the existence and continuation of a condition in the home which placed the health and safety of residents at substantial risk of harm by having 2 staff not trained in first aid work shifts alone in the home. Caregiver E, who is not trained in first aid, worked alone on 6 occasions since his/her hire on 04/11/2023. Caregiver F, who was hired on 05/05/2022 but not trained in first aid until 06/21/2023, worked alone on 20 occasions from 04/01/2023 - 06/21/2023. Findings include:	M 230		

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

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The provider is an adult family home able to serve up to 4 adults within the client groups of developmentally disabled, physically disabled, and public funding.

On 08/30/2023, at approximately 8:00 a.m., Surveyor interviewed Caregiver D about staffing. Caregiver D reported that typically 2 staff worked morning and evening shifts and 1 staff worked overnight shifts. Surveyor observed and remarked that Caregiver D was working that morning alone. Caregiver D confirmed that s/he was and reported on occasion in the morning there ended up only being 1 staff available.

On 08/30/2023, at approximately 9:35 a.m., while interviewing Program Director B about resident needs, Program Director B reported that Resident 1 was a suicide risk and that s/he made a suicide attempt once in the last few months.

On 08/30/2023, Surveyor reviewed Resident 2's most recent individual service plan (ISP), last signed as reviewed on 05/23/2023. Under the "Risk Assessments" section, Resident 2 was identified as having a choking risk and a fall risk. Resident 2 was identified as also having behavioral challenges of self-harm / self-injurious behavior, which consisted of head banging.

On 08/31/2023, Surveyor reviewed Resident 1's most recent ISP, last signed as reviewed on 06/21/2023 and which documented that Resident 1 had behavioral challenges including suicidal attempts and suicidal threats.

On 08/31/2023, Surveyor reviewed the training records for Caregivers E and F, provided by Area Director A. The record for Caregiver E, hired

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04/11/2023, contained no evidence that s/he was trained in first aid. The record for Caregiver F, hired 05/05/2022 documented that s/he was trained in first aid on 06/21/2023.

On 08/31/2023, Surveyor reviewed the staff schedule from April - August of 2023 and observed the following 6 occasions that Caregiver E was documented as working alone:

- 05/15/2023: 7:00 a.m. - 3:00 p.m.
- 05/28/2023: 11:00 p.m. - 7:00 a.m. on 05/29/2023
- 06/25/2023: 11:00 p.m. - 7:00 a.m. on 06/26/2023
- 07/23/2023: 11:00 p.m. - 7:00 a.m. on 07/24/2023
- 08/06/2023: 11:00 p.m. - 7:00 a.m. on 08/07/2023
- 08/20/2023: 11:00 p.m. - 7:00 a.m. on 08/21/2023

While reviewing the same staff schedule, Surveyor observed the following 20 occasions that Caregiver F was documented as working alone prior to being trained in first aid:

- 04/05/2023: 10:00 p.m. - 11:00 p.m.
- 04/11/2023: 3:00 p.m. - 5:00 p.m.
- 04/12/2023: 10:00 p.m. - 11:00 p.m.
- 04/17/2023: 3:00 p.m. - 4:00 p.m.
- 05/14/2023: 10:00 p.m. - 11:00 p.m.
- 05/16/2023: 9:00 p.m. - 10:00 p.m.
- 05/22/2023: 9:00 p.m. - 11:00 p.m.
- 05/23/2023: 9:00 p.m. - 11:00 p.m.
- 05/24/2023: 9:00 p.m. - 11:00 p.m.
- 05/25/2023: 5:30 p.m. - 11:00 p.m.
- 05/28/2023: 10:00 p.m. - 11:00 p.m.
- 05/29/2023: 9:00 p.m. - 11:00 p.m.
- 05/30/2023: 9:00 p.m. - 11:00 p.m.

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M 230	Continued From page 3 - 05/31/2023: 9:00 p.m. - 11:00 p.m. - 06/01/2023: 5:30 p.m. - 11:00 p.m. - 06/13/2023: 9:00 p.m. - 11:00 p.m. - 06/14/2023: 9:00 p.m. - 11:00 p.m. - 06/15/2023: 5:30 p.m. - 11:00 p.m. - 06/19/2023: 9:00 p.m. - 11:00 p.m. - 06/20/2023: 9:00 p.m. - 11:00 p.m. On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B. Program Director B reported s/he thought Caregiver F was trained in first aid earlier than 06/21/2023, but admitted that when s/he checked his/her training records that the same date of training appeared. Program Director B confirmed s/he had no evidence of first aid training for Caregiver E and no evidence of first aid training for Caregiver F prior to 06/21/2023. Program Director B acknowledged Surveyor's concern that resident safety was at risk by having staff, who were not trained in first aid, work alone in the home.	M 230		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.	M 244		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 2 service providers reviewed obtained 15 hours of training related to health, safety, and welfare of residents; resident rights, treatment appropriate to residents served, fire safety, and first aid prior to or within 6 months after starting to provide care.

Caregiver D did not complete training related to resident rights and treatment appropriate to residents served prior to or within 6 months of hire. Caregiver D did not complete training in fire safety.

Caregiver F did not complete first aid training prior to or within 6 months of hire.

Findings include:

On 08/30/2023, Surveyor conducted a review of 2 employees to verify compliance with initial training requirements. Surveyor requested training records for Caregivers D and F from Area Director A.

The record for Caregiver D, hired 12/20/2021, documented only 1 training topic completed within his/her 6 months of hire. The training was titled "911 Engagement," was documented as being approximately 0.5 hours long, and was dated 05/17/2022. Surveyor confirmed Caregiver D was trained in medication administration, first aid and choking, and standard precautions in November 2019 (prior to his/her hire) from the Community-Based Care and Treatment training registry. Caregiver D's training record documented that Caregiver D completed approximately 16.75 hours of training related to the health, safety, and welfare of residents;

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M 244	Continued From page 5 resident rights, and treatment appropriate to residents served in the last half of 2022 and 2023 (all after his/her initial 6 months of employment). There was no evidence in Caregiver D's record, or from the training registry, that s/he had been trained in fire safety. The record for Caregiver F, hired 05/05/2022, documented that s/he completed first aid training on 06/21/2023 (approximately 1 year after hire). On 09/05/2023, Surveyor verified that Caregiver F was not on the Community-Based Care and Treatment training registry for first aid training. On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B. Program Director B reported that the training for Caregivers D and F would have been handled by the previous area director who was no longer with the company so s/he was not sure why their initial training wasn't completed prior to or within 6 months of hire. Program Director B reported s/he was told Caregiver F had been trained earlier in first aid but could not confirm an earlier training date.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	M 246		

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M 246	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 1 service providers reviewed completed 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training was received. Caregiver C completed 7 hours of training in 2022. Findings include: On 08/30/2023, Surveyor conducted a review of 1 employee to verify compliance with continuing education requirements. Surveyor requested all 2022 training records for Caregiver C from Area Director A. The 2022 training record for Caregiver C, hired 08/17/2015, documented a total of 7 hours of training. On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B. Program Director B reported s/he didn't realize Caregiver C was missing 1 hour of required training for 2022 and thought s/he had completed all of it.	M 246		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a	M 384		

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person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.
This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed had service agreements completed prior to admission to the home.

The service agreements for Residents 1 and 2 were signed approximately 10 months after their admission, during the survey period.

Findings include:

On 08/30/2023, at approximately 10:00 a.m., Surveyor interviewed Area Director A and Program Director B. Program Director B reported that of the current census of 4 residents, Residents 1 and 2 were moved from other homes the provider owned to the current home sometime in October of 2022.

On 08/31/2023, Surveyor reviewed Resident 1's record. Resident 1's face sheet indicated that his/her service with the provider started on 10/10/2022. The service agreement for Resident 1 was documented as being signed by his/her guardian on 08/30/2023 (approximately 10 months after admission).

On 08/31/2023, Surveyor reviewed Resident 2's

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M 384	Continued From page 8 record. Resident 2's face sheet indicated that his/her service with the provider started on 10/20/2022. The service agreement for Resident 2 was documented as being signed by his/her guardian on 08/30/2023 (approximately 10 months after admission). On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B. Program Director B confirmed that the service agreements for Residents 1 and 2 were signed during the survey period. Program Director B reported that the previous area director, who was no longer with the facility, didn't think new service agreements for Residents 1 and 2 had to be completed when they moved to the provider since both residents came from other homes that the provider owned.	M 384		
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		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that the individual service plans (ISPs) for 2 of 2 residents reviewed were updated in writing when their needs changed substantially.

Resident 1's ISP did not identify specific interventions outside of supervision and "verbal redirection" despite him/her being identified as being at risk for suicidal threats and attempts, and attempting suicide once since living with the provider.

Resident 2's ISP did not identify his/her needs and/or required assistance related to dressing, bathing/showering, transferring, oral cares and grooming, and toileting. Related to mobility, Resident 2's ISP documented that s/he "needs staff assistance" but nothing further was clarified.

Findings include:

Example 1 - Resident 1

On 08/30/2023, at approximately 9:35 a.m., Surveyor interviewed Program Director B about resident needs. Program Director B reported that Resident 1 was a suicide risk and that s/he made a suicide attempt once in the last few months. Program Director B reported toxic substances were secured in the home due to Resident 1 being a suicide risk.

On 08/31/2023, Surveyor reviewed Resident 1's ISP. Resident 1 was admitted to the provider on 10/10/2022 with diagnoses including oppositional

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defiant disorder, major depressive disorder, and intermittent explosive disorder. Resident 1's current ISP, reviewed on 06/21/2023, documented the following:

- "Behavioral Challenges which require support interventions (Check All that Apply)" with the following risks checked: suicidal attempts, verbal aggression, sexualized behavior, suicidal threats, elopement risk

- "Support Interventions Utilized (Check All that Apply)" with the following checked: 1:1 supervision, 2:1 supervision, verbal redirection. A note under the supervision documented, "this may not be 24 hours a day, see staff schedule for details."

- "Describe Behavioral Challenges:" Information about Resident 1's verbal aggression was detailed. There was no evidence of information regarding Resident 1's risk for suicide threats, risk of suicide attempts, or recent suicide attempt.

- "Describe Support Interventions: Don't engage in a power struggle or argument. Simply acknowledge what was said and attempt to redirect the conversation onto more pleasant subjects. If [Resident 1] is making statements about other people, it is best to let your supervisor know about that. If it is an allegation against" Nothing further was documented.

There was no evidence in Resident 1's ISP of specific interventions to be utilized by staff for managing Resident 1's suicide threat risk or suicide attempt risk.

On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B.

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Program Director B elaborated on Resident 1's past suicide attempt while living with the provider and reported that s/he had taken a piece of mirror and scratched his/her wrist without breaking his/her skin. Program Director B reported emergency medical services were called and came out to the home but Resident 1 didn't require any treatment since his/her skin wasn't broken. Program Director B acknowledged Surveyor's concern that it wasn't clear based on Resident 1's ISP what interventions staff were utilizing for managing Resident 1's suicide threat and suicide attempt risks.

Example 2 - Resident 2

On 08/30/2023, at approximately 8:00 a.m., Surveyor arrived on site and observed Caregiver D assisting with morning cares and morning medication pass. Caregiver D reported that Resident 2 required constant supervision. Caregiver D reported that Resident 2 required a wheelchair on occasion and that s/he was unsteady sometimes. Caregiver D was observed providing standby assistance to Resident 2 as s/he ambulated from his/her room to the recliner in the living room. Throughout the remainder of the survey period, until approximately 10:00 a.m., Resident 2 was observed rocking in the recliner in the living room.

On 08/30/2023, Surveyor reviewed Resident 2's ISP. Resident 2 was admitted to the provider on 10/20/2022 with diagnoses including autism. Resident 2's current ISP, reviewed on 05/23/2023, documented the following with regards to Resident 2's activities of daily living (ADL) needs:

- "[Resident 2] requires some 1:1 supervision for

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the purposes of: re-directing adverse actions, encouragement to use the bathroom/stay on the toilet when going, mealtime observation due to eating too fast / taking in excessive quantities at a time, line-of-sight due to an increasingly unsteady gait and direct supervision during medication administration."

- "Mobility: Needs staff assistance" with boxes checked for wheelchair and shower chair use and the comment: "[Resident 2] has a shower chair to assist with ease/effectiveness of personal cares. [Resident 2] uses a transport wheelchair for medical appointments into the hospital/clinic and back out to the vehicle. [Resident 2] uses a 30 degree bed wedge under [his/her] bed mattress to assist with reducing gerd during sleeping hours."

- "Transfer Level:" blank

- Feeding/diet indicated that supervision is required at all meals, all food is required to be cut into bite-sized pieces, and that Resident 2 follows a gluten-free dairy-free diet with minimal acidic food.

There was no evidence of Resident 2's needs and required assistance with dressing, bathing/showering, transferring, oral cares and grooming, and toileting.

On 08/31/2023, at approximately 12:06 p.m., Surveyor interviewed Area Director A. Surveyor asked if there was any documentation showing what assistance Resident 2 required with dressing, bathing/showering (besides shower chair use), transferring, oral cares and grooming, and toileting (other than encouragement to stay on the toilet) and also asked what specific staff

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M 424	Continued From page 13 assistance was required to assist Resident 2 ambulate as indicated being needed in his/her ISP. Area Director A replied that the provider was implementing a new ISP form that would include all ADLs and that s/he was in the process of getting it completed for Resident 2. Area Director A reported that the last area director was supposed to have documented these and "that did not happen."	M 424		
M 488	88.09(1)(d) RESIDENT RECORDS REQUIREMENTS A resident's record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the records for 2 of 2 residents reviewed included all of the required information. Resident 1's record did not contain a written authorization from his/her guardian to control Resident 1's funds. Resident 2's record did not contain his/her most recent annual health examination results, completed prior to his/her admission to the provider. Findings include: Example 1 - Resident 1 On 08/30/2023, at approximately 9:35 a.m., Surveyor interviewed Area Director A and Program Director B about resident fund	M 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	199036	A. BUILDING: _____ B. WING _____	09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 488	Continued From page 14	M 488		

management. Program Director B reported that funds were partially managed by the provider for residents in conjunction with their guardians. Program Director B reported that Resident 1 had a debit card and cash which were maintained and secured by staff and that Resident 1's guardian controlled his/her monthly allowance.

At approximately 10:00 a.m., Surveyor requested from Area Director A and Program Director B the written authorization for controlling Resident 1's funds with a due date of 1:00 p.m. Nothing further was received.

On 08/30/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 10/10/2022 and was under guardianship. Resident 1's individual service plan (ISP), last reviewed 06/21/2023, indicated that Resident 1 required staff assistance for financial management.

On 08/31/2023, at approximately 12:06 p.m., Area Director A confirmed that the provider did not have a written authorization from Resident 1's guardian to control his/her funds. Area Director A reported s/he sent an authorization to his/her guardian and was waiting for it to be signed.

On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B. Program Director B reported s/he thought there was an authorization for Resident 1 at one point but wasn't sure what happened to it.

Example 2 - Resident 2

On 08/30/2023, at approximately 10:00 a.m., Surveyor interviewed Area Director A and Program Director B. Program Director B reported

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	199036	A. BUILDING: _____ B. WING _____	09/05/2023

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M 488	Continued From page 15	M 488		

that Resident 2 was initially admitted to a different adult family home owned by the provider on 07/01/2016 but that Resident 2 was then moved/admitted to the current provider in October of 2022. Surveyor requested Resident 2's last medical provider health exam, whether it was prior to his/her admission to the provider or if it was an annual exam from Resident 2's previous admission.

On 08/30/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 10/20/2022 with diagnoses including autism. Resident 2's ISP, last reviewed 05/23/2023, documented that s/he required staff assistance for health management. Surveyor reviewed a document titled "TMN Annual Physical Checklist" which was completed for Resident 2. A line on the top of the form documented, "INTERNAL USE ONLY. DO NOT ask Health Care Provider to complete." The form appeared to contain information documented by the provider's staff of what medical concerns were addressed at Resident 2's medical provider appointment on 10/10/2022. A section titled "Chronic Health Conditions" contained columns asking staff to document what conditions were chronic, if management of the conditions were discussed during the medical provider visit, and if follow up appointments or other interventions were needed. The following was documented in this section:

- Arthritis management was documented as being discussed. The sections for whether any follow up appointments or other interventions were required were blank.

- "Other: Irregular Bleeding" was documented as being discussed. The sections for whether any follow up appointments or other interventions

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were required were blank.

- "Other: Congenital Hallux Vaguls[sic]" was documented as being discussed. The sections for whether any follow up appointments or other interventions were required were blank.

- "Other: Sleep Concern" was documented as being discussed. The sections for whether any follow up appointments or other interventions were required were blank.

There was no other information about the above conditions documented and no record from the medical provider documenting Resident 2's health exam.

On 08/30/2023, at approximately 1:13 p.m., Area Director A reported to Surveyor that s/he did not have the after visit summary or other documentation from Resident 2's last physical and was waiting on faxes from Resident 2's medical provider for his/her health exam results. Area Director A reported s/he was new and auditing records in attempt to pick up from where the previous area director left off.

On 09/05/2023, at approximately 1:30 p.m., Surveyor interviewed Program Director B and asked about the health concerns for Resident 2 documented above. Program Director B reported that Resident 2's arthritis was in his/her knees and that his/her irregular bleeding had to do with a [gender] concern. Program Director B reported that Resident 2's sleep concern was that s/he sometimes stays up at night. Program Director B reported that staff typically obtained after visit summaries after residents had appointments and wasn't sure why there wasn't one for Resident 2.