STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014830	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RILEYS HOUSE	1010 OAKLAND AVENUE WAUKESHA, WI 53186

(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 08/09/2024, with information gathered through 08/21/2024, Surveyor conducted an abbreviated licensure survey at Riley's House. Eight deficiencies were identified. Three of 8 deficiencies are repeat violations (see Statement of Deficiency (SOD) C7R411 and SOD C7R412). Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home,	M 114		

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

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M 114	Continued From page 1 the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 personnel files reviewed included a complete background check as required. A report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System (IBIS) letter were not completed every four years for Caregiver C and Caregiver D. The IBIS letter was not completed for Caregiver B. Findings include: On 08/20/2024, Surveyor reviewed Caregiver B's, Caregiver C's, and Caregiver D's record. Caregiver B was hired on 03/29/2021 and his/her employee file included: DOJ report dated 03/29/2021. IBIS letter not included in his/her record. Caregiver C was hired on 10/11/2014 and his/her employee file included: DOJ report dated 08/20/2024.	M 114		

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M 114	Continued From page 2 IBIS letter dated 08/20/2024. Caregiver D was hired on 10/26/2016 and his/her employee file included: DOJ report dated 02/01/2021. IBIS letter not included in his/her record. On 08/21/2024 at 7:21 AM, Surveyor emailed Licensee A. Licensee A requested clarification on how to obtain the IBIS letter. Licensee A stated Caregiver C had gaps in his/her employment and completed a new background check upon request.	M 114		
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. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 3 of 3 staff members (Caregiver B, Caregiver C, and Caregiver D) received at least 8 hours per calendar year of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2022 and 2023.	M 246		

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M 246	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency (SOD) C7R411, dated 06/18/2018. Findings include: On 08/20/2024, Surveyor reviewed Caregiver B's, Caregiver C's, and Caregiver D's personnel record. Caregiver B was hired on 03/29/2021. Caregiver B's 2022 continuing education did not include: o Standard precautions o First aid and procedures to alleviate choking o Fire safety and emergency procedures o Resident rights o Prevention and reporting of abuse, neglect, and misappropriation of resident property. Caregiver B's record did not include training for 2023. Caregiver C was hired on 10/11/2014. Caregiver C's record did not include training for 2022 and 2023. Caregiver D was hired on 10/26/2016. Caregiver D's 2022 continuing education did not include: o Standard precautions o First aid and procedures to alleviate choking o Fire safety and emergency procedures o Resident rights o Prevention and reporting of abuse, neglect, and misappropriation of resident property. Caregiver D's record did not include training for 2023. On 08/21/2024 at 7:21 AM, Surveyor emailed Licensee A. Licensee A state s/he would discuss the concern with his/her team.	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS	M 278		

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M 278	Continued From page 4 The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was a safe environment and that 3 of 3 residents were safeguarded from environmental hazards. Toxic chemicals / cleaning compounds were not securely stored. Findings include: The licensee can serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. On 08/19/2024, at approximately 4:00 PM, Surveyor toured the home and observed the following cleaning compounds unsecured: Kitchen sink cabinet: -Gallon jug of bleach -56 fluid ounce jug of multi-purpose cleaner -17.5 ounce spray can of ant killer -14 ounce spray can of wasp and hornet spray -16 ounce spray can of oven cleaner -23 fluid ounce bottle of window cleaner -32 fluid ounce bottle of wood cleaner -32 fluid ounce bottle of multi-purpose cleaner	M 278		

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M 278	Continued From page 5 with bleach, lemon scented Laundry room located in basement: -2 quart bottle of ammonia -13.9 ounce spray can of disinfectant spray -Gallon jug of home defense insect killer On 08/19/2024, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1's "Individual Service Plan (ISP)," dated 02/01/2024, documented: "A young non-verbal resident with severe autism and severe cognitive disability. [Resident 1] has Cortical Visual Impairment- "Brain Blindness" that makes it hard for [him/her] to see and ambulate." ... [Resident 1] has demonstrated the ability to walk, and move independently ..." Resident 2's ISP, dated 02/01/2024, documented: [Resident 2's] primarily disabilities of Down Syndrome and being developmentally disabled require staff to monitor with 24/7 eye site supervision. ... Member has history of elopement and breaking/manipulating door locks." Resident 2 was ambulating independently throughout the home during the survey process. On 08/19/2024 at 6:27 PM, Surveyor emailed Licensee A explaining that toxic cleaning compounds should be securely stored. As of 08/21/2024 at 10:00 AM, Surveyor did not receive a response.	M 278		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 6 Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, Resident 3) reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. This is a repeat deficiency. See Statement of Deficiency (SOD) C7R412, dated 04/11/2019. Findings include: The licensee can serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. On 08/19/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 1 moved into the home on 10/18/2014 and his/her current evacuation assessment was not available. There was no documentation indicating Resident 1 was evaluated for evacuation annually in 2022 or 2023. Resident 2 moved into the home on 04/01/2014 and his/her current evacuation assessment was	M 346		

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M 346	Continued From page 7 not available. There was no documentation indicating Resident 2 was evaluated for evacuation annually in 2022 or 2023. Resident 3 moved into the home on 08/01/2021 and his/her current evacuation assessment was dated 08/03/2021. There was no documentation indicating Resident 3 was evaluated for evacuation annually in 2022 or 2023. On 08/19/2024, at approximately 4:30 PM, Caregiver B contacted Licensee A via telephone to request guidance in locating the current evacuation assessments for Resident 1, Resident 2, and Resident 3. Caregiver B was informed they may be in the archived binders from when the residents originally moved into the facility. As of 08/21/2024 at 10:00 AM, Surveyor did not receive any additional documentation.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home in 2022 and 2023. Findings include:	M 348		

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M 348	Continued From page 8 The licensee can serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. On 08/19/2024, Surveyor reviewed the provider's available semi-annual fire drills which documented: 02/12/2022: Night Time Drill - Occurred at 6PM, all clients asked to explain in own words. There were no drills available for 2023. On 08/19/2024, at approximately 4:30 PM, Caregiver B contacted Licensee A via telephone to request guidance in the location of the fire drills. Caregiver B stated s/he would keep looking for the requested fire drills. On 08/19/2024 at 6:27 PM, Surveyor emailed Licensee A explaining the fire drills that were available while onsite during the survey process. As of 08/21/2024 at 10:00 AM, Surveyor did not receive any additional documentation.	M 348		
M 354	88.05(5) TELEPHONE TELEPHONE. A home shall provide a non-pay phone for residents to make and receive telephone calls. The home may require that long distance calls be made at a resident's own expense. Emergency telephone numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance, shall be located on or near each telephone.	M 354		

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M 354	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a telephone was always provided for the residents to make and receive telephone calls. Findings include: On 08/09/2024 at 2:45 PM, Surveyor arrived at the home to conduct an abbreviated licensure survey. Staff did not respond when Surveyor rang the doorbell and/or knocked on the door. Surveyor attempted to call the home, but the number provided on the Department record was that of Licensee A. On 08/19/2024 at 4:00 PM. Surveyor conducted the abbreviated licensure survey. Surveyor asked Caregiver B if the home had a telephone for residents to make and receive telephone calls. Caregiver B stated, "Yes, it is stored in the medication closet due to some residents using the phone inappropriately." Caregiver B showed the telephone to Surveyor. Surveyor noted the phone was a cordless telephone and was not charged. Caregiver B stated, "Yeah, it probably needs to be charged." On 08/19/2024 at 6:27 PM, Surveyor emailed Licensee A explaining the home telephone was not charged for resident use. As of 08/21/2024 at 10:00 AM, Surveyor did not receive a response.	M 354		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be	M 424		

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M 424	Continued From page 10	M 424		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident's (Resident 1, Resident 2, and Resident 3) Individual Service Plans (ISP) were reviewed at least every 6 months.

This is a repeat deficiency. See Statement of Deficiency (SOD) C7R411, dated 06/18/2018.

Findings include:

On 08/19/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Resident 1 moved into the home on 10/18/2014.
Resident 1's "ISP - Annual Review" was dated 02/01/2024 and signed 03/20/2024.
Resident 1's previous "ISP - Annual Review" was dated 04/16/2023.

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M 424	Continued From page 11 The ISP should have been reviewed in 10/2023. Resident 2 moved into the home on 04/01/2014. Resident 2's "ISP - Annual Review" was dated 02/01/2024 and signed 03/20/2024. Resident 2's previous "ISP - Annual Review" was dated 04/16/2023. The ISP should have been reviewed in 10/2023. Resident 3 moved into the home on 08/01/2021. Resident 3's Behavior Support Plan (BSP) was dated 02/01/2024 and was unsigned. Resident 3's previous BSP was dated 04/16/2023. The BSP should have been reviewed in 10/2023. On 08/19/2024 at 6:27 PM, Surveyor emailed Licensee A explaining the available ISPs/BSPs were not reviewed every 6 months as required. As of 08/21/2024 at 10:00 AM, Surveyor did not receive a response.	M 424		
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.	M 570		

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M 570	Continued From page 12 This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure a safe physical environment for 3 of 3 residents. The facility's water temperatures exceeded 129 degrees Fahrenheit. Findings include: The licensee can serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. On 08/19/2024 at 4:30 PM, Surveyor took the temperature of the water, from the resident's bathroom sink, which was 129.4 degrees Fahrenheit. On 08/19/2024 at 6:27 PM, Surveyor emailed Licensee A to inform him/her of the water temperature. As of 08/21/2024 at 10:00 AM, Surveyor did not receive a response.	M 570		