Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017067	A. BUILDING: _____ B. WING _____	C 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVE A HEART ADULT FAMILY HOME LLC	**1500 S 79TH ST WEST ALLIS, WI 53214**

(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 03/14/2025, Surveyor completed a standard licensing survey and three complaint investigations at Have A Heart Adult Family Home LLC. Six deficiencies were identified. Three complaints were substantiated. Census: 2	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 2 of 3 service providers had complete background checks. Volunteer F and Volunteer G did not have complete background checks. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 01/06/2025, the Department received a complaint alleging staff did not have background checks before working in facility. Between 02/05/2025 and 03/12/2025, Surveyor reviewed Volunteer F's and Volunteer G's	M 114		

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M 114	Continued From page 2 records. The following was identified: Volunteer F was hired 01/28/2024. Volunteer F's last day was 02/20/2025. Volunteer F's file contained a BID form, dated 02/20/2025. Volunteer F's file contained no evidence of the DOJ report and IBIS letter. Volunteer F worked in the facility before provider had criminal background checks completed. Volunteer G was hired 06/14/2023. Volunteer G's last day was 02/15/2025. Volunteer G's file contained a BID form, dated 12/04/2024. The DOJ report and IBIS letter were dated 12/04/2024. Volunteer G worked approximately 18 months in the facility before provider had criminal background checks completed. On 02/18/2025 at 1:56 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Volunteers files. "I don't have much. They are volunteers." On 02/18/2025 at 3:58 p.m., Surveyor interviewed Licensee A, who stated, "Volunteer F said s/he did his/her background check at his/her other job." Surveyor requested Licensee A to send documentation to Surveyor by 02/21/2025 at 8:00 a.m. As of 03/12/2025 at 2:00 p.m., no other documentation has been received. On 03/14/2025, at 11:10 a.m., Surveyor interviewed Licensee A regarding background checks of volunteers. Licensee A reported it was his/her responsibility to ensure each staff person had a completed background check. Licensee A confirmed s/he did them when the managed care organization (MCO) asked for them.	M 114		

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M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the home and its operation complied with this chapter. During the survey and complaint investigations, 6 deficiencies were identified. Findings include: Have A Heart Adult Family Home LLC was licensed 04/03/2018 to serve up to 3 residents within the client groups: advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, terminally ill and traumatic brain injury. From 02/05/2025 and 03/12/2025, Surveyor conducted a standard survey and three complaint investigations. Six violations, including this violation, were identified during the time of the survey. All 3 complaints were substantiated. 88.03(3)(b) Criminal Records Check 88.04(2) Responsibilities 88.04(2)(g) Health Screening for Staff 88.04(2)(h) Comply with OSHA 88.04(5)(a) Training - 15 Hours Within 6 Months 88.07(2) Services On 03/14/2025 at 11:15 p.m., Surveyor interviewed Licensee A, who stated, "Everything is fine now. I'm not going to mess with having	M 216		

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M 216	Continued From page 4 volunteers anymore."	M 216		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not obtain documentation that 3 of 3 volunteers reviewed (Volunteer F, Volunteer G and Volunteer H) had been screened for communicable disease, including tuberculosis. The documentation was to be completed within 90 days before the start of providing service. Volunteer F was screened for tuberculosis (TB); however, the screening was completed 5 months after hire and not 90 days before the start of providing service. Volunteer G was screened for tuberculosis (TB); however, the screening was completed 18 months after hire and not 90 days before the start of providing service. Volunteer H was screened for tuberculosis (TB); however, the screening was completed 8 days after hire and not 90 days before the start of providing service.	M 232		

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M 232	Continued From page 5 Findings include: Between 02/05/2025 and 03/12/2025, Surveyor reviewed Volunteer F, Volunteer G, and Volunteer H's staff records. The following was identified: Volunteer F was hired 01/28/2024. Volunteer F's last day was 02/20/2025. Volunteer F's file contained a communicable disease screen, dated 06/10/2024, almost 5 months after hire and not within the 90 days before the start of employment. Volunteer F's record did not contain a screening for other illnesses detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Volunteer G was hired 06/14/2023. Volunteer G's last day was 02/15/2025. Volunteer G's file contained a communicable disease screen, dated 12/20/2024, over 18 months after hire and not within the 90 days before the start of employment. Volunteer G's record did not contain a screening for other illnesses detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Volunteer H was hired 12/05/2024. Volunteer H's file contained a communicable disease screen, dated 12/13/2024, over 8 days after hire and not within the 90 days before the start of employment. Volunteer H's record did not contain a screening for other illnesses detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Interviews On 02/18/2025 at 1:56 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Volunteers files. "I don't	M 232		

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M 232	Continued From page 6 have much. They are volunteers." On 03/14/2025 at 11:15 p.m., Surveyor interviewed Licensee A, who stated, "The volunteers got their TB's when I asked them. Everything is fine now. I'm not going to mess with having volunteers anymore."	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 volunteers (Volunteer H) reviewed, received training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens, prior to providing care to residents and annually. Volunteer H did not receive training in standard precautions and did not meet the requirements as a service provider. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually	M 235		

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M 235	Continued From page 7 thereafter," per 1910.1030(g)(2)(ii) (B). Findings include: Between 02/05/2025 and 03/12/2025, Surveyor reviewed Volunteer H's records including training records. The following was identified: Volunteer H was hired 12/05/2024. Volunteer H's file did not contain evidence of initial standard precautions training before providing service on 12/05/2024. Between 02/05/2025 and 03/12/2025, Surveyor reviewed Resident 1's record. Resident 1's ISP dated 11/20/2024, indicated s/he required full care with bathing, toileting, shaving and laundry. On 03/12/2025 at 10:50 a.m., Surveyor reviewed the University of Wisconsin Green Bay Training Registry. Surveyor confirmed Volunteer H was not on the CBRF training registry. On 03/12/2025 at 12:48 p.m., Surveyor reviewed Wisconsin certified nursing assistant (CNA) Registry. Surveyor confirmed Volunteer H was not on the CNA training registry. On 02/18/2025 at 1:56 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Volunteers files. "I don't have much. They are volunteers." Licensee A confirmed Volunteers assisted Resident 1 with bathing, toileting and changing his/her briefs, if needed, shaving upon request and laundry. Licensee A confirmed volunteers could come in contact with bloodborne pathogens. Cross Reference: M0244 DHS 88.04(5)(a) Training - 15 Hours	M 235		

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M 235	Continued From page 8 Within 6 Months	M 235		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 volunteers (Volunteer F, Volunteer G and Volunteer H) received the required training related to health, safety and welfare of residents, resident rights, fire safety, and first aid within 6 months after starting to provide care. Volunteer F and Volunteer G had no evidence they received the required training related to health, safety and welfare of residents and resident rights. Volunteer H had no evidence of training in their file and did not meet the requirements as a service provider. Findings include: On 11/19/2024, the Department received a complaint alleging staff did not have proper training before working in facility. Between 02/05/2025 and 03/12/2025, Surveyor	M 244		

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M 244	Continued From page 9 reviewed Volunteer F's, Volunteer G's, and Volunteer H's records including training records. The following was identified: Volunteer F was hired 01/28/2024. Volunteer F's last day was 02/20/2025. Volunteer F's file did not contain evidence s/he completed 15 hours of training approved by the licensing agency related to health, safety and welfare of residents and resident rights prior to or within 6 months after starting to provide care on 01/28/2024. Volunteer G was hired 06/14/2023. Volunteer G's last day was 02/15/2025. Volunteer G's file did not contain evidence s/he completed 15 hours of training approved by the licensing agency related to health, safety and welfare of residents and resident rights prior to or within 6 months after starting to provide care on 06/14/2023. Volunteer H was hired 12/05/2024. Volunteer H's file did not contain evidence s/he completed 15 hours of training approved by the licensing agency related to medications, health, safety and welfare of residents, resident rights, fire safety, first aid and treatment appropriate to residents served prior to or within 6 months after starting to provide care on 12/05/2024. On 02/19/2025 at 11:45 a.m., Surveyor reviewed Resident 1's Medication Administration Records (MAR). Surveyor observed from dated 12/05/2024 to 01/05/2025, Volunteer H administered medications 7 out of 32 days. On 02/18/2025 at 1:56 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Volunteers files. "I don't have much. They are volunteers."	M 244		

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M 244	Continued From page 10 On 02/18/2025 at 3:58 p.m., Surveyor interviewed Licensee A, who confirmed Volunteer H's initials listed on Resident 1's MARs from 12/05/2024 to 01/05/2025. On 02/18/2025 at 4:05 p.m., Surveyor interviewed Licensee A, who stated Volunteer H did not complete the trainings from the CBRF registry to his/her knowledge. Licensee A confirmed that s/he did check the CBRF registry before Volunteer H started. On 03/12/2025 at 10:50 a.m., Surveyor reviewed the University of Wisconsin Green Bay Training Registry. Surveyor confirmed Volunteer H was not on the CBRF training registry. Cross Reference: M0235 DHS 88.04(2)(h) Comply with OSHA	M 244		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 1) received services as specified in his/her individual service plan (ISP). On 01/30/2025, Licensee A left Resident 1 unsupervised in the facility.	M 436		

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M 436	Continued From page 11 Findings include: On 02/04/2025, the Department received a complaint alleging a resident was left unsupervised in the home. On 02/18/2025 at approximately 2:40 p.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted on 08/20/2020 with diagnoses of memory loss, seizure disorder, anxiety disorder, personality disorder, schizoaffective disorder-bipolar type, delusional disorder, and psychosis. Resident 1's move-out date was 02/21/2025. Resident 1 is his/her own person. Resident 1's ISP dated 11/20/2024, stated s/he required assistance with mobility and transferring. Resident 1 was not able to self-administer medication, required reminders to take medication and required supervision while taking medication. On 02/18/2025 at 10:00 a.m., Surveyor reviewed Resident 1's managed care organization (MCO) long term functional screen dated 01/29/2025. Under additional supports, it read, "Needs the continuous presence of another person." In the notes section, the screener noted Resident 1 would require physical and cognitive assistance with evacuating timely in the event of an emergency. Under communication and cognition, the screener noted, "[Resident 1] cannot be left alone due to lack of safety awareness like self-transferring increasing risk of injury." On 02/19/2025 at 9:00 a.m., Surveyor reviewed	M 436		

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M 436	Continued From page 12 Resident 1's member notes for 01/30/2025. Care Manager (CM) C completed an unannounced home visit. Resident 1 was sitting alone in the living room watching television upon his/her arrival. An unknown person answered the door to let CM C into the home. CM C asked Resident 1 who the person was and Resident 1 stated s/he was the painter. The painter returned to the room and told CM C that Licensee A was out in the garage and that s/he would be in shortly. At the end of the visit with Licensee A and Resident 1, CM C provided education to Licensee A that Resident 1 should not be left alone in the facility by him/herself. Licensee A encouraged Resident 1 to get dressed to come outside with him/her. Resident 1 agreed. CM C left. However, s/he parked nearby and watched as Licensee A and the painter loaded Licensee A's vehicle with boxes. CM C watched Licensee A leave the facility again leaving Resident 1 home alone with the painter. CM C returned to the facility and Resident 1 was alone in the facility, with painter. On 03/04/2025 at 11:49 a.m., Surveyor received an email from managed care organization (MCO) Credentialing Professional (CP) B that stated, "I wanted to let you know that we sent the termination letter to [Licensee A] yesterday, 3/3/25. I attached a copy of the official letter to this email." On 03/12/2025 at 7:00 a.m., Surveyor reviewed emailed termination letter sent to Licensee A via e-mail. The MCO letter indicated they were terminating their long-term care services agreement with Licensee A. The letter cited that their agreement provided MCO a without cause termination right and the MCO made a business decision to exercise that right. The effective date of termination was June 2nd, 2025.	M 436		

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M 436	Continued From page 13 On 02/05/2025 at 12:00 p.m., Surveyor interviewed CM C, who reported on 01/30/2025, s/he did an unannounced visit. CM C stated s/he knocked on the door several times and could hear the television on in the main room. A person opened the door and CM C thought it was the new staff. When CM C asked Resident 1 who s/he was, Resident 1 stated, "S/He's the painter. If I need anything, I can call him/her and s/he'll help me." CM C stated Licensee arrived 10-15 minutes later and they went over Resident 1's information. At the end of the visit, CM C provided education to Licensee A that Resident 1 should not be left alone in the facility by him/herself. CM C stated, "When I left, I drove around the block, and I parked so that I could see the front and the back of the house. I observed Licensee A and Resident 2 get into the car, and drive right past me. I went back to the facility because [Resident 1] was due for a quarterly visit. I went back to review the paperwork and have him/her sign it since I knew s/he was alone. The painter told me the Licensee A would be right back." On 02/05/2025 at 11:02 a.m., Surveyor interviewed MCO CP B, who stated they began their re-credentialing process in late fall of 2024 and found that Licensee A had been using volunteers instead of staff. When they began requesting training, background checks and TB testing, the licensee stated, "They are just volunteers" and had little documentation to show that the staff was credentialled to serve the residents. On 02/18/2025 at 1:56 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Volunteers files. "I don't have much. They are volunteers."	M 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017067	A. BUILDING: _____ B. WING _____	C 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVE A HEART ADULT FAMILY HOME LLC	**1500 S 79TH ST WEST ALLIS, WI 53214**

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M 436	Continued From page 14 On 02/28/2025 at 7:30 p.m., Surveyor received email from Licensee A, who wrote as of 02/23/2025, his/her facility, "Has No Residents." On 02/28/2025 at 7:30 p.m., Surveyor received email from Licensee A, who confirmed Resident 1 moved out on 02/21/2025 and Resident 2 moved out on 02/23/2025. Department of Health Services (DHS) 88.02 (33) defines "Service provider" as a person or persons who provide direct care or supervision for a resident of the adult family home, either as an employee of the licensee or as a volunteer.	M 436		