| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017444 | A. BUILDING: _____ B. WING _____ | 04/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MY PLACE OF IXONIA I | N8616A NORTH RD IXONIA, WI 53036 |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 04/02/2024, with information obtained through 04/03/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at My Place of Ixonia I, an adult family home (AFH) located in Ixonia, WI.<br><br>As a result of the survey, 2 deficiencies were identified.<br><br>One deficiency is a repeat deficiency from Statement of Deficiency (SOD) QUOK11, dated 02/17/2022.<br><br>Census: 4 | M 000 | | |
| M 276 | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that the adult family home was clean, well-maintained, and provided a homelike environment.<br><br>Findings include:<br><br>On 04/02/2024, at approximately 9:43 a.m., Surveyor toured the home with Manager A and observed the following:<br><br>- In the upstairs bathroom, the wall near the | M 276 | | |

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

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| M 276 | Continued From page 1 | M 276 | | |

shower appeared to have approximate 1x3" and 1x2" areas where the paint and drywall chipped off, exposing the vinyl rounded corner material underneath (see Photo 1).

- In Resident 3's room, his/her mattress with bedding was observed on the floor. Manager A reported that Resident 3's bed frame broke approximately 1 week ago. Manager A reported that Resident 3 was known to jump on his/her bed, causing his/her bed frame to break. Manager A reported that Resident 3 has broken approximately 12 bed frames this way since his/her admission. Manager A reported that s/he believed a new bed frame was on order for Resident 3 but wasn't sure when it would arrive.

- In Resident 1's room, 4 holes and 3 dents were observed in the walls (see Photos 2 - 5). There were also 2 areas of chipping in the drywall to the left of Resident 1's bedroom window (see Photo 2). Manager A reported that Resident 1 was known to have behaviors surrounding visits with his/her family members. These behaviors included punching and headbutting the wall, and in one instance, sliding furniture into the wall causing one of the holes (see Photo 3). Manager A reported that the holes had occurred over varying timeframes, with the oldest one having been present for approximately 1 month. The door to Resident 1's room appeared to have a 1'x1' area of the paneling ripped inwards (see Photo 6). Manager A reported that Resident 1 had damaged his/her door around Valentine's Day (02/14/2023, approximately 1.5 months prior to the survey).

- The interior flooring leading to the door on the upper level to the deck appeared to have areas where the vinyl appeared raised in a wave-like

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| M 276 | Continued From page 2<br>pattern - consistent in appearance with water damage (see Photo 7). Manager A reported that there was a past issue with water leaking in through the door and that maybe that is what damaged the floor. Manager A reported the door had been re-sealed recently.<br><br>At approximately 1:15 p.m., Surveyor interviewed Manager A regarding the above concerns. Manager A reported that s/he was already tracking Surveyor's concerns and for several of them had already put in maintenance requests. Manager A reported s/he would follow up with maintenance staff to address the concerns.<br><br>At approximately 2:45 p.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B reported that Manager A had discussed with him/her the concerns pointed out by Surveyor and s/he would follow up on addressing them. | M 276 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 | M 424 | | |

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| M 424 | Continued From page 3<br>by the resident or the resident's guardian.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that the individual service plan (ISP) for 2 of 2 residents reviewed was reviewed every 6 months.<br><br>There was no evidence that the provider reviewed the ISPs for Residents 1 and 2 in 2023.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) QUOK11, dated 02/17/2022.<br><br>Findings include:<br><br>Example 1 - Resident 1<br><br>On 04/02/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 08/01/2019 with diagnoses including autistic disorder and anxiety. The ISP located in Resident 1's record was last dated as reviewed on 02/22/2024. There was no evidence of ISP reviews conducted in 2023.<br><br>At approximately 12:50 p.m., Surveyor requested from Manager A evidence of ISP reviews conducted in 2023 for Resident 1 to verify compliance with ISP review requirements. Manager A reported that s/he would look in the office, where some historical resident record documents were located. A few minutes later, Manager A returned and reported s/he was unable to find any documentation of ISP reviews done in 2023 for Resident 1. Manager A reported s/he knew of at least one review that occurred on | M 424 | | |

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| M 424 | Continued From page 4<br>02/19/2023 but did not have any other information.<br><br>At approximately 2:45 p.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B reported that s/he knew resident ISP reviews took place in 2023, but acknowledged Surveyor's concern that there was no evidence of them having been completed. Chief Operating Officer B reported that staff had recently been updating resident records and s/he thought that staff may have mistakenly gotten rid of the 2023 ISP review documents.<br><br>Example 2 - Resident 2<br><br>On 04/02/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 06/21/2018 with diagnoses including autism. The ISP located in Resident 2's record was last dated as reviewed on 02/13/2024. There was no evidence of ISP reviews conducted in 2023.<br><br>At approximately 1:10 p.m., Surveyor requested from Manager A evidence of ISP reviews conducted in 2023 for Resident 2 to verify compliance with ISP review requirements. Manager A reported that s/he would look in the office, where some historical resident record documents were located. A few minutes later, Manager A returned and reported s/he was unable to find any documentation of ISP reviews done in 2023 for Resident 2. Manager A reported s/he did not have any additional information about reviews that may have taken place.<br><br>At approximately 2:45 p.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B reported that s/he knew resident ISP reviews took place in 2023, but acknowledged Surveyor's | M 424 | | |

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| M 424 | Continued From page 5<br>concern that there was no evidence of them having been completed. Chief Operating Officer B reported that staff had recently been updating resident records and s/he thought that staff may have mistakenly gotten rid of the 2023 ISP review documents. | M 424 | | |