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	0015073	A. BUILDING: _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME V	W5140 COUNTY RD A UNIT 1 ELKHORN, WI 53121

(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
N 000	Initial Comments On 02/06/2025, with information gathered through 02/18/2025, Surveyor conducted an abbreviated licensing survey at Just Like Home V. Seven deficiencies were identified. Census: 6	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff records reviewed received all required orientation training prior to performing job duties. Caregiver C and Caregiver E did not have orientation training to include preventing and reporting abuse. Findings include: On 02/06/2025, Surveyor requested Caregiver	N 230		

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

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N 230	Continued From page 1 C's and Caregiver E's training records. Caregiver C was hired on 03/03/2024. Caregiver E was hired on 06/21/2024. On 02/07/2025 at 6:48 AM, Surveyor emailed Assistant Administrator A for Caregiver C's and Caregiver E's training since hire date. On 02/10/2025 at 10:52 AM, Assistant Administrator A called Surveyor and asked for clarification on what training s/he was to provide Surveyor regarding Caregiver C and Caregiver E. On 02/12/2025 at 2:29 PM, Surveyor emailed Assistant Administrator A for Caregiver C's and Caregiver E's training since hire date. On 02/12/2025 at 4:04 PM, Assistant Administrator A emailed Surveyor with an orientation training packet that new hires receive. Surveyor could not locate orientation training pertaining to preventing and reporting abuse in the template orientation packet that was submitted by Assistant Administrator A. On 02/13/2025 at 4:14 PM, Surveyor emailed Assistant Administrator A of the concern. On 02/18/2025 at 7:48 AM, Assistant Administrator A emailed Surveyor and stated, "We will schedule staff training on this topic by our third party of class and training provider."	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:	N 243		

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N 243	Continued From page 2 Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.	N 243		

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N 243	Continued From page 3	N 243		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 2 of 2 staff records reviewed received all training as required within 90 days after starting employment.

Caregiver C and Caregiver E did not have training in resident rights or training in required client groups within 90 days after starting employment.

Findings include:

The facility was licensed to provide care and services to residents within the client groups of emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's, traumatic brain injury, advanced aged, and physically disabled.

On 02/07/2025 at 6:48 AM, Surveyor emailed Assistant Administrator A for Caregiver C's and Caregiver E's training since hire date.

On 02/10/2025 at 10:52 AM, Assistant Administrator A called Surveyor and asked for clarification on what training s/he was to provide Surveyor regarding Caregiver C and Caregiver E.

On 02/12/2025 at 2:29 PM, Surveyor emailed Assistant Administrator A for Caregiver C's and Caregiver E's training since hire date.

On 02/12/2025 at 4:04 PM, Assistant Administrator A emailed Surveyor Caregiver C's and Caregiver E's training packet.

Caregiver C was hired on 03/03/2024.

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N 243	Continued From page 4 Caregiver E was hired on 06/21/2024. Surveyor could not locate training or evidence of meeting an exemption pertaining to resident rights and client group training for Caregiver C and Caregiver E On 02/13/2025 at 4:14 PM, Surveyor emailed Assistant Administrator A of the concern. On 02/18/2025 at 7:48 AM, Assistant Administrator A emailed Surveyor and stated, "We will schedule staff training on this topic by our third party of class and training provider."	N 243		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least	N 397		

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N 397	Continued From page 5 one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 qualified care staff was on duty and awake when at least 1 resident in the CBRF was in need of supervision or intervention on a 24-hour basis for an intermittent mental or physical condition that may occur, including residents who were at risk of elopement, who were self-abusive, who became agitated or emotionally upset or had unstable health conditions that required close monitoring. The staff member who worked the NOC shift was considered 'sleep staff.' Findings include: The provider is licensed to serve up to 8 residents with diagnoses including irreversible dementia/Alzheimer's, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, advanced age and physically disabled. On 02/06/2025, at approximately 2:00 PM, Surveyor interviewed Assistant Administrator (AA) A. AA A stated that there was one staff member present during each shift, but the NOC shift was staffed by a 'sleep staff.' Surveyor asked if any residents required assistance during sleep hours and if so, how would staff know they required assistance. AA A stated that the provider had a legal document allowing for sleep staff in the facility and that a monitoring system was set up during the sleep hours, to alert the sleep staff that a resident was in the common area. AA A described the monitoring system as a 'baby	N 397		

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N 397	Continued From page 6	N 397		

monitor' system with the transmitter unit sitting in the common area and the receiver is in the room where the staff member was sleeping. Surveyor asked if the building was secured when staff were sleeping. AA A stated that the doors were never locked on the facility. Surveyor requested a copy of the legal document.

On 02/10/2025, Surveyor reviewed the "Sleep Time Agreement" which documented:
"This Sleep Time Agreement ("Agreement") is entered into on June 28, 2024 between [Licensee] and [Provider] and [Resident Assistant D] ..."

On 02/10/2025, Surveyor reviewed the provider's program statement that was on file with the Department which documented:
"At least one awake staff will be on duty 24 hours per day when residents are present in the home."

On 02/12/2025 at 5:09 PM, Surveyor emailed Resident 1's managed care organization (MCO) Care Manager (CM) H and Resident 2's MCO CM I requesting clarification if their members required overnight awake staff.

On 02/13/2025, at approximately 10:00 AM, Surveyor interviewed Resident 3's MCO CM F. CM F stated s/he was not aware that NOC shift was covered with sleep staff and would need to review the requirements of the MCO contract.

On 02/13/2025, at approximately 2:10 PM, Surveyor interviewed Resident 4's MCO CM G. CM G stated the MCO contract states they are to have awake staff, and the NOC shift states 1:8, meaning 1 staff member to 8 residents. CM G expressed concerns that the facility was not secured during evening hours when a staff

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N 397	Continued From page 7 member was sleeping. On 02/14/2025 at 8:22 AM, CM H emailed Surveyor and stated, "Both [Resident 1] and [Resident 2] are provided overnight supervision by Just Like Home's awake staff. This facility does not have staff that sleep." On 02/14/2025, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's, and Resident 4's MCO record which documented: Resident 1: 01/31/2025 - SPMI (Severe and Persistent Mental Illness) causes a permanent impairment of thought causing a cognitive impairment. Resident 2: 09/05/2024 - Brain injury, mood disorder, major depressive disorder Resident 3: 10/28/2024 - Member has a current diagnosis of mental illness Depression and Impulse Control Disorder. Member has compulsive behaviors; Member has problems with focus and attention; Member has challenging personality traits/personality disorder traits. Resident 4: 01/24/2025 - Member has a current diagnosis of mental illness Depression. Demonstrates self-injurious behaviors, requires intervention 2-6 times per week.	N 397		
N 448	83.41(2)(a) Nutrition: diet. Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician.	N 448		

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N 448	Continued From page 8 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not follow a menu based on current dietary standards. Findings include: According to the USDA Center for Nutrition Policy and Promotion, "Food group amounts for 2000 Calories per day ...the daily recommended amounts for each food group: fruits 2 cups, vegetables 2 ½ cups, grains 6 ounces, protein 5 ½ ounces, dairy 3 cups." (Source: MyPlate Plan: 2000 calories, Age 14+, December 2020, https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf (retrieval date: February 13, 2025).) Here's how the Academy of Nutrition and Dietetics ranks processed foods from minimally to mostly or ultra-processed: -Minimally processed foods, such as fresh blueberries, cut vegetables and roasted nuts, prepped for convenience. -Foods processed at their peak to lock in nutritional quality and freshness including canned tomatoes, tuna, frozen fruit or vegetables. -Foods with ingredients added for flavor and texture, such as sweeteners, spices, oils, colors and preservatives, include jarred pasta sauce, salad dressing, yogurt and cake mixes. -Ready-to-eat foods like crackers, chips and deli meat, which are more heavily processed. -The most heavily or ultra-processed foods include sweetened breakfast cereals, soda, energy drinks, artificially flavored crackers and potato chips, chicken nuggets and hot dogs. Most labels now include added sugars. The	N 448		

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Dietary Guidelines for Americans recommends that people older than 2 get less than 10% of total calories from added sugars, or about 200 calories in a 2,000-calorie diet. ... Learn to spot words like maltose, brown sugar, corn syrup, honey and fruit juice concentrate.
When it comes to sodium, people often comment that they salt their food. As it turns out, you don't need to because manufacturers have already added salt for you, and it's often too much. The Dietary Guidelines also recommends adults consume less than 2,300 milligrams of sodium per day. Look for low- or reduced-sodium foods." (Source: Mayo Clinic website, What you should know about processed, ultra-processed foods, July 25, 2024, https://www.mayoclinichealthsystem.org/hometown-health/speaking-of-health/processed-foods-what-you-should-know (retrieval date - February 13, 2025).)

On 02/06/205, at approximately 12:55 PM, Surveyor observed the menu, dated 02/02 to 02/08, hanging on the refrigerator which read:
02/02
Breakfast: Yogurt Parfait
Lunch: Egg Salad, pickle, mixed fruit
Dinner: Lasagna, cheesy bread, peaches
Snack: Cookies

02/03
Breakfast: French Toast, sausage
Lunch: Mac n Cheese cauliflower, pudding
Dinner: Chili and crackers, pears
Snack: Chips and Dip

02/04
Breakfast: Cereal
Lunch: Hot dog, chips, jello
Dinner: Chicken nuggets, fries, fruit

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N 448	Continued From page 10 Snack: Twinkies 02/05 Breakfast: Cereal Lunch: Ham and Cheese, chips, fruit Dinner: Fish stx (sticks), mixed veggies, fruit Snack: Popcorn 02/06 Breakfast: Cereal Lunch: Turkey sandwich, mixed veggies, mixed fruit Dinner: Pancakes, sausage Snack: Honey Bun 02/07 Breakfast: Bacon, egg, cheese biscuit Lunch: PBJ (peanut butter and jelly), peaches Dinner: Tuna casserole, mixed fruit Snack: Brownies 02/08 Breakfast: Biscuits and gravy Lunch: Tuna on toast, pears, veggies Dinner: Cowboy beans, biscuit, mixed fruit Snack: Granola bars On 02/06/2025, at approximately 1:15 PM, Surveyor discussed the concern that the menu did not offer much for protein and fresh fruit and most of the food items were a form of processed and canned food with Assistant Administrator A. Assistant Administrator A showed Surveyor the freezers that were shared between this facility and the adjoining sister facility that could house up to 16 residents. There appeared to be a freezer for vegetables, 2 freezers for meat, and a freezer for fruit. Surveyor observed the meat freezers: -(4) 10-pound bags of leg quarters. Surveyor	N 448		

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attempted to open the wire basket that the bags were in but was unable to.
-Approximately 12 plastic Ziploc bags of what appeared to be ground hamburger, dated 12/24.
-Two plastic Ziploc bags of what appeared to be chicken nuggets.
-One plastic Ziploc bag of what appeared to be chicken patties.
-One clear plastic bag of what appeared to be French fries.
-A cardboard box that contained tubes of 16-ounce pork sausage.
-Two clear plastic containers of what appeared to be precooked bacon.

The freezer that stored the fruit contained approximately 8 bags.
The freezer that stored the vegetables contained approximately 5 bags.
The freezers were covered in thick layers of ice.

On 02/06/2025, at approximately 1:45 PM, Surveyor observed a sign on the refrigerator, in the kitchen, that read, "Meal Times / Alternative Options" which documented:
"Breakfast: 7:30 AM - 8:30 AM - Residents will be notified when breakfast is prepared and ready to be served. If a resident awakes after breakfast is served or an alternative is requested, 2 pieces of toast will be offered. Residents may also choose to eat their personal cereal/oatmeal."
"Lunch: 11:30 AM - 12:30 PM - Residents will be notified when lunch is prepared and ready to be served. Alternatives will be provided to residents who choose to come out after meal time. Alternative options are PBJ with grape jelly, leftovers (when available), or a personal food item (when available). Fruit and veggies will be offered with alternatives."
"Snack: 2:00 PM - 3:00 PM - Residents will have

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the opportunity to choose up to 2 different items from their personal food bins. Staff will assist in monitoring appropriate serving sizes."
"Dinner: 4:30 PM - 5:30 PM - Residents will be notified when dinner is prepared and ready to be served. Alternatives will be provided to residents who choose to come out after meal time. Alternative options are PBJ with grape jelly, leftovers (when available), or a personal food item (when available). Fruit and veggies will be offered with alternatives."
"Snack: 7:00 PM - 8:00 PM - A facility provided snack will be offered to each resident. There are no alternative options available."
"Personal Soda: Upon request between 10:00 AM - 9:00 PM. All food and beverages must be kept in the dining area."

On 02/13/2025, at approximately 10:00 AM, Surveyor interviewed Resident 3's managed care organization (MCO) Care Manager (CM) F. Surveyor reviewed the menu with CM F. CM F stated s/he would like to have seen more protein and fresh fruit options provided. CM F mentioned concerns with how much food residents were purchasing to ensure they had a 'personal' supply.

On 02/13/2025, at approximately 11:00 AM, Surveyor interviewed Resident 4's MCO CM G. CM G stated the food options appeared to be high in sugar and would have liked to see fresh fruit options provided. CM G stated, "Our clients at the home are primarily developmentally disabled and would not be able to tell us if they are being provided a healthy diet or they could request food at different times."

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N 490	Continued From page 13	N 490		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident bathrooms were clean and in good working order. Findings include: On 02/06/2025, at approximately 12:30 PM, Surveyor conducted a tour of the facility and observed the following in the shared resident bathroom: -3 light metal vanity light was sprinkled with a brown-like substance that appeared to be rust. -Shower spray nozzle was sprinkled with a brown-like substance that appeared to be rust. -Shower rod sprinkled with a brown-like substance that appeared to be rust. -Bathtub/Shower basin/walls, which were originally white in color, had the appearance of various colors of yellow/brown/orange. -Clear colored shower curtain had the appearance of various colors of yellow/brown/orange. -Bathroom vanity, side nearest the toilet, the coating appeared to be peeling off. On 02/13/2025 at 4:14 PM, Surveyor emailed Assistant Administrator A of the concern. On 02/18/2025 at 7:48 AM, Assistant Administrator A emailed Surveyor and stated, "Repairs of the items listed above and any items that need to be replaced will be replaced and / or repaired by an outside contractor."	N 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015073	A. BUILDING: _____ B. WING _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME V	W5140 COUNTY RD A UNIT 1 ELKHORN, WI 53121

(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
N 499	Continued From page 14	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were stored in a secure area. Findings include: The provider is licensed to serve up to 8 residents with diagnoses including irreversible dementia/Alzheimer's, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, advanced age and physically disabled. On 02/06/2025, at approximately 12:20 PM, Surveyor toured facility and observed the following unsecured cleaning compounds: -24 ounce spray can of heavy duty oven cleaner -Gallon jug of mildew and mold stain remover -Gallon jug of home defense insect killer -112 pac container of laundry detergent soap without a lid -57 pac container of laundry detergent soap without a lid -28 ounce jug of rust stain remover On 02/06/2025, at approximately 4:00 PM, Surveyors interviewed Assistant Administrator A and Manager B. Surveyor did not receive a response.	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015073	A. BUILDING: _____ B. WING _____	02/18/2025

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N 499	Continued From page 15 On 02/18/2025 at 7:48 AM, Assistant Administrator A emailed Surveyor and stated, " This will be corrected and cleaning supplies will be locked in their storage."	N 499		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by:	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015073	A. BUILDING: _____ B. WING _____	02/18/2025

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Z 012	Continued From page 16 Based on record review and interview, the provider did not ensure an out-of-state background check was completed at the time of hire for 1 of 3 (Caregiver C) employees reviewed. Findings include: On 02/10/2025, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired on 03/03/2024. Caregiver C completed a Background Information Disclosure (BID), dated 03/01/2024, which indicated s/he lived in Virginia within the last three years. Caregiver C's employee record did not contain an out of state background check. On 02/10/2025, at approximately 10:50 AM, Surveyor interviewed Administrator A. Administrator A stated s/he was not aware that s/he was responsible to conduct an out-of-state background check and would ask Caregiver C to complete it.	Z 012		