| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016380 | A. BUILDING: _____ B. WING _____ | 06/19/2024 |

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| ALOHA COMMUNITY PLATTEVILLE | 7692 BUNKER RIDGE RD PLATTEVILLE, WI 53818 |

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| M 000 | INITIAL COMMENTS<br><br>On 06/19/2024, Surveyor conducted an abbreviated licensure survey at Aloha Community Platteville. Six deficiencies were identified.<br><br>Census: 4 | M 000 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 1 of 1 employee file reviewed (Caregiver C), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services.<br><br>Findings include:<br><br>On 06/19/2024, Surveyor reviewed Caregiver C's record.<br><br>Caregiver C was hired on 02/06/2023. His/her | M 232 | | |

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

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| M 232 | Continued From page 1<br>file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 02/03/2023, which did not contain the individuals name being screened and the questionnaire was not signed by a physician, a registered nurse, or a physician assistant. The screen did not contain results from a TB screening.<br><br>On 06/19/2024, at approximately 12:30 PM, Surveyor interviewed Manager A. Manager A stated s/he would ensure Caregiver C received an approved TB screen. | M 232 | | |
| M 282 | 88.05(3)(d) ANNUAL WELL WATER INSPECTIONS<br><br>Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or other laboratory approved under CH HSS 165 since the last survey in 2023.<br><br>Findings include:<br><br>On 06/19/2024, Surveyors requested the providers annual well water inspection for 2023. Manager A provided Surveyor with a well water inspection dated 07/29/2022. | M 282 | | |

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| M 282 | Continued From page 2<br>On 06/19/2024, at approximately 12:30 PM, Surveyor interviewed Manager A. Manager A contacted his/her vendor who conducts the water testing who verified the test had not been completed in 2023. Manager A stated this testing would be scheduled. | M 282 | | |
| M 332 | 88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS<br><br>Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.<br><br>This Rule is not met as evidenced by:<br>Based on observation, the provider did not ensure that the fire extinguisher located near the kitchen was properly mounted. | M 332 | | |

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| M 332 | Continued From page 3<br>Findings include:<br><br>On 06/19/2024, at approximately 12:30 PM, Surveyor conducted a tour of the home. Surveyor observed the fire extinguisher located in the kitchen was sitting on a counter, surrounded by an instant pot cooker, a floral vase, a container of coffee, and other various household items.<br><br>On 06/19/2024, at approximately 12:45 PM, Surveyor interviewed Manager A. Manager A stated s/he understood that the fire extinguisher should be properly mounted and have unobstructed access. | M 332 | | |
| 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 by the resident or the resident's guardian.<br><br>This Rule is not met as evidenced by: | M 424 | | |

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| M 424 | Continued From page 4<br><br>Based on record review and interview, the provider did not ensure 3 of 4 resident's (Resident 1, Resident 2, and Resident 3) Individual Service Plan (ISP) were reviewed at least once every six months by the provider, the resident and/or resident's representative, or the placing agency.<br><br>Findings include:<br><br>On 06/19/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.<br><br>Resident 1 moved into the home on 05/05/2018 and was represented by a guardian and a managed care organization (MCO) care manager (CM).<br>Resident 1's record contained an unsigned behavior support plan (BSP) dated 06/29/2023.<br>Resident 1's record was due to be reviewed in 12/2023.<br><br>Resident 2 moved into the home on 05/06/2018 and was represented by a guardian and a MCO CM.<br>Resident 2's record contained an unsigned behavior support plan (BSP) dated 06/29/2023.<br>Resident 2's record was due to be reviewed in 12/2023.<br><br>Resident 3 moved into the home on 03/01/2019 and was represented by a guardian and a MCO CM.<br>Resident 3's record contained an unsigned behavior support plan (BSP) dated 06/29/2023.<br>Resident 3's record was due to be reviewed in 12/2023.<br><br>On 06/19/2024, at approximately 12:45 PM, Surveyor interviewed Manager A. Manager A | M 424 | | |

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| M 424 | Continued From page 5<br>stated the BSPs were utilized as the residents ISP and s/he did not understand that the BSPs had to be updated every six months. | M 424 | | |
| M 550 | 88.10(3)(b) Privacy<br><br>Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 4 of 4 residents had privacy in their home.<br><br>The provider installed 3 cameras in the home monitoring the kitchen, the medication room, and the living room area of the home which were utilized by all residents.<br>The provider tracked resident behaviors with a point system. These behaviors were posted on a whiteboard that was viewable by each resident and guest that entered the home.<br><br>Findings include: | M 550 | | |

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| M 550 | Continued From page 6<br><br>The provider is licensed to care for up to 4 residents in the client group developmental disability (fetal alcohol spectrum disorder).<br><br>Example 1: Locked Pantry<br><br>On 06/19/2024, at approximately 11:35 AM, Surveyor toured the home with Caregiver B and observed 3 cameras at the home which monitored the kitchen, the medication room, and the living room area of the home. Surveyor noted residents, along with guests, were congregated in the living room. Caregiver B stated the cameras were operable and currently recording.<br><br>On 06/19/2024, at approximately 12:00 PM, Surveyor interviewed Manager A and asked if s/he was aware the use of video monitoring was an invasion of privacy. Manager A informed Surveyor the residents knew the cameras were there and they had no problem being monitored. Manager A stated the residents could display physically aggressive behaviors and replaying the camera footage with them could assist in providing corrective actions. Manager A stated the camera footage could also protect staff from resident allegations. Manager A and Caregiver B stated in their annual continuing education, the language stated cameras were allowed in certain areas of the home. Surveyor, Manager A, and Caregiver B reviewed the training language which stated it was an invasion of privacy.<br><br>Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's unsigned behavior support plans which did not identify that cameras were utilized in the home for behavior monitoring.<br><br>Example 2: Behavior Point System | M 550 | | |

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| M 550 | Continued From page 7<br><br>On 06/19/2024, at approximately 12:30 PM, Surveyor toured the home with Caregiver B and observed a whiteboard labeled "Poor Choices/Positive Choices" hanging in the medication room, which was open to the kitchen. Resident 1's, Resident 2's, Resident 3's, and Resident 4's names were listed on both sides of the board to track what behaviors/actions they had displayed that earned them points or caused points to be subtracted, a poor choice or a positive choice. Caregiver B explained that the visual assisted the residents in determining where they were rated in the point system. Surveyor asked if the public viewing caused tension among the residents. Caregiver B stated, "I feel the board helps hold them hold each other accountable." | M 550 | | |
| M 556 | 88.10(3)(e) Self-Direction<br><br>Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the right to freedom of choice for 4 of 4 residents in the home. The | M 556 | | |

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| M 556 | Continued From page 8 | M 556 | | |

provider locked the pantry to limit resident access to food. Residents were required to ask staff for assistance.

Findings include:

On 06/19/2024, at approximately 12:35 PM, Surveyor toured the home and observed the locked pantry. Caregiver B unlocked the pantry for the Surveyor to observe. Surveyor asked Caregiver B why the pantry had to be locked. Caregiver B stated residents will steal each other's food and can be known to overeat.

On 06/19/2024, at approximately 12:40 PM, Surveyor interviewed Manager A. Manager A stated residents experienced obsessive eating concerns, "They do not understand that they are full." Surveyor asked if these concerns were identified in the residents behavior support plans (BSPs). Manager A stated s/he would need to review the BSPs to determine if that language was documented. Surveyor asked if a waiver had been submitted to the Department regarding this concern. Manager A stated s/he was not aware of a waiver being filed with the Department.

On 06/19/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's unsigned BSPs which identified impulse control concerns related to lying, stealing, and understanding stranger danger but obsessive eating concerns were not identified.

On 06/19/2024, Surveyor reviewed the Department facility file to determine if the provider had submitted a waiver for resident restrictions. Surveyor did not locate a waiver.