STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 08/03/2023, Surveyor completed a complaint and standard survey at Housing Matters LLC. One of 1 complaint was unsubstantiated. Three deficiencies were identified. One of the 3 deficiencies is a repeat violation (see Statement of Deficiency (SOD) 8UUS11, dated 04/15/2022). Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a homelike environment for 4 of 4 residents. The facility had an odor upon entering, there were areas where the dry wall was exposed and holes in the walls. There were clothes and blankets on the floor. The bathroom needed repairs. This is a repeat deficiency. See Statement of Deficiency (SOD) 8UUS11, dated 04/15/2022. Findings include: On 06/01/2016, Licensee A was issued a non-ambulatory adult family home (AFH) license to care for a maximum of 4 adults who may be terminally ill, developmentally disabled, emotionally disturbed/mentally ill, has a traumatic	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 276	Continued From page 1	M 276		

brain injury, is alcohol/drug dependent, is of advanced aged, or has a diagnosis of irreversible dementia/Alzheimer's.

On 07/27/2023 at approximately 10:00 a.m., Surveyor conducted an onsite tour of the AFH. Surveyor observed the following:

- Immediately upon Surveyor's entrance into the AFH, Surveyor observed a musk odor. Surveyor observed a blanket laying in front of Resident 2's closed bedroom door. Clothing laying in front of Resident 3's closed bedroom door. Surveyor observed the door leading into the AFH had paint chipping off the door. (Photo 6).

-Surveyor observed a faux fireplace located in the living room. Surveyor observed paint chipped off the fireplace. (Photo 1). Surveyor observed the frame separating the living room and staff office was cracked, which exposed the dry wall underneath the white paint. (Photo 2).

-Surveyor observed Resident 1's bedroom located in front of the living room. Surveyor observed an approximate 4-inch gap between the bottom of the door and floor. (Photo 3).

-The hallway leading to 3 of 3 of residents' bedrooms, 1 of 1 resident's bathroom and the AFH's kitchen had missing floor molding approximately 4 feet long. (Photo 4). The wall closest to the kitchen contained 6 holes. Five of the 6 holes were circular and approximately the size of a quarter. The 6th hold was approximately 6 inches by 1 inch in size. (Photo 5).

-The bathroom sink in 1 of 1 resident's bathroom appeared to be falling off of the wall. Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 276	Continued From page 2 observed an approximate 1-inch gap between the back of the sink and wall. (Photo 7). On 07/27/2023 at approximately 10:00 a.m., Surveyor interviewed Resident 3. Resident 3 reported he/she placed his/her clothing in front of his/her door to stop the odor from entering his/her bedroom. On 07/27/2023 at approximately 10:00 a.m., Surveyor interviewed Caregiver B. Caregiver B acknowledged the odor in the AFH. Caregiver B reported he/she brought a Glade Plug-in to assist with the odor in the home. Caregiver B disclosed the odor was coming from Resident 2's bedroom as Resident 2 continued to decline showers and laundry being completed. Caregiver B reported, "I believe the home could use some help." On 08/03/2023 at 9:25 a.m., Surveyor interviewed Licensee A. Licensee A acknowledged the above environmental concerns. Licensee A reported he/she believed past residents may have used the sink and grab bars to assist themselves up from the toilet. Licensee A disclosed he/she had purchased a new bathroom sink; however, had not been able to find reliable contractors to replace the sink. Licensee A reported he/she will address all environmental issues as soon as possible.	M 276		
M 424	88.06(3)(f) REVIEW OF ISP 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	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 424	Continued From page 3	M 424		

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 each resident's individual service plan (ISP) was updated after a resident experienced a change in condition.

Resident 1's ISP did not address Resident 1's wound or the interventions that were in place for Resident 1's wound.

Findings include:

On 08/01/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 03/29/2023. Resident 1's physician note, dated 06/05/2023, indicated Resident 1 had a wound on his/her left toe. The note reported skilled nursing was ordered to care for the wound. Resident 1's ISP, dated 07/04/2023, did not address Resident 1's wound on his/her left toe or skilled nursing services that were ordered.

On 08/02/2023 at 9:53 a.m., Surveyor interviewed Licensee A. Licensee A acknowledged Resident 1 had a wound on his/her left toe. Licensee A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 424	Continued From page 4 affirmed Resident 1 received skilled nursing services. Licensee A reported receiving specific directions on how to bathe Resident 1. Licensee A acknowledged Resident 1's ISP did not reflect Resident 1's wound, skilled nursing services, or specific directions on how to bathe Resident 1. Licensee A reported he/she was responsible for updating ISPs. Licensee A disclosed he/she would ensure Resident 1's ISP reflected the above change.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 medication storage area was securely stored. In addition, the provider did not ensure all resident's medication was securely stored. One of 1 medication cabinet was not able to lock. Resident 1's polyethylene glycol was observed sitting on a mantel located in the living room.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016025	A. BUILDING: _____ B. WING _____	C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS LLC	2616 W CLYBOURN ST MILWAUKEE, WI 53233

(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 458	Continued From page 5 Findings include: On 07/27/2023 at approximately 10:00 a.m., Surveyor observed a black file cabinet containing 4 drawers located in the living room. Surveyor observed each drawer contained medication for each resident. Surveyor was able to open each drawer without the use of a key. In addition, Surveyor observed a faux fireplace located in the living room. Surveyor observed a mantle located above the fireplace. On the mantle, Surveyor observed a full bottle of polyethylene glycol with a pharmacy label indicating the medication belonged to Resident 1. On 07/27/2023 at approximately 10:00 a.m., Surveyor interviewed Caregiver B. Caregiver B reported Resident 1's polyethylene glycol had been sitting on the mantle since his/her date of hire, which was in June 2023. Caregiver B was not aware why Resident 1's medication was sitting on the mantle. On 08/03/2023 at 9:25 a.m., Surveyor interviewed Licensee A. Licensee A disclosed the file cabinet was able to lock; however, one of the handles on the file cabinet broke, which is why the cabinet was not locked. Licensee A reported purchasing a file cabinet; however, has not had the time to put up the new file cabinet. Licensee A stated he/she would ensure the file cabinet was up as soon as possible. Licensee A was not aware why Resident 1's medication was on the mantle. Licensee A believed because Resident 1's file cabinet did not contain a separate container and staff were trained to keep all liquid and oral medications separated, staff may have placed the medication on top of the mantle.	M 458		