STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310631	A. BUILDING: _____ B. WING _____	R-C 08/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON SUPPORTIVE CARE	4615 W HAMPTON AVE MILWAUKEE, WI 53218

(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 08/19/2024, Surveyors completed a verification visit for Statement of Deficiency NSBB12 for Hampton Supportive Care. As a result, 7 of the previous deficiencies were corrected. Three of the previous deficiencies were re-cited with 5 new deficiencies; therefore, 8 total deficiencies identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider and its operation did not comply with all laws governing the Community-Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained. The licensee did not comply with requirements and special orders outlined in a Notice and Order letter from the Department. As a result of the verification visit, 8 deficiencies were identified. Three of the 8 violations were repeat deficiencies related to medications, resident records, and facility complies with laws. This deficiency is being cited for a fourth time. See Statement of Deficiency (SOD) NSSB12, dated 04/08/2024, SOD YBO813, dated	{N 196}		

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

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{N 196}	Continued From page 1 05/25/2023, and SOD YBO812, dated 10/07/2022. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 36 residents within correctional clients, advanced aged, physically disabled and emotionally disturbed/mental illness. On 08/19/2024, Surveyors reviewed Department records and identified the following: On 06/06/2024, Statement of Deficiency (SOD) YBO813 and Notice and Order letter was sent via email. The following deficiencies were identified: 83.14(2)(a) Licensee Ensures Facility Complies with Laws (repeat deficiency) 83.14(2)(e) Notify Within 7 Days of Administrator Change (repeat deficiency) 83.15(3)(b) Administrator responsible for staff training 83.17(2)(a) Employees Screened for Communicable Disease (repeat deficiency) 83.19 Orientation 83.21(1)-(3) All Employee Training 83.42(1) Resident Record Maintained (repeat deficiency) 83.35(5)(b) Annual Evaluation Of Evacuation Limits (repeat deficiency) 83.45(3) Toxic Substances (repeat deficiency) The Notice and Order letter included the following: Special Orders:	{N 196}		

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{N 196}	Continued From page 2 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. The licensee may not permit the existence or continuation of any condition which may create a substantial risk to the health, safety, or welfare of any resident. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) NSSB12. The licensee's corrective measures shall include the development (or review/revision) of a written procedure to address: Qualified Staff - At least one qualified resident care staff will be present in the CBRF when one or more residents are present in the CBRF. "Qualified resident care staff" means an employee who has successfully completed all of the applicable training and orientation required by Wis. Admin. Code ch. DHS 83. - Documentation of training will be maintained in personnel records and will include the date(s)/duration of training, the signature/qualifications of the instructor, and an outline of course content. Additionally: - All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. - Training will be documented in employee files and will include the date/duration of training, the	{N 196}		

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{N 196}	Continued From page 3 signature/qualifications of the instructor, and an outline of course content. - A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request. 2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) NSSB12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the Department representatives upon request. On 08/19/2024, Surveyors completed a verification visit for SOD NSSB12. The following deficiencies were identified: 83.14(2)(a) Licensee Ensures Facility Complies with Laws (repeat deficiency) 83.28(4)(a) Resident Health Screening And Documentation 83.29(2) Admission Agreement Include Services, Charges 83.35(1)(a) Pre- Admission And Ongoing Assessments 83.35(3)(a) Comprehensive Individualized Service Plan 83.35(5)(a) Initial Evaluation Of Evacuation Limitations 83.37(3)(c) Medication Storage Locked Cabinet	{N 196}		

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{N 196}	Continued From page 4 (repeat deficiency) 83.42(1) Resident Record Maintained (repeat deficiency) On 08/19/2024, at 1:30 PM, Surveyors interviewed Owner D and Administrator I. Surveyors inquired if Administrator I completed the special orders as identified in the notice and order letter. Administrator I reported s/he only sent the SOD and Notice and Order letter to residents' case management teams. Administrator I reported s/he did not send the information to the legal representatives as s/he thought legal representatives and case management was the same thing.	{N 196}		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the	N 302		

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N 302	Continued From page 5 provider did not obtain a screening for clinically apparent communicable disease, including tuberculosis (TB) by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or 7 days after admission for 3 of 3 residents reviewed (Resident 22, Resident 23, and Resident 24). Findings include: On 08/19/2024, at 12:00 PM, Surveyors reviewed resident records and identified the following: Resident 22 was admitted on 07/05/2024. Resident 22's record contained a TB screening which was dated 01/23/2024. Resident 22's record did not contain a communicable disease screening. Resident 23 was admitted on 08/05/2024. Resident 23's record did not contain a communicable disease screening, including TB. Resident 24 was admitted on 08/08/2024. Resident 24's record did not contain a communicable disease screening, including TB. On 08/19/2024, at 1:30 PM, Surveyors interviewed Administrator I. Administrator I reported s/he thought the TB screening was good for two years. Administrator I reported Resident 22 was not re-screened prior to admission to the facility. Administrator I reported s/he thought Resident 23 and Resident 24 received TB screenings prior to admission. Administrator I reported was not aware of the timeline for screening requirements.	N 302		

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N 310	Continued From page 6	N 310		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.	N 310		

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N 310	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all admission agreement requirements were completed for 1 of 3 residents reviewed. The provider did not ensure the admission agreement included all requirements for 3 of 3 residents. Resident 23's admission agreement was not signed by her/his guardian. Resident 22's, Resident 23's, and Resident 24's admission agreement did not include the method for notifying residents of changes, terms for resident notification to the community based residential facility (CBRF) of voluntary discharge, and reasons and notice requirements for involuntary discharge or transfer, including transfer within the CBRF. Findings include: On 08/19/2024, at 12:00 PM, Surveyors reviewed resident records and identified the following: Example 1 Resident 23 was admitted on 08/05/2024. Resident 23 had a guardian. The admission agreement was signed by Administrator I. Resident 23's admission agreement was unsigned by Resident 23's guardian. Example 2 Resident 22 was admitted on 07/05/2024. Resident 22's admission agreement did not include the method for notifying residents of changes, terms for resident notification to the community based residential facility (CBRF) of voluntary discharge, and reasons and notice requirements for involuntary discharge or	N 310		

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N 310	Continued From page 8 transfer, including transfer within the CBRF. Resident 23 was admitted on 08/05/2024. Resident 23's admission agreement did not include the method for notifying residents of changes, terms for resident notification to the CBRF of voluntary discharge, and reasons and notice requirements for involuntary discharge or transfer, including transfer within the CBRF. Resident 24 was admitted on 08/08/2024. Resident 24's admission agreement did not include the method for notifying residents of changes, terms for resident notification to the CBRF of voluntary discharge, and reasons and notice requirements for involuntary discharge or transfer, including transfer within the CBRF. On 08/19/2024, at 01:30 PM, Surveyors interviewed Administrator I. Administrator I confirmed Resident 23's guardian did not sign the admission agreement. Administrator I reported s/he was unaware of all the requirements the admission agreement should contain.	N 310		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N 381		

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N 381	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess each resident's needs, abilities, and physical and mental condition before admitting the person for 3 of 3 residents (Resident 22, Resident 23, and Resident 24). Resident 22, Resident 23, and Resident 24 were not assessed prior to admission in the following areas 1. Physical health, including identification of chronic, short-term, and recurring illnesses, oral health, physical disabilities, and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident's ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident's self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment, or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. Findings include:	N 381		

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N 381	Continued From page 10 On 08/19/2024, at 12:00 PM, Surveyors reviewed resident records and identified the following: Resident 22 was admitted on 07/05/2024. Resident 22's preadmission assessment was undated. Resident 22's preadmission assessment did not identify Resident 22's needs in the following areas: 1. Physical health, including identification of chronic, short-term, and recurring illnesses, oral health, physical disabilities, and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident's ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident's self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment, or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. Resident 23 was admitted on 08/05/2024. Resident 23's preadmission assessment did not include 1. Physical health, including identification of chronic, short-term, and recurring illnesses,	N 381		

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N 381	Continued From page 11 oral health, physical disabilities, and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident's ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident's self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment, or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. Resident 24 was admitted on 08/08/2024. Resident 24's preadmission assessment did not include 1. Physical health, including identification of chronic, short-term, and recurring illnesses, oral health, physical disabilities, and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident's ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident's self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6.	N 381		

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N 381	Continued From page 12 Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment, or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. On 08/19/2024, at 1:30 PM, Surveyors interviewed Administrator I. Administrator I reported s/he was unaware of all the areas the preadmission assessment needed to be completed. Administrator I reported s/he was in the process of changing the preadmission assessment.	N 381		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 13 This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure 1 of 1 resident (Resident 22) had a completed individualized service plan (ISP). Findings include: On 08/19/2024, at 12:50 PM, Surveyors reviewed Resident 22's record. Resident 22 was admitted on 07/05/2024 with diagnoses including Parkinson's disease and dementia. Resident 22's record did not contain an ISP. On 08/19/2024, at 1:30 PM, Surveyors interviewed Administrator I. Administrator I confirmed Resident 22's ISP was not completed within the 30-day requirement. Administrator I reported s/he was not aware that ISPs needed to be completed within 30 days.	N 386		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the	N 393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON SUPPORTIVE CARE	4615 W HAMPTON AVE MILWAUKEE, WI 53218

(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 393	Continued From page 14 resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents (Resident 23 and Resident 24) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. Findings include: On 08/19/2024, 12:00 PM, Surveyors reviewed resident records and identified the following: Resident 23 was admitted on 08/05/2024. Resident 23's record did not contain evidence of a completed resident evacuation assessment. Resident 24 was admitted on 08/08/2024. Resident 24's record did not contain evidence of a completed resident evacuation assessment. On 08/19/2024, at 1:30 PM, Surveyors interviewed Administrator I. Administrator I confirmed the requirement to evaluation residents within 3 days of admission. Administrator I reported s/he thought s/he had completed the evaluations. Administrator I reported s/he did not know where the evacuation evaluations were.	N 393		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF.	N 419		

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N 419	Continued From page 15 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 medication room was locked at all times. The medication room was unlocked and contained resident medications. This is a repeat deficiency. See Statement of Deficiency (SOD) NSBB11, dated 07/31/2023. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 36 residents within correctional clients, advanced aged, physically disabled, and emotionally disturbed/mental illness. On 08/19/2024, at 11:00 AM, Surveyor toured the facility and observed the medication room. The medication room was unsecured. The doors to the medication room had a key locking mechanism, which was not engaged. The room contained counter space and a medication cart. Surveyors observed resident medication on the counter. Surveyors also observed a large plastic bag, on the floor of the medication room, filled with resident prescription medications. Surveyors observed residents moving freely throughout the facility. On 08/19/2024 at 1:30 PM, Surveyors interviewed Administrator I. Administrator I confirmed resident medication should have been securely stored. Administrator I stated, "I thought I locked the door." Administrator I reported the medications on the counter and in the plastic bag needed to be destroyed. Administrator I reported s/he was waiting for a disposal container to be delivered.	N 419		

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{N 454}	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements,	{N 454}		

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{N 454}	Continued From page 17 any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record for 4 of 4 residents reviewed. Resident 23's and Resident 24's records did not contain an initial evaluation of evacuation assessment or a tuberculosis (TB) screening. Resident 3's record did not contain an annual evacuation assessment, a current individual service plan (ISP). Resident 20's record did not contain an accurate admission date. This is being cited for a fifth time. See Statement of Deficiency (SOD) YBO811, dated 02/03/2022, SOD YBO812, dated 10/07/2022, SOD NSSB11,	{N 454}		

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{N 454}	Continued From page 18 dated 07/31/2023 and SOD NSSB12, dated 04/08/2024. Findings include: On 08/19/2024, at 12:00 PM, Surveyors reviewed resident records and identified the following: Resident 23's record did not contain an initial evaluation of evacuation assessment or a TB screening. Resident 24's record did not contain an initial evaluation of evacuation assessment or a TB screening. Resident 3's record did not contain an annual evacuation of assessment or a current ISP. Resident 3's record indicated Resident 3 was admitted on 11/12/2021. The resident roster, provided by Administrator I indicated Resident 3 was admitted on 05/20/2024. Resident 20's "Admission Record" indicated Resident 20 was admitted on 06/02/2015. The resident roster, provided by Administrator I indicated Resident 20 was admitted on 06/12/2016. On 08/19/2024 at 1:30 PM, Surveyors interviewed Administrator I. Administrator I reported s/he was working on updating the files. Administrator I reported s/he would update the files to ensure all required paperwork was there. Administrator I reported s/he had a file for the Surveyors when the verification visit was completed, which contained some of the residents' ISPs.	{N 454}		