STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011944	A. BUILDING: _____ B. WING _____	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY AFH (THE)	3385 BAY SETTLEMENT RD BELLEVUE, WI 54311

(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 10/28/2024, Surveyor conducted a standard survey at Sanctuary AFH (The) in Green Bay. On 10/29/2024, an additional onsite visit was conducted to gather additional information. As a result of the survey, 9 deficiencies were identified. Census: 3	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure two of two exits from the home were ramped to grade when a resident was unable to walk at all or able to only walk with the assistance of a walker.	M 262		

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

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M 262	Continued From page 1 Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill. On 10/28/2024 at approximately 10:50 AM, Surveyor toured the home. Licensee A identified the two exits of the home. Surveyor observed two exits on the same side of the house. Surveyor observed 1 of the 2 exits had a ramp to enter/exit the home; however, the ramp did not lead directly to the door. Where the ramp ended, there was an additional step to navigate in order enter/exit the home. The other exit on the same side of the house was not ramped and required the use of 3 steps to enter/exit the home. Surveyor observed Resident 3 ambulating with a 4-wheeled walker. Surveyor also observed a wheelchair in the living room. On 10/29/2024 at approximately 3:50 PM, Surveyor observed Resident 2 returning home from day program on a bus. Surveyor observed Resident 2 exit the bus using a 2-wheeled walker and have difficulties walking as s/he ambulated towards the house. On 10/28/2024 at approximately 11:20 AM, Surveyor interviewed Licensee A who reported Resident 2 and Resident 3 are semi-ambulatory and use walkers to ambulate. Licensee A stated Resident 2 uses a walker inside and outside of the home, but a wheelchair during fire drills. On 10/29/2024 at 1:12 PM, during an additional onsite visit, Surveyor interviewed Licensee A. S/he stated the ramp was added about a week ago. Licensee A stated when Resident 2 admitted in 2007 s/he was ambulatory, but over time s/he	M 262		

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M 262	Continued From page 2 has declined. Licensee A reported Resident 2 began using a walker in the home about a year ago. S/he stated Resident 2 is wobbly on his/her feet and will use the wall for support. Licensee A reported, "I ask [Resident 2] to use [his/her] walker so [s/he] won't fall. It's easier for [him/her] to steady [him/herself]." Licensee A stated Resident 2 can get out of the house on his/her own during an emergency, but Licensee A practices fire drills with Resident 2 using a wheelchair because s/he can exit the home more quickly. Licensee A said Resident 3 has been using a walker since admission on 11/20/2020.	M 262		
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 interviews, the provider did not ensure the home was clean and well-maintained, having the potential to affect all 3 residents. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill. On 10/28/2024 at 9:25 AM, Surveyor conducted	M 276		

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M 276	Continued From page 3	M 276		

an onsite visit to the home. On 10/29/2024 at 1:05 PM, Surveyor conducted an additional onsite visit to the home to gather additional information.

On 10/28/2024 at approximately 10:50 AM, Surveyor toured the home accompanied by Licensee A. Surveyor observed the following:

*A vent on the wall near the dining room table had dust in the vent and on the wall surrounding the vent.

*The walls near the dining room table had dried food splatter, dust and cobwebs in the corners.

*A vent in the hallway near Resident 2's bedroom was covered in dust.

*Carpeting throughout the kitchen, dining room and hallway had dark/brown stains throughout and was rippled in various areas.

*The bottom of the bathroom tub was covered in soap scum and was brown/black in color. The walls of the tub were also covered in soap scum.

*The shower curtain was covered in soap scum and had a brown-like substance near the bottom.

*There was dried urine surrounding the base of the toilet.

*The windows in the living room had cobwebs and dead flies in the corners.

On 10/28/2024 at approximately 11:15 AM, Surveyor interviewed Licensee A who acknowledged Surveyor's findings.

On 10/29/2024 at approximately 3:15 PM, during

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M 276	Continued From page 4 the second onsite visit, Surveyor observed the bottom of the bathroom tub had been cleaned and the vent near the kitchen table had been dusted. Licensee A stated Resident 2 helped clean the vent near the kitchen table. Surveyor observed Resident 1 attempting to clean the dusty vent in the hallway prior to Surveyor leaving the home.	M 276		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 residents reviewed was evaluated, using the Department's form, immediately following placement to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 3's ability to evacuate the home was not evaluated immediately following placement using the Department's form. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally	M 344		

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M 344	Continued From page 5 disabled/mentally ill. On 10/28/2024 at approximately 9:30 AM, during the initial onsite visit, Surveyor observed Resident 3 ambulating down the hallway of the home pushing a 4-wheeled walker. On 10/29/2024 at 1:05 PM, Surveyor conducted an additional onsite visit to the home to gather additional information. During this visit, Surveyor again observed Resident 3 ambulating throughout the home using a 4-wheeled walker. On 10/29/2024 at approximately 1:30 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the home on 11/20/2020. Resident 3's record did not include an evacuation assessment. On 10/29/2024 at approximately 2:15 PM, Surveyor interviewed Licensee A who acknowledged Resident 3 did not have an evacuation assessment.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed	M 346		

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M 346	Continued From page 6	M 346		

were evaluated annually for evacuation time, using the department's form. Resident 1 did not have an evacuation assessment, using the department's form, completed in 2021, 2022 or 2023. Resident 2 did not have an evacuation assessment completed in 2020, 2022 or 2023.

Findings include:

The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill.

On 10/28/2024 at 9:25 AM, Surveyor conducted an onsite visit to the home. On 10/29/2024 at 1:05 PM, Surveyor conducted an additional onsite visit to the home to gather additional information.

Surveyor reviewed resident records and identified the following:

Resident 1 has lived at the home since May 2004, prior to the facility becoming licensed on 09/28/2007. Resident 1's record did not contain an evacuation assessment for 2021, 2022 or 2023.

Resident 2 was admitted to the facility on 09/28/2007. Resident 2's record did not contain an evacuation assessment for 2020, 2022 or 2023.

On 10/29/2024 at approximately 2:15 PM, Surveyor interviewed Licensee A who acknowledged the evacuation assessments were not done annually on Resident 1 or Resident 2.

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M 386	Continued From page 7	M 386		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not establish a service agreement for each resident admitted to the home for 2 of 2 residents (Resident 2 and Resident 3). Findings include: On 10/28/2024 at 9:25 AM, Surveyor conducted an initial onsite visit to the home. On 10/29/2024 at 1:05 PM, Surveyor conducted an additional onsite visit to the home to gather additional information. Surveyor reviewed resident records and identified the following: -Resident 2 was admitted on 09/28/2007. Resident 2's record did not include a signed service agreement. -Resident 3 was admitted on 11/20/2020. Resident 3's record did not include a signed service agreement. On 10/29/2024 at approximately 2:15 PM, Surveyor interviewed Licensee A who acknowledged Resident 2 and Resident 3 did not have service agreements. Licensee A stated Resident 2 has been with him/her for a long time,	M 386		

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M 386	Continued From page 8 so s/he was surprised it was not in his/her record. Licensee A could not recall if Resident 3 had a service agreement.	M 386		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on interview and record review, the licensee did not develop an individual service plan (ISP) to address the needs and abilities in the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation for 1 of 3 (Resident 3) residents reviewed. Resident 3 was admitted to the home on 11/20/2020. Resident 3's record did not contain an ISP. Findings Include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill. On 10/28/2024 at approximately 9:45 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the home on 11/20/2020 with diagnoses to include multiple sclerosis, anxiety,	M 410		

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M 410	Continued From page 9 depression and major neurocognitive disorder and dementia related to multiple sclerosis. Resident 3 is protectively placed, has a guardian and a managed care organization (MCO). Resident 3's record did not contain an ISP to address the needs and abilities in the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. On 10/28/2024 at approximately 11:25 AM, Surveyor interviewed Licensee A who acknowledged Resident 3 did not have an ISP. Licensee A reported Resident 3 has a care team and s/he was not sure why s/he did not have one in his/her record.	M 410		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's Individual Service Plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's ISP did not include a signed statement of agreement by all involved parties. Findings include: The provider is licensed to care for up to 4	M 420		

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M 420	Continued From page 10 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill. On 10/28/2024 at approximately 9:35 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the home on 09/28/2007, had a guardian and a managed care organization (MCO). Surveyor reviewed Resident 2's ISP with a plan date of 04/01/2024 and a next review date of October 2024. Surveyor observed the page where the team would sign their understanding of agreement with the ISP to be blank with no resident or guardian signature and no confirmation case manager was invited to participate in the service plan review. On 10/28/2024 at approximately 11:25 AM, Surveyor interviewed Licensee A regarding Resident 2's ISP being unsigned. Licensee A acknowledged the ISP was not signed, but will make sure they are signed going forward. Licensee A reported they meet with the care team every 3 months and the ISP is reviewed each time.	M 420		
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 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	M 424		

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M 424	Continued From page 11 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 observation, record review and interview, the provider did not ensure Resident 1's Individual Service Plan (ISP) was reviewed every six months by the licensee, the resident and/or the resident's guardian, the service coordinator or the designated representative. Resident 1's ISP had not been reviewed in 6 years. Findings include: On 10/28/2024 at approximately 9:25 AM, Surveyor reviewed Resident 1's record. Resident 1 is his/her own person and has lived at the home since May 2004, prior to the facility becoming licensed on 09/28/2007. Resident 1 had one ISP dated 10/26/2018, but none since that date. On 10/28/2024 at approximately 11:25 AM, Surveyor interviewed Licensee A. S/he confirmed the ISP dated 10/26/2018 was the only ISP for Resident 1 and it has not been reviewed since then. Resident 1 proceeded to review his/her ISP and Surveyor observed as s/he dated the document 10/28/2024, the day of Surveyor's onsite visit. Surveyor observed as Resident 1 then handed the ISP to Licensee A who also dated the document, 10/28/2024.	M 424		

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M 424	Continued From page 12 The provider did not ensure Resident 1's ISP was reviewed and updated at least every 6 months as required.	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 facility did not keep all prescription medications in the original container as received from the pharmacy. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, alcohol/drug dependent and/or emotionally disabled/mentally ill. On 10/28/2024 at 10:50 AM, Surveyor toured the home accompanied by Licensee A and observed the following: Resident 3's medication was stored in a filing cabinet in Licensee A's room. Licensee A pulled	M 458		

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M 458	Continued From page 13 out a medication container from the medication cabinet s/he stated s/he used as a daily pill pack for Resident 3's medications. This medication container did not have any medication labels on it. Resident 3's pill pack was filled for the day from the blister packs of medication stored in the medication cabinet. On 10/28/2024 at 11:15 AM, Surveyor interviewed Licensee A who stated Resident 3 has a lot of medications, so s/he prefills the medication container daily with Resident 3's medications from the blister packs s/he receives from the pharmacy. Licensee A acknowledged there were no labels on the medication container. Licensee A stated even though it is not labeled s/he knows what medications are in it and when to administer them to Resident 3.	M 458		