STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018429	A. BUILDING: _____ B. WING _____	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF HOPE RESIDENTIAL LIVING HOME	4944 N 38TH STREET MILWAUKEE, WI 53209

(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 08/02/2023, Surveyor completed a complaint investigation at House of Hope Residential Living Home LLC. As a result, 3 deficiencies were identified. The complaint was substantiated. Census: 3	M 000		
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 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 reviewed and updated at least every 6 months for 2 of 2 residents. Resident 1's ISP should have been reviewed and updated at least 3 times since admission.	M 424		

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

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M 424	Continued From page 1	M 424		

Resident 2's ISP should have been reviewed and updated at least 3 times since admission. Resident 1 and Resident 2 exhibited behaviors and interventions to manage behaviors were not included in their ISPs.

Findings include:

On 07/26/2023, Surveyor reviewed resident records and identified the following:

Example 1

Resident 1 was admitted on 07/02/2021, with diagnoses including paranoid schizophrenia, bipolar disorder, hypothyroidism, and unspecified intellectual disabilities.

Resident 1's ISP was dated 07/04/2021. Resident 1's record did not include evidence Resident 1's ISP was reviewed and updated in 01/2022, 07/2022, or 01/2023. Resident 1's ISP did not include interventions to manage property destruction and verbal aggression.

Example 2

Resident 2 was admitted on 09/10/2021, with diagnoses including pre-diabetes, hypothyroidism, dependent personality disorder, and mild intellectual disability.

Resident 2's ISP was dated 09/12/2021. Resident 2's record did not include evidence Resident 2's ISP was reviewed and updated in 03/2022, 09/2022, or 03/2023. Resident 2's ISP did not include interventions to manage property destruction and verbal aggression.

On 07/26/2023, at 12:05 p.m., Surveyor

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M 424	Continued From page 2	M 424		

interviewed Licensee A and Manager B. Licensee A reported it was his/her responsibility to ensure development of ISPs. Licensee A reported Resident 1 and Resident 2 had behaviors in the home. Manager B reported Resident 1 and Resident 2 would swear, fight, pinch, kick, and spit at staff. When Resident 1 and Resident 2 had behaviors in the home, Licensee A stated, "it was a gut instinct not to take them out if they were having behaviors ...We play it by ear how we handle Resident 1 and Resident 2 going out into the community."

Licensee A reported s/he was in process of updating new ISPs since last survey and did not provide any written interventions for staff to follow. Licensee A reported s/he believed staff was following the plans created by the managed care organization.

On 07/26/2023, at 12:05 p.m., Surveyor interviewed Resident 1. Resident 1 reported s/he loved living in the facility but could not do things if s/he has behaviors. Resident 1 stated s/he did not get out to see fireworks on the fourth of July because of his/her behaviors.

On 07/26/2023, at 1:00 p.m., Surveyor interviewed Resident 2. Resident 2 reported s/he loved living in the facility, " ...except when I'm bad. I can't go out."

On 07/26/2023, at 3:15 p.m., Licensee A confirmed there was no written plan or interventions for caregivers to reference on how to manage Resident 1 and Resident 2's challenging behaviors. Licensee A reported s/he was in process of updating new ISPs to ensure caregivers had a reference point for interventions.

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M 424	Continued From page 3 Cross Reference: N0432 DHS 88.07(1)(d) Shall Allow Residents to Participate	M 424		
M 432	88.07(1)(d) SHALL ALLOW RESIDENTS TO PARTICIPATE The licensee shall allow residents to participate in all activities that the resident selects unless contrary to the resident's individualized service plan or the home's program statement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not allow each resident to participate in activities contrary to the resident's individualized service plan (ISP) or the home's program statement for 2 of 2 residents. Licensee A withheld activities from Resident 1 and Resident 2. Findings include: On 07/26/2023, Surveyor reviewed the provider's program statement received in department file on 12/28/2020. The program statement read, "House of Hope Residential Living Home provides services specified in each residents ISP." On 07/26/2023, Surveyor reviewed resident records and identified the following: Resident 1 -Resident 1 was admitted on 07/02/2021, with diagnoses including paranoid schizophrenia, bipolar disorder, hypothyroidism, and unspecified intellectual disabilities. -Resident 1's ISP was dated 07/04/2021.	M 432		

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Resident 1's ISP did not address behaviors that would withhold participation in activities that Resident 1 selected. Resident 1 did not have an updated ISP.
-Resident 1's Member Centered Plan, under Community Integration/Cultural/Spiritual-Personal experience outcome read, "I will attend church services, visit the YMCA for exercising, and continue to exercise visit with friends."

Resident 2
-Resident 2 was admitted on 09/10/2021, with diagnoses including pre-diabetes, hypothyroidism, dependent personality disorder, and mild intellectual disability.
-Resident 2's ISP was dated 09/12/2021.
Resident 2's ISP did not address behaviors that would withhold participation in activities that Resident 2 selected. Resident 2 did not have an updated ISP.

On 07/26/2023, Surveyor reviewed the provider's Caregiver Log:

On 03/28/2023, Caregiver E wrote, " ...[Resident 1] tried leaving the house twice and wants me to call police and Licensee A says s/he's on restriction!"

On 03/30/2023, Manager B wrote, " ... we talked a little bit about life and how they can do better."

On 04/02/2023, Caregiver E wrote, " ...[Resident 1] was acting up every [sic] since s/he opened his/her eyes. S/He went into pantry and ate snack at 10:00 a.m. and told Resident 2 s/he bet [sic] not tell ... S/He called Licensee A and staff 'B' words and every word in the book. S/He spoke with Manager B about 4 times and Licensee A once ...S/He stated, 'it's about to go down.' S/He

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packed his/her clothes and shattered glass on the floor from his/her frame picture [sic] S/He tried to pack. S/He eventually went to sleep."

On 04/03/2023, Manager B wrote, " ...[Licensee A] came over to talk with [Resident 1] about his/her behavior that happened on 04/02/2023. [Resident 1] is on a 30-day behavior plan."

On 04/15/2023, Manager B wrote, " ...Both Residents are still on restriction."

Interviews:

On 07/26/2023, at 12:05 p.m., Surveyor interviewed Licensee A and Manager B. Licensee A reported it was his/her responsibility to ensure development of ISPs. Licensee A reported Resident 1 and Resident 2 had behaviors in the home. Manager B reported Resident 1 and Resident 2 would swear, fight, pinch, kick, and spit at staff. When Resident 1 and Resident 2 had behaviors in the home, Licensee A stated, "it was a gut instinct not to take them out if they were having behaviors ...We play it by ear how we handle Resident 1 and Resident 2 going out into the community...They need to behave."

On 07/26/2023, at 12:55 p.m., Surveyor interviewed Resident 1. Resident 1 reported s/he loved living in the facility but could not do things if s/he had behaviors. Resident 1 stated s/he did not get out to see fireworks on the fourth of July because of his/her behaviors. Surveyor asked Resident 1 if s/he attend church services, visited the YMCA for exercising, and continued to exercise visits with friends. Resident 1 stated, "No." S/He mainly went shopping.

On 07/26/2023, at 1:00 p.m., Surveyor

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interviewed Resident 2. Resident 2 reported s/he loved living in the facility, " ...except when I'm bad. I can't go out." S/He reported mainly going shopping and getting nails done.

On 07/26/2023, at 12:05 p.m., Surveyor interviewed Manager B, who reported s/he intended to take residents out to the fireworks on the fourth of July. However, due to behaviors, s/he decided to keep the resident's home and have a picnic. Manager B could not recall specifically what happened and did not document the occurrences anywhere.

On 07/26/2023, at 3:15 p.m., Licensee A confirmed there was no written plan or interventions for caregivers to reference on how to manage Resident 1's and Resident 2's challenging behaviors.

On 07/26/2023, at 1:00 p.m., Surveyor interviewed Member Support Manager (MSM) D who reported Care Manager (CM) C documented in June 2023 that Licensee A may not be taking residents out due to behaviors.

On 08/02/2023 at 11:52 a.m., during exit conference, Surveyor discussed findings with Licensee A. Licensee A reported residents did go out on outings. However, when they have abusive behaviors and staff could not redirect them and they try to leave, the staff kept the residents home for the safety of the staff, the residents, and the community. Licensee A confirmed the plan s/he reported was not in writing for anyone to follow.

Cross Reference: N0424 88.06(3)(f) Review of ISP

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M 582	Continued From page 7	M 582		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a resident received all medications at the intervals prescribed by the resident's physician for 1 of 2 residents. Resident 2 was not given medication as ordered and missed 49 of 75 doses of lorazepam from 07/01/2023 through 07/25/2023. Findings included: On 07/26/2023, Surveyor reviewed Resident 2's record. Surveyor observed the Medication Administration Record (MAR) dated 07/01/2023 to 07/31/2023 for 1 milligram (mg) tablet of lorazepam by mouth three times a day. "Lorazepam belongs to a class of medications called benzodiazepines. It is thought that benzodiazepines work by enhancing the activity of certain neurotransmitters in the brain. Lorazepam is used in adults and children at least 12 years old to treat anxiety disorders. After you stop using lorazepam, seek medical help right away if you have symptoms such as: unusual muscle movements, being more active or	M 582		

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talkative, sudden and severe changes in mood or behavior, confusion, hallucinations, seizures, suicidal thoughts or actions." (Source: Drugs.com, Lorazepam, August 01, 2023, https://www.drugs.com/lorazepam.html (retrieval date 08/01/2023).)

Surveyor reviewed Resident 2's MAR for 07/01/2023 to 07/26/2023. Resident 2's medication administration record (MAR) indicated Resident 2 was prescribed scheduled doses of lorazepam by mouth three times a day. The backside of Resident 2's lorazepam MAR was blank.

Resident 2's packaged medications and MARs identified the following dates and times Resident 2 did not receive her/his medications:

-07/01/2023, at 8:00 a.m., lorazepam 1 mg
-07/01/2023, at 12:00 p.m., lorazepam 1 mg
-07/01/2023, at 8:00 p.m., lorazepam 1 mg

-07/02/2023, at 8:00 a.m., lorazepam 1 mg
-07/02/2023, at 12:00 p.m., lorazepam 1 mg
-07/02/2023, at 8:00 p.m., lorazepam 1 mg

-07/03/2023, at 8:00 a.m., lorazepam 1 mg
-07/03/2023, at 12:00 p.m., lorazepam 1 mg
-07/03/2023, at 8:00 p.m., lorazepam 1 mg

-07/04/2023, at 8:00 a.m., lorazepam 1 mg
-07/04/2023, at 12:00 p.m., lorazepam 1 mg
-07/04/2023, at 8:00 p.m., lorazepam 1 mg

-07/05/2023, at 8:00 a.m., lorazepam 1 mg
-07/05/2023, at 12:00 p.m., lorazepam 1 mg
-07/05/2023, at 8:00 p.m., lorazepam 1 mg

-07/06/2023, at 8:00 a.m., lorazepam 1 mg

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-07/06/2023, at 12:00 p.m., lorazepam 1 mg
-07/06/2023, at 8:00 p.m., lorazepam 1 mg

-07/07/2023, at 8:00 a.m., lorazepam 1 mg
-07/07/2023, at 12:00 p.m., lorazepam 1 mg
-07/07/2023, at 8:00 p.m., lorazepam 1 mg

-07/08/2023, at 8:00 a.m., lorazepam 1 mg
-07/08/2023, at 12:00 p.m., lorazepam 1 mg
-07/08/2023, at 8:00 p.m., lorazepam 1 mg

-07/09/2023, at 8:00 a.m., lorazepam 1 mg
-07/09/2023, at 12:00 p.m., lorazepam 1 mg
-07/09/2023, at 8:00 p.m., lorazepam 1 mg

-07/13/2023, at 8:00 a.m., lorazepam 1 mg
-07/13/2023, at 12:00 p.m., lorazepam 1 mg
-07/13/2023, at 8:00 p.m., lorazepam 1 mg

-07/14/2023, at 8:00 p.m., lorazepam 1 mg
-07/15/2023, at 8:00 p.m., lorazepam 1 mg

-07/16/2023, at 8:00 a.m., lorazepam 1 mg
-07/16/2023, at 12:00 p.m., lorazepam 1 mg
-07/16/2023, at 8:00 p.m., lorazepam 1 mg

-07/17/2023, at 12:00 p.m., lorazepam 1 mg
-07/17/2023, at 8:00 p.m., lorazepam 1 mg

-07/18/2023, at 12:00 p.m., lorazepam 1 mg
-07/18/2023, at 8:00 p.m., lorazepam 1 mg

-07/19/2023, at 12:00 p.m., lorazepam 1 mg

-07/20/2023, at 8:00 p.m., lorazepam 1 mg

-07/22/2023, at 8:00 a.m., lorazepam 1 mg
-07/22/2023, at 12:00 p.m., lorazepam 1 mg
-07/22/2023, at 8:00 p.m., lorazepam 1 mg

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M 582	Continued From page 10 -07/23/2023, at 8:00 a.m., lorazepam 1 mg -07/23/2023, at 12:00 p.m., lorazepam 1 mg -07/23/2023, at 8:00 p.m., lorazepam 1 mg -07/24/2023, at 8:00 p.m., lorazepam 1 mg -07/25/2023, at 8:00 p.m., lorazepam 1 mg On 07/26/2023 at 2:17 p.m., Surveyor interviewed Manager B. Manager B explained Resident 2 received his/her lorazepam as needed. Surveyor and Manager B reviewed the medication card. Manager B stated, "It does not say as needed. But that is what the doctor told us, so that's what we do." On 07/26/2023 at 2:38 p.m., Surveyor informed Licensee A Manager B of the medication bubble packs and MARs discrepancy. Licensee A stated, "We have been administering the lorazepam as PRN (as needed)." On 07/28/2023, Surveyor reviewed Resident 2's physician visit summary provided by Licensee A. The patient medication summary, dated 07/12/2023, identified, "lorazepam 1 mg tablet. Take 1 tablet by mouth three times a day." On 07/28/2023, Surveyor reviewed Resident 2's medication list provided by Licensee A. The patient medication summary dated 07/27/2023 identified, "lorazepam 1 mg tablet. Take 1 tablet by mouth three times a day." On 08/02/2023 at 11:40 a.m., during exit conference, Surveyor confirmed with Licensee A that Manager B audited MARs every Monday but did not know that lorazepam was a scheduled medication. S/He made sure all medication were signed off. Licensee A reported they were trying	M 582		

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M 582	Continued From page 11 to get the residents a new psychiatrist. Psychiatrist F was difficult to communicate with.	M 582		