STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019385	A. BUILDING: _____ B. WING _____	R 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2423 W CUSTER AVE 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 12/11/2024, Surveyor completed a verification visit at Serenity Garden Adult Family Home. Five deficiencies were identified. Three of the 5 deficiencies were repeat violations (see SOD QW9V11, dated 05/06/2024). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 130	88.03(5)(c) CHARGED OR CONVICTED OF CRIME Within 48 hours, that the licensee or service provider has pending or has been charged with or convicted of any crime which is substantially related to caring for dependent persons. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the Department within 48 hours that Licensee A had pending charges substantially related to caring for dependent persons. Licensee A was charged with s. 947.01(1) Disorderly Conduct. Findings include: The provider was licensed as a non-ambulatory adult family home (AFH) to care for up to 3 residents in the client groups public funding, traumatic brain injury, advanced age,	M 130		

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

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M 130	Continued From page 1	M 130		

developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and terminally ill.

On 10/01/2024 the Department received a complaint alleging caregiver misconduct by Licensee A with a resident (Person P) at her/his other licensed home (facility 0020003).

On 10/14/2024, Surveyor reviewed WI Circuit Court Automation Program (CCAP), which revealed the following:

Milwaukee County Case Number 2024CM002824, State of Wisconsin vs. [Licensee A], Filing Date: 10/04/2024

Count No. 1
Statute: 947.01(1)
Description: Disorderly Conduct
Severity: Misdemeanor B

On 10/14/2024, Surveyor reviewed the Department's records and did not find documentation to indicate the provider notified the Department within 48 hours after Licensee A had pending charges substantially related to caring for dependent persons.

On 10/16/2024, at 10:45 AM, Surveyor interviewed Licensee A. Licensee A reported the following:

S/He was arrested and charged with Disorderly Conduct on 10/01/2024, for an incident which occurred on 10/01/2024, with Person P. S/He was not aware arrests/charges were required to be reported to the Department. Surveyor explained the self-reporting requirements for an AFH and provided information where the

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M 130	Continued From page 2 self-report forms could be located. Licensee A was unfamiliar with the self-reporting process. As of 11/13/2024, Licensee A has not reported the above charges to the Department. Cross reference: M0214 - 88.04(1)(c) - Responsible, Mature And Reputable Character	M 130		
M 214	88.04(1)(c) RESPONSIBLE, MATURE AND REPUTABLE CHARACTER The licensee and service provider shall be persons who are responsible, mature and of reputable character who exercise and display the capacity to successfully provide care for 3 or 4 unrelated adult residents as identified in the home's program statement. This Rule is not met as evidenced by: Based on record review, observation, and interview the licensee did not demonstrate s/he was a person who was responsible, mature and of reputable character, and who exercised and displayed the capacity to successfully provide care for 3 vulnerable adult residents as identified in the home's program statement. The licensee was charged with a crime substantially related to caring for dependent persons and did not report it to the Department; did not disclose prior history with the Department as a provider who had licenses revoked and denied; and falsified documents. Findings include:	M 214		

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M 214	Continued From page 3 The provider was licensed as a non-ambulatory AFH to care for up to 3 residents in the client groups public funding, traumatic brain injury, advanced age, developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and terminally ill. On 12/11/2024, at 1:10 PM, Surveyor reviewed Department documents and identified the following: License History - On 10/16/2024, at 4:46 PM, Licensee A emailed Surveyor a copy of her/his background information disclosure (BID). Upon review of the BID, Licensee A listed Person E as an alias. - Facility identification number (ID) 0013050, Life Care Senior Living, and facility ID 0014026, Life Care Senior Living - Hilbert were licensed under the name Person E and with the business name Life Care Senior Living Limited Liability Company (LLC). A license was issued for facility ID 0013050 on 04/01/2010. An application for facility ID 0014026 was received on 12/30/2011. - The application for a license for facility ID 0014026 was denied on 08/27/2013. - On 05/06/2014, the State of Wisconsin (WI) Division of Hearings and Appeals (DHA) made a decision relating to Person E's request to appeal the license revocation for facility 0013050. The document stated the following: "Findings of fact: 1. On or about April 1, 2010,	M 214		

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M 214	Continued From page 4 [Person E] received a license from DHS (Department of Health Services) to operate an Adult Family Home (AFH) known as Life Care Senior Living - Wauwatosa (LCSL-Wauwatosa) . . . 3. On August 27, 2013, DHA issued a decision in Case No. ML-12-0125 affirming the Department's denial of a license to [Person E's] commission of fraud when seeking public benefits from Milwaukee Enrollment Services (MilES) and the Division of Workforce Development (DWD). The ALJ (Administrative Law Judge) in that decision concluded: 'Because the Department demonstrated by a preponderance of evidence that [Person E] committed fraud in applying for and receiving public benefits, [and] that [s/he] was not of "reputable character," . . . the Department properly denied [her/him] license application for LCSL-Hilbert pursuant to Wis. Admin. Code §§ DHS 88.03(2) and (3) and 88.04(1)(c).' '[Person E]'s AFH license application for LCSL-Hilbert was properly denied pursuant to Wis. Admin. Code §§ 88.03(2) and (3) and 88.04(1)(c) because [s/he] committed fraud when seeking public benefits from MilES and DWD, and, as a result, was not of reputable character . . . ' 5. On November 5, 2013 the Department issued a Notice and Order to the LCSL-Wauwatosa [facility ID 0013050] including a Notice of Violation, Notice of License Revocation, Order Not to Admit New or Additional Residents, Notice of Special Orders, and Notice of Right to Appeal pursuant to Wis. Stat. Ch. 50 and Wis. Admin. Code ch DHS 88. The notice included Statement of Deficiencies (SOD) #B42V11. The license revocation cites [Person E's] failure to meet	M 214		

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M 214	Continued From page 5	M 214		

minimum licensing requirements in DHS 88.04(1)(c) as the basis for the revocation.

6. On November 22, 2013, [Person E] filed an appeal of the license revocation action of DHS with the DHA.

Discussion: . . . In summary, whether [Person E] meets minimum licensing requirements to operate an AFH was litigated and decided in Case ML-12-0125 . . . Therefore, I conclude that DHS' motion to dismiss should be granted based on the doctrine of issue preclusion."

The Order issued by WI DHA was signed by ALJ F on 05/06/2014.

- The license for facility ID 0013050 was revoked on 07/13/2015.

- On 10/16/2017, the Department received an application for Serenity Garden AFH, which was assigned facility ID 0017025. The applicant listed was Licensee A.

On the application under the fit and qualified section, question 1 asked, "Has the licensee ever operated a residential facility, health care facility, or a day care program for adults or children in Wisconsin or in any other state?" Licensee A reported, "Yes. Life Care Personal Care Agency LLC. 1370 S. 74th Street, West Allis, WI 53214, Matthew Adult Family Home, 2423 W. Custered Ave. Milwaukee WI 53219 [sic]."

Question 3 asked, "Has the licensee ever had a license, certification or governmental approval to operate a facility/program denied, revoked, suspended or not renewed?" Licensee A reported, "No." The "No" response omitted the

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revocation of the license for facility ID 0013050, and the application denial for facility ID 0014026.

Licensee A signed the application on 10/12/2017 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to $10,000 or imprisonment not to exceed 6 years, or both (Wis. Stat. § 946.32)."

Licensee A signed a revised application for facility ID 0013050 on 03/23/2018, updating the licensing to non-ambulatory classification.

The application was reviewed, and a revisions letter was sent on 11/29/2017 to Licensee A requesting submittal of a background check, explanation of delinquent taxes, and documentation stating resolution.

After additional review of the application a license was issued on 05/01/2018.

- On 11/21/2022, the Department received an application from Licensee A, for Serenity Garden Adult Family Home, which was assigned facility ID 0019385.

On the application under the fit and qualified section, question 1 asked, "Have you ever applied for licensure for a residential facility, health care facility, or a day care program for adults or children and been denied licensure?" Licensee A reported, "Yes. I currently own and operate an Adult Family Home in Milwaukee County." Licensee A omitted the application denial of facility ID 0014026.

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M 214	Continued From page 7 Question 4 asked, "Have you ever had any license, certification, or governmental approval to operate facility/ program revoked, suspended, or nor [sic] renewed in Wisconsin or any other state?" Licensee A reported, "No." The "No" response omitted the revocation of the license for facility ID 0013050, and the application denial for facility ID 0014026. Licensee A signed the application on 11/21/2022 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years or both (Wis. Stat. § 946.32)." The application was reviewed, and Licensee A was issued a license on 01/19/2023. - On 10/04/2023, the Department received an application from Licensee A, for Serenity Garden Adult Family Home, which was assigned facility ID 0020003. On the application under the fit and qualified section, question 1 asked, "Have you ever applied for licensure for a residential facility, health care facility, or a day care program for adults or children and been denied licensure?" Licensee A reported, "No." Licensee A omitted the application denial of facility ID 0014026. Question 2 asked, "Have you ever operated a residential facility, health care facility, or a day care program for adults or children in Wisconsin or in any other state?" Licensee A reported, "No." Licensee A omitted 2 active licenses for AFHs	M 214		

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(facility ID 0017025 and facility ID 0019385), and facility ID 0013050, which was previously revoked.

Question 4 asked, "Have you ever had any license, certification, or governmental approval to operate facility/ program revoked, suspended, or nor [sic] renewed in Wisconsin or any other state?" Licensee A reported, "No." The "No" response omitted the revocation of the license for facility ID 0013050.

Licensee A signed the application on 10/16/2023 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years or both (Wis. Stat. § 946.32)."

The application was reviewed. The fit and qualified review reported findings "of concern." The concerns listed were, "Criminal charges history in Wisconsin . . . delinquent taxes owed by applicant . . . determination of fit and qualified and financial stability." Licensee A was issued a license 05/08/2024.

The AFH biennial report for facility 0020003, generated from the online application, requested "names of all persons, age 10 or older, who live in the facility and are not client residents." Licensee A did not list Person D, who was living in the home. During an interview with Licensee A, on 10/16/2024, Licensee A reported s/he lived at Serenity Garden AFH "sometimes" and her/his spouse "comes every now and then." Police reports dated, 06/23/2021, 03/19/2024,

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05/30/2024, and 10/01/2024, obtained by Surveyor, reported Licensee A and Person D resided at the address for Serenity Garden AFH. Person P reported Licensee A and Person D resided in the basement at Serenity Garden AFH.

Criminal History

On 12/05/2024, at 5:21 PM, Surveyor requested records from West Allis Police Department (WAPD). On 12/09/2024, at 11:53 AM, Surveyor received the records and reviewed them. The following was identified:

Police report written by Police Officer (PO) L, dated 05/30/2024, reported Licensee A was arrested for Criminal Damage to Property and Disorderly Conduct - Domestic Abuse. PO L's report stated, " . . . [Person D] stated [Licensee A] became extremely angry with [her/him] and kicked an outdoor table over. [Person D] stated the glass plate on the table fell over and shattered on the ground. [Person D] stated [Licensee A] then walked up to [her/him] and scratched at [her/his] neck . . . Based on [Person D's] statement about [Licensee A] scratching [her/his] neck and smashing the table glass, [Licensee A's] admission to pushing the table over, [Person D's] obvious scratch mark to [her/his] neck, [Person D's] lack of consent to [Licensee A's] actions and the domestic relationship between [Person D] and [Licensee A], [Licensee A] was determined to be the predominant aggressor and was taken into custody."

Police report written by PO M, dated 05/30/2024, stated, " . . . Witness statement: Upon arrival, I made contact with a resident and witness to this incident. I identified [her/him] as [Person N].

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[Person N's] caregiver, [Licensee A] had a verbal argument with [her/his] ex-[spouse] and other co-habitant, [Person D]. The context of the argument was unknown. [Person N] then observed [Licensee A] and [Person D] outside to the rear of the residence where [Licensee A] picked up and 'smashed' a patio table onto the ground causing the glass to break . . . "

Licensee A did not report the above incident to the Department.

On 10/01/2024, Licensee A was arrested for having a warrant through WAPD for the above Disorderly Conduct incident. S/He signed a personal recognizance bond for the warrant.

Police report written by PO J, dated 10/01/2024, reported police had been called to Serenity Garden AFH by Person P for the report of Licensee A kicking her/him out of the residence. The police report stated, " . . .It was determined [Person P] would be let back into the residence. When officers went to leave, [Person P] could be heard screaming for help. Officers stood by the door and could hear [Licensee A] saying 'I'm gonna [sic] beat your [expletive].' [Licensee A] opened the door for officers, [Person P] said [Licensee A] grabbed [her/his] arms and neck which caused pain. Red marks were visible on [Person P's] skin. [Person P] also alleged [Licensee A] had wrapped [her/his] hand around [her/his] throat and impeded [her/his] breathing. [Licensee A] was arrested for strangulation and suffocation, along with intentionally abuse/neglect patient . . . "

Observation

On 10/23/2024, at approximately 10:50 AM,

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M 214	Continued From page 11 Surveyor reviewed PO G's body camera footage (Axon Body 3 X60A8620N, 10/01/2024, 17:43:57), and the following was observed: Licensee A was speaking loudly at PO G. S/He was waiving her/his arms and pointing fingers towards PO G. Licensee A was concerned with why Person P left the door to the residence open, and not with Person P's need for medical attention. Licensee A told PO G Person P could not come back into the residence and if s/he did it would create a "hostile" situation. Licensee A told PO G s/he did not want to provide cares for Person P. Interview On 10/16/2024, at 10:45 AM, Surveyor interviewed Licensee A. Licensee A reported the following: Licensee A admitted Person P into the home knowing Person P had a care plan, created by MyChoice, which required daily cares for Person P. Licensee A informed Person P's Case Manager O s/he would not be at the residence during daytime hours to provide cares for Person P. An agreement was made between Case Manager O and Licensee A in which Person P resided at the home as a tenant, received room/board, and was provided with 3 meals per day. WI Ch. DHS 88 defines an AFH as " . . . a place where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place . . . " Licensee A reported a care plan, communicable disease screening, including tuberculosis (TB), and admission health	M 214		

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exam were completed for Person P. Person P had Nurse C 2-3 days per week to assist with medications and a transportation company to provide medical transport.

On 10/19/2024, at 6:40 PM, Licensee A sent Surveyor an email, which contradicted the above information regarding the admittance of Person P. The following was stated in the email:

" . . . [Person P] was admitted on September 4th, 2024, at 6pm [sic]. The TB skin test was scheduled by [Person P] after the 7 days. the [sic] doctor was able to see [Person P] later in the month. The [sic] was no availability . . . I know the TB screen should be done before the resident move [sic] in. The physical should be done with in [sic] 5-7 days after the move in. The primary care physician did not have any available until later in the month . . . I do not have a copy of an order to administer medications. [Case Manager O] indicated that [s/he] administered [her/his] own medication. [Case Manager O] also indicated the that was a nurse that come by to set up [Person P's] medication [sic]. That's how [s/he] had had it set up at [her/his] previously residents [sic]. Individual service plan I sent you from [her/his] Case manager [sic]. Serenity Garden has 30 days to develop ISP (individual service plan) [sic]." The above documentation was not provided to Surveyor.

Attached to the email from Licensee A were 2 documents labeled, "Evacuation" and "resident service." The evacuation document was a Resident Evacuation Assessment for Person P, completed on 09/04/2024. The resident service document was a Resident Service Agreement, which identified Person P as the resident. Signatures of the resident or representative,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2423 W CUSTER AVE 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 214	Continued From page 13 facility representative, case manager, and client rights specialist were not on the Resident Service Agreement. Under the "Services Provided" section of the document it stated, " . . . Beginning on 9/6/24 [sic] the Facility shall provide to the Resident the services, items and activities listed on Exhibit 1 at the Basic Services Rate described in (SECTION I) below . . . Services will be determined based upon a written Individual Service Plan (ISP) and obtained prior to the Resident's admission to the Facility." Exhibit 1 was not included in the documents sent to Surveyor. Licensee A licensee did not demonstrate s/he was a person who was responsible, mature and of reputable character, and who exercised and displayed the capacity to successfully provide care for 3 vulnerable adult residents. The licensee failed to follow or attempt to understand the requirements of DHS 88. Licensee A's lack of knowledge of DHS 88, resulted in facilities that were not meeting code requirements, falsifying documents, abuse/neglect of a resident, admissions of non-ambulatory residents into ambulatory licensed facilities, and failure to self-report to the Department. Cross reference: M0130 - 88.03(5)(c) - Charged Or Convicted of Crime M0262 - 88.05(2)(a) - Difficulty Walking	M 214		
{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	{M 262}		

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{M 262}	Continued From page 14	{M 262}		

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 and interview, the provider did not ensure all doorway clear openings were at least 32 inches for 1 of 1 bathroom and 3 of 3 bedrooms. Three of 3 residents required a wheelchair for mobility and were not able to go into the bathroom or easily navigate in and out of their rooms.

This is a repeat violation. See Statement of Deficiency (SOD) QW9V11, dated 05/06/2024.

Findings include:

On 10/21/2024, at 9:20 AM, Surveyor toured the facility and observed the following:

- All 3 residents (Resident 1, Resident 2, and Resident 3) required the use of a wheelchair for mobility

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{M 262}	Continued From page 15 - The only bathroom in the home had a doorway with a clear opening of 29.75 inches - All three resident bedrooms had a doorway with a clear opening of 27.75 inches - Resident 1 had a commode inside her/his bedroom On 10/21/2024, Surveyor reviewed the department electronic file for the facility. On 04/05/2023, Licensee A requested an amendment to change his/her license classification from ambulatory to non-ambulatory. The request stated, "I'm attesting that my AFH meets the DHS codes for NON AMBUTORY [sic]...8805(2)(a)-(d)..." A license amendment to change the license from ambulatory to non-ambulatory was approved on 04/19/2023. On 10/21/2024, at 9:30 AM, Surveyor interviewed Resident 3. Resident 3 reported s/he had to angle her/his wheelchair to get through her/his bedroom door opening. S/He reported s/he did not use the bathroom in the home for any purpose due to not being able to fit with her/his wheelchair. A nurse has done bathing procedures in Resident 3's room. Resident 3 was seeking another place to live due to the home not accommodating her/his non-ambulatory status. On 10/21/2024, at 9:32 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had a difficult time moving in and out of her/his bedroom and had to put her/his arms inside her/his wheelchair to get through the door opening. Resident 1 reported none of the residents used the bathroom in the home. S/He was told a shower chair was being purchased so that showers could be taken in the bathroom. Resident 1 had bathing procedures completed inside her/his bedroom by staff. Resident 1 had a	{M 262}		

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{M 262}	Continued From page 16 commode in her/his bedroom and reported s/he used the commode and not the toilet in the bathroom. Resident 1 stated, "they have no way to get me into the bathroom." On 10/21/2024, at 9:58 AM, Surveyor interviewed Caregiver C. Caregiver C reported the door to the bathroom was widened, but it was not large enough for the wheelchairs to fit. Caregiver C reported the bathroom was "too small" for Resident 1 and Resident 3. Cross Reference: M0214 - 88.04(1)(c) - Responsible, Mature And Reputable Character	{M 262}		
{M 550}	88.10(3)(b) Privacy 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had physical privacy	{M 550}		

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{M 550}	Continued From page 17 in living arrangements for 3 of 3 residents residing in the home (Resident 1, Resident 2, and Resident 3). There was an electronic video monitoring camera mounted in the kitchen. This is a repeat violation. See Statement of Deficiency (SOD) QW9V11, dated 05/06/2024. Findings include: On 10/21/2024, at approximately 9:00 AM, Surveyor observed a camera in the corner of the kitchen facing the kitchen area. The camera recorded audio and video. On 10/21/2024, at 9:00 AM, Surveyor interviewed Caregiver C regarding the use of the cameras. Caregiver C reported the camera was active in the kitchen and it was viewable from Licensee A's office. S/He reported the camera was there to keep watch on everything. Caregiver C also reported the camera/security person was coming out on 10/22/2024 to put up perimeter cameras.	{M 550}		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	{M 570}		

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{M 570}	Continued From page 18	{M 570}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure hot water was kept at a safe temperature for 1 of 1 bathroom. The water from the bathroom faucet was 122.2° Fahrenheit (F).

This is a repeat violation. See Statement of Deficiency (SOD) QW9V11, dated 05/06/2024.

Findings include:

This facility was licensed on 01/19/2023 to serve up to 3 residents in client groups of developmentally disabled, irreversible dementia/Alzheimer's, terminally ill, emotionally disturbed/mental illness, advanced age, physically disabled, and traumatic brain injury.

On 10/21/2024, at 9:20 AM, Surveyor observed the hot water temperature in the bathroom, which measured 122.2° F.

On 10/21/2024, at approximately 9:20 AM, Surveyors interviewed Caregiver C. Caregiver C confirmed the water temperature was 122.2° F. Caregiver C did not provide any further information on the water temperature or any logs kept at the home.

"Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in

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{M 570}	Continued From page 19 which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017)	{M 570}		