STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016564	A. BUILDING: _____ B. WING _____	R-C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOTS RESIDENTIAL ADULT FAMILY HOME L	1936 FRANKLIN RACINE, WI 53403

(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 09/25/2024, Surveyors conducted a complaint investigation, verification visit and two self-report reviews at Roots Residential Adult Family Home LLC, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Complaint unsubstantiated. No findings related to the self-report reviews. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident's individual service plan (ISP) addressed the level of supervision required in the home. Resident 1 has a history of suicidal ideation and self-harm. Resident 1 has a 1:1 staff member 24 hours a day. Caregiver D left Resident 1 unattended for approximately 30 minutes. Findings include: This provider is able to serve up to 4 residents within the client groups of physically disabled; traumatic brain injury; developmentally disabled;	M 414		

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M 414	Continued From page 1	M 414		

emotionally disturbed/mental Illness; advanced age; terminally ill; and irreversible dementia/Alzheimer's.

On 09/25/2024 at approximately 9:15 AM, Surveyors observed Resident 1 in his/her room sleeping. Caregiver D was sitting outside of Resident 1's room. Caregiver D then followed Surveyors back down to the dining room table. At approximately 9:49 AM, Surveyors asked Caregiver D if Resident 1 was a 1:1 and s/he stated "yeah, s/he is." Caregiver D left the dining room area and went upstairs to check on Resident 1. Resident 1 then came downstairs with Caregiver D at approximately 9:55 AM.

On 09/25/2024, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 11/14/2021 with diagnoses of bipolar disorder and schizophrenia. Resident 1 is his/her own person and makes his/her own decisions.

Resident 1's current individual service plan (ISP), dated 07/18/2024, indicated the following:

-Needs 24-hour supervision
-Has displayed aggressive and combative behavior
-[Resident 1] has displayed self-abusive behavior. Staff will monitor all behaviors and redirect as needed
-Wandering: There is no elopement risk currently. 24-hour awake staff to redirect.
-Feels suicidal some of the time. Staff will assist and redirect as needed.

Resident 1's current behavioral support plan (BSP) dated 07/18/2024 indicated the following:

History:

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M 414	Continued From page 2 -[Resident 1] is a 1:1 awake staff/24 hours with exception to 3rd shift being a 1:2 staffing pattern daily. Staffing pattern will be reviewed regularly. Description of Challenging or Dangerous "Target" Behaviors: -can become depressed from lack of attention, psychotic symptoms, struggles to adjust, physical aggression, self-harm, and property damage Resident 1's ISP does not address a level of supervision in the home. A summary of Resident 1's behavior support plan (BSP), dated 07/18/2024, identifies Resident 1 as a 1:1 at all times except 3rd shift due to Resident 1's challenging or dangerous behaviors. The record did not contain any other information regarding Resident 1's level of supervision in the home and how staff were to implement the 1:1 ratio to keep Resident 1 safe. On 09/25/2024 at approximately 11:45 AM, Surveyors conducted an exit conference with Human Resource (HR) Director B. HR Director B stated Resident 1 is a 1:1 at all times. HR Director B stated Caregiver D should have been by Resident 1 at all times and should not have left him/her unattended upstairs while Surveyors were in the building. HR Director B stated the BSP identified the staffing ratio and confirmed it was not identified in the ISP.	M 414		