STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017816	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AN INNOVATIVE CARE II	12124 43RD AVE PLEASANT PRAIRIE, WI 53158

(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 10/17/2025 to 10/20/2025, Surveyor conducted a standard licensing survey at An Innovative Care II. Three deficiencies were identified. Census: 4	M 000		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not have a plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. Resident 1 was considered a point of rescue (POR). Findings include: This provider is licensed to care for up to 4 residents in the client groups of: traumatic brain injury, irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled, and advanced age. On 10/17/2025 at 8:05 AM, Surveyor toured the facility. While checking the provider's 2nd exit, Surveyor observed a sign posted on Resident 1's bedroom window. The sign read "Point of Rescue! Non-ambulatory patient in this bedroom."	M 342		

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

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M 342	Continued From page 1 On 10/17/2025 at 8:25 AM, Surveyor interviewed Caregiver B. Caregiver B provided a verbal summary of Resident 1. Caregiver B stated Resident 1 required total assistance with activities of daily living, used a wheelchair for mobility, and transferred via sit-to-stand to his/her wheelchair, recliner, and bed. Caregiver B stated Resident 1 was identified as a point of rescue due to him/her not being able to evacuate within 2 minutes. On 10/17/2025 at 8:48 AM, Surveyor toured Resident 1's room. Surveyor observed Resident 1 sitting in his/her recliner chair. Surveyor observed Resident 1's high back wheelchair and sit to stand next to his/her hospital bed. Surveyor reviewed the provider's fire emergency response procedure, which read: "When the Fire Department Arrives: -Tell the fire department if any residents are unaccounted for, where they may be located within the building and if they are a "Point of Rescue" individual. If necessary, provide a picture of the resident from the back of the emergency binder. -Provide a floor plan of the building. (Located in the emergency binder.) -Find temporary shelter at the nearest neighbor for the residents if the weather is inclement. -Notify the fire department where you are going." Surveyor reviewed the provider's fire drills from 07/03/2023 to 07/07/2025. The following was documented: -07/03/2023: Total evacuation time: 2 min 35 sec. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "All residents besides point of rescues evacuated promptly." -08/05/2023: Total evacuation time: 3 min 45 sec.	M 342		

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M 342	Continued From page 2 -04/01/2024: Total evacuation time: 3 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1] took 3 min to exit the home." -07/01/2024: Total evacuation time: 3 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1] (point of rescue)." -10/07/2024: Total evacuation time: 2 min 54 sec. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "All residents evacuated in a prompt manner with the exception of the 'point of rescue' residents. [Resident 1] is a point of rescue as labeled on window and emergency plan." -01/04/2025: Total evacuation time: 3 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1]-point of rescue." -01/06/2025: Total evacuation time: 3.5 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1] (point of rescue)." -04/07/2025: Total evacuation time: 3.5 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1] took 3min to exit the home." -06/02/2025: Total evacuation time: 3 min. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1]-point of rescue or requires assistance with easy stand." -07/07/2025: Total evacuation time: 2 min and 30	M 342		

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M 342	Continued From page 3	M 342		

sec. Record residents having an evacuation time greater than the time allowed and the type of assistance needed for evacuation: "[Resident 1] was already in [his/her] wheelchair and in the living room which allowed [him/her] enough time to get out of the home in 2 min and 30 sec."

Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/08/2022 with diagnoses including obesity, hemiplegia affecting left nondominant side, and type 2 diabetes. Resident 1 had a guardian. Resident 1's individual service plan (ISP) dated 10/13/2025 documented: "Mobility and Transferring: AFH staff are to use a sit to stand device for all of [Resident 1's] transfers. [Resident 1] requires full assistance with this task. AFH staff should encourage [Resident 1] to stand in the "Sit to Stand" for as long as possible to minimize the muscles in [his/her] legs losing its capabilities. [Resident 1] has a wheelchair that [s/he] uses for outings, otherwise [Resident 1] does prefer to only sit in [his/her] recliner that's located in [his/her] bedroom. Physical Disabilities: [Resident 1] displays evidence of having right extremity paralysis due to HX of stroke. [Resident 1] requires AFH staff to use easy stand to perform all transfers."

Resident 1's resident evacuation assessment dated 04/01/2025 documented:
-"Impaired Mobility: Yes was marked for "Slow means the resident prepares to leave and travels to the exit, for an area of refuge, at a speed significantly slower than norms (specifically, not within a period of 90 seconds.)" Yes was marked for "Needs Full Assistance or very slow-Needs full assistance means the resident may require physical assistance from a staff member during most of the evacuation or the total time required

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for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility."
-"Need for extra staff: Yes was marked for "Needs only one staff" means there is no specific evidence that the resident needs help from two or more persons in a fire emergency."
The document included typed evaluator remarks: "Once in [his/her] chair and in designated area [Resident 1] can remain in safe position until further directions are given. Will continue to monitor resident evacuation with quarterly fire drills and update Resident Evacuation Assessment with any changes. Resident is labeled a "point of rescue."

On 10/20/2025 at 2:00 PM, Surveyor conducted an exit conference and shared findings with Administrator A and Licensee C via phone. Administrator A stated back in 2022 a consulting company told the provider they could admit point of rescue residents if identified in the home emergency plan and if discussions with the local fire department took place. Surveyor asked what the provider would do with Resident 1 if there was a fire and s/he was in bed. Administrator A stated when Resident 1 admitted, s/he sent the fire department a picture of the provider's floor plan with rooms identified with point of rescue residents. Administrator A noted the fire department would know Resident 1 was a point of rescue, so we would allow them to evacuate him/her. Licensee C stated s/he was not aware POR was prohibited in adult family homes. Licensee C stated another surveyor came out to another one of their homes and was told POR residents were allowed. Licensee C asked if a waiver could be submitted. Surveyor noted s/he reviewed Department records and did not find a waiver for the point of rescue on record at this

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M 342	Continued From page 5 time. Licensee C stated s/he would submit a waiver with Administrator A.	M 342		
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, record review, and interview, the provider did not ensure prescription medications were securely stored for 2 of 2 residents. Resident 2's and Resident 3's medications were left unsecured on the kitchen table on the day of survey (10/17/2025). Findings include: On 10/17/2025 at 7:45 AM, Surveyor entered the home and went to sit at the kitchen table to conduct a standard licensing survey. Surveyor observed no residents sitting at the table or in the vicinity of the kitchen. Surveyor observed at one seat a small white medicine cup with 6 pills inside and at another seat an insulin pen left at the table. After a few minutes inside the facility, Caregiver B removed the medications from the	M 458		

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table and put them back inside the provider's locked med cabinets.

On 10/17/2025 at 8:25 AM, Surveyor interviewed Caregiver B regarding the medications left unsecured. Caregiver B reported the insulin pen belonged to Resident 2 and the medications left in the cup belonged to Resident 3. Caregiver B reported s/he knows medications are supposed to be securely stored until administration. Caregiver B stated "I know better than that." Caregiver B confirmed the provider was responsible for administering Resident 2's and Resident 3's medications.

On 10/17/2025, Surveyor reviewed Resident 2's and Resident 3's record. The following was found:

-Resident 2 was admitted to the facility on 05/23/2025 with a diagnosis of type 2 diabetes. Resident 2's physician orders included: "Trulicity 1.5mg/0.5 Ml pen with instructions to inject under skin once weekly with a start date of 09/26/2025."

-Resident 3 was admitted to the facility on 03/28/2022 with diagnosis of type 2 diabetes. Resident 3's physician orders included: "-Oxybutynin 5 mg tab with instructions to take 1 tablet by mouth every day (8am per October 2025 Medication Administration Record (MAR)), with a start date of 10/01/2025. -Metformin 500 mg tablet with instructions to take 2 tablets by mouth every day with breakfast, with a start date of 07/07/2025. -Sertraline 50 mg tablet with instructions to take 1 tablet by mouth daily (8am), with a start date of 08/27/2025. -Vitamin B-6 100 mg tablet with instructions to take 1 tablet by mouth 2 times a day (8am/8pm), with a start date of 03/15/2025. -Senna tablet with instructions to

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M 458	Continued From page 7 take 1 tablet every day (8am), with a start date of 06/27/2025." On 10/20/2025 at 2:00 PM, Surveyor conducted an exit conference and shared findings with Administrator A and Licensee C. Surveyor asked for clarification on which 1 of Resident 2's insulin pen was left unsecured during survey. Administrator A reported it was Resident 2's Trulicity insulin pen that was left unsecured. Administrator A reported s/he already had talked with Caregiver B and provided reeducation.	M 458		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the resident's right to a safe physical environment. The dryer was vented with non-rigid material. Findings include:	M 570		

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M 570	Continued From page 8 According to FEMA (Federal Emergency Management Agency), "Facts about home clothes dryer fires...2,900 home clothes dryer fires are reported each year and cause an estimated 5 deaths, 100 injuries, and $35 million in property loss...Maintenance-Inspect the venting system behind the dryer to ensure it is not damaged or restricted. Put a covering on outside wall dampers to keep out rain, snow and dirt. Make sure the outdoor vent covering opens when the dryer is on. Replace coiled-wire foil or plastic venting with rigid, non-ribbed metal duct. (Source: https://www.usfa.fema.gov/prevention/outreach/clothes_dryers.html (Retrieval date 10/18/2025))" On 10/17/2025 at 8:02 AM, Surveyor observed the provider's laundry room. Surveyor observed the dryer's vent was made of non-rigid material and was over 8 ft long. On 10/20/2025 at 2:00 PM, Surveyor conducted an exit conference and shared findings with Administrator A and Licensee C. Administrator A acknowledged an understanding of the concern. Administrator A stated s/he was working to have the dryer vent changed to rigid material.	M 570		