STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015163	A. BUILDING: _____ B. WING _____	R-C 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN NORTH 89TH	7453 N 89TH STREET MILWAUKEE, WI 53224

(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 06/27/2024, Surveyors concluded a verification visit and a complaint investigation at REM Wisconsin North 89th. As a result, 1 deficiency was identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 0	{M 000}		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services specified in 1 of 1 resident's behavior support plan (BSP) were provided. Resident 2's staff did not follow interventions in his/her BSP and Resident 2 received a self-inflicted wound to his/her lip. Findings include: On 05/29/2024, the Department received a complaint alleging caregiver abuse of residents. On 06/20/2024, Surveyors reviewed Resident 2's record. Resident 2 was admitted to the facility on 11/24/2014, with diagnoses including mood	M 436		

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

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M 436	Continued From page 1 disorder, autism, and moderate intellectual disability. Resident 2's record identified the following: --Resident 2's Incident Report, dated 05/15/2024, timestamped 8:00 AM, written by Program Director (PD) E, stated, "Incident Information: [Resident 2] had a jacket that wasn't her [sic] and staff was trying to get it from [him/her] [sic] [Resident 2] was pulling on the jacket from the staff and when [Resident 2] pulled back on the Jacket [sic] [Resident 2] hit [him/herself] in [his/her] lip. [Resident 2] lip was a little swollen [sic] staff put ice on [his/her] lip and started a body chart. Staff report it to PD...Self Injury..hit [him/herself] in the mouth..." There was no information in Resident 2's record which described any preceding events or redirection used by staff to get the jacket back from Resident 2 prior to the incident occurring. --Resident 2's Shift Note for 05/15/2024, timestamped 8:23 AM, and written by Previous Caregiver D, stated, "when [sic] I arrived [Resident 2] was slobbing [sic] on [his/her] sweat shirt so I had to take it off to wash after [Resident 2] took my sweatshirt was putting it on and during me trying to take it off and from [him/her] we both was pulling so I gain a strong pull that [his/her] hands made [him/her] bust [his/her] own lip like tug a war so I did body chart [sic]." --Individual Service Plan (ISP), dated 05/20/2024, stated, "Describe Level of Supervision: [Resident 2] has 1:1 supervision between the hours of 8a and 10p...Behavioral Challenges which require support interventions: Aggressive to Staff...Property Destruction...Sexualized Behavior...Elopement Risk...Support Interventions Utilized: 1:1 Supervision...Verbal	M 436		

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M 436	Continued From page 2	M 436		

Redirection...Sensory Supports...Non-Negotiables: 1:1 staff, in home and community activities, room to walk, clothes, physical respect...Activities/Recreation Skills and Interests:...Van rides, haircuts, going to parks, outside, out to eat, apples, pizza, being on the go, organizing activities, 'pretty girl' activities, cartoons...and music." Resident 2's ISP detailed a goal of keeping himself/herself safe with the following stated interventions, "[Resident 2] may exhibit in [sic] self abusive [sic] behavior of picking at [his/her] skin, fingernails. Examples of when/why this may occur: Anxiety, being bored, transition times...[Resident 2] may attempt to leave without staff putting [him/herself] in dangerous situations. Examples of when/why this may occur: Wanting to see family, transition times, wants clothing...[Resident 2] may cause property destruction of wet/shredding clothing. Examples of when/why this may occur: Doesn't like them, unhappy about what is being asked of [him/her]...[Resident 2] may purposely urinate/defecate/smear. Examples of why/when this may occur: Upset about what is being asked of [him/her] not feeling well, challenging staff, wants clothing, being told "no", someone take [his/her] things, someone trying to prevent [him/her] from getting something."

--BSP, dated 05/20/2024, stated, "Rationale for Support Plan...[Resident 2's] behaviors are a response to a need...History...[Resident 2] needs to follow structured routines and have input into [his/her] life choices. [S/He] may imitate your words and actions if [s/he] likes you and your approach...[Resident 2] struggles with personal boundaries and needs others to model desired behavior...Essential Strategies...Keep [Resident 2] involved in preferred activities...Utilize preferred activities throughout the day and during

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M 436	Continued From page 3	M 436		

transitions to non-preferred activities...Redirect rather than telling [him/her] 'no'...Use statements that provide direction...Provide positive reinforcement...Reinforcement...[Resident 2] thrives on positive interactions/comments...Behavior...Property Destruction...Interventions: Wait until [s/he] is not focused on the item..."

--Resident 2's Behavior Data Tracking sheets for April 2024 and May 2024, identified staff did not document whether or not Resident 2 had behaviors on 04/02/2024, and 04/04/2024 through 05/23/2024, as instructions on the data tracking forms indicated.

On 06/27/2024, at 3:41 PM, Surveyor interviewed Area Director C. Area Director C reported Previous Caregiver D was terminated due to an incident which occurred a day or two after the incident where Resident 2 received a swollen lip. Area Director C confirmed staff did not implement Resident 2's BSP by engaging in a "tug of war" with Resident 2. Staff should have used redirection and positive reinforcement to eventually obtain the personal item back. Area Director C confirmed the data tracking for behaviors should have been completely filled out, especially since each resident at the facility had a 1:1 staff person for all waking hours and so they could monitor their behavioral needs. Area Director C reported the facility had been without a home manager for several weeks, and staff previously had oversight with management in the home. Area Director C reported Program Director E should have been completing frequent visits to the facility to monitor staff and ensure all documentation was completed. Area Director C reported they had been unable to staff the home appropriately and had discharged residents to

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M 436	Continued From page 4 other facilities, so they could renovate the adult family home and identify how they can obtain the staff necessary to run the facility effectively. Area Director C reported when they found out staff were not implementing ISPs or BSPs, the staff would have been retrained on interventions outlined in the plans. Area Director C confirmed Previous Caregiver D was not retrained on Resident 2's BSP because s/he was terminated as a result from another incident. Area Director C reported s/he could not find evidence Previous Caregiver D was trained on Resident 2's ISP or BSP.	M 436		