Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019748	A. BUILDING: _____ B. WING _____	C 09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALING HANDS AFH	**2810 16TH ST RACINE, WI 53405**

(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 09/19/2024, Surveyor completed 4 complaint investigations at Healing Hands. As a result, 2 deficient practices were identified. Four complaints were substantiated. Census: 0	M 000		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) Individual Service Plan (ISP) included all required information. Resident 1's ISP did not include the level of supervision Resident 1 needed in the home and community, behaviors Resident 1 exhibited, or a signed statement of agreement. Findings include: On 07/26/2024, 07/30/2024, and 08/07/2024, the department received complaints regarding supervision in the home. On 08/23/2024, at 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1's ISP, not dated, identified Resident 1 required assistance with medication monitoring, individual skill development which included budgeting, housekeeping skills, and meal planning. Resident	M 410		

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

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M 410	Continued From page 1 1's ISP was not signed. Surveyor reviewed incident reports and identified the following: 04/06/2024 - Resident 1 was yelling and attempted to destroy the kitchen. 05/31/2024 - Resident broke into the medicine cabinet and took about a weeks' worth of medication. Staff searched Resident 1's room for other medications and found a knife. On 08/23/2024, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 required 2:1 staffing due to behaviors. Licensee A reported Resident 1 was a 1:1 when s/he first was admitted but had an incident of breaking into the medication cupboard and an increase in verbal threats which caused Resident 1 to become a 2:1 staffing ratio. Licensee A reported on the day Resident 1 passed away, s/he was working. Licensee A reported s/he conducted 2 hour checks on Resident 1 during the night. Summary: Resident 1's ISP did not identify Resident 1's level of supervision in the home or community or identify behaviors Resident 1 was exhibiting.	M 410		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be	M 556		

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M 556	Continued From page 2	M 556		

imposed unless specifically identified in the home's program statement or the resident's individual service plan.
An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) did not have a curfew or other restrictions on a resident's freedom of choice. Resident 1 had a curfew at night.

Findings include:

On 05/17/2024, the department received a complaint alleging concerns with resident rights.

On 08/23/2024, at 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1's individual service plan (ISP), not dated, did not identify Resident 1's behaviors.

On 09/05/2024, at 2:05 PM, Surveyor reviewed progress notes from Case Manager B which indicated the following:

06/26/2024 - "[Resident 1] told writer that they are breaking [her/his] client rights because [s/he's] not allowed to go downstairs after 10:00pm [sic] to take a smoke break or grab snacks, whereas [s/he] was able to do so at previous group homes ..."

06/28/2024 - "Writer stated that [s/he] would follow-up with [Licensee A] regarding the house rules and allowing some flexibility to take a

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M 556	Continued From page 3 smoke break during the night if needed ...." Surveyor reviewed an email, dated 07/05/2024, from Licensee A to Case Manager B. The email stated, " ...When it comes to smoking. [sic] [S/He] [sic] was caught again smoking in [her/his] room by staff and denied it. [Resident 1] is allowed to smoke outside in designated areas whenever [s/he] wants up until curfew." On 03/19/2024, at 3:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he worked in collaboration with Case Manager B. Licensee A reported Case Manager B wanted Resident 1 to wind down and get some sleep at night. Licensee A reported Resident 1's doctor had concerns about Resident 1's smoking. Licensee A reported there was no curfew for Resident 1. When Surveyor inquired about the email between Licensee A and Case Manager B, Licensee A reported s/he thought s/he was doing what was best for Resident 1 to help Resident 1 sleep at night to help decrease her/his behaviors. Licensee A reported s/he thought by working with Case Manager B and Resident 1's doctor, it would be okay.	M 556		