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
	0017369	A. BUILDING: _____ B. WING _____	R-C 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDIES FAITH HOUSES LLC	**4903 N 42ND STREET BROWN DEER, 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 11/30/2023, Surveyor conducted a verification visit at Addies Faith Houses LLC. Four deficiencies were identified. Three of 4 deficiencies were repeat violations. See SOD S49811, dated 10/12/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
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 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, record review, and interview, the provider did not ensure 2 of 2 exits	M 262		

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

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M 262	Continued From page 1 from the home were ramped to grade with a hard surfaced pathway with handrails. Resident 2 utilized a walker for mobility. The rear exit did not contain a ramp. The front exit contained a portable, metal ramp with no handrails. Findings include: On 11/302023, at 9:30 AM, Surveyor toured the home and observed the following: -The front exit contained a portable, metal ramp with no handrails placed over the steps. -The rear exit contained 3 steps and was not ramped. -Resident 3 utilized a walker for mobility. On 11/30/2023, at 9:35 AM, Surveyor interviewed Resident 3. Resident 3 reported s/he utilized a walker at all times for mobility. Resident 3 reported s/he was unable to exit the home from the rear exit. Resident 3 stated, "I can't, there's no ramp on the back door." On 11/30/2023, at 10:15 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 04/17/2023, with diagnoses including arthritis, and morbid obesity. On 11/30/2023, at 11:55 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code.	M 262		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the	{M 466}		

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{M 466}	Continued From page 2 particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's medication administration record (MAR) identified the name of the medication administered. Resident 2's November 2023 MAR did not contain the names of any medications administered. This is a repeat deficiency. See Statement of Deficiency S49811, dated 10/12/2022. Findings include: On 11/30/2023, at 10:45 AM, Surveyor reviewed Resident 2's record. Resident 2's November 2023 MAR was documented on a printout titled "Vital Signs." The form contained columns labeled date, blood pressure, pulse, respirations, temperature, weight, and staff. Handwritten at the top of the form was "AM Meds PM and November 2023." Staff documented the date, time, and staff initials on the MAR. The MAR did not identify the names of the medications administered. On 11/30/2023, at 10:55 AM, Surveyor interviewed Licensee A regarding the MAR. Licensee A reported s/he was unsure why the November 2023 MAR did not contain the required information. Licensee A did not provide an explanation regarding the November 2023 MAR.	{M 466}		

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{M 482}	Continued From page 3	{M 482}		
{M 482}	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record for 2 of 2 residents within the home. Resident 2 and Resident 3 did not have complete records. Resident 2's record did not contain a service agreement. Resident 3's record did not contain a service agreement and a statement indicating resident rights and grievance procedures were explained. This is a repeat deficiency. See Statement of Deficiency S49811, dated 10/12/2022. Findings include: On 11/30/2023, at 10:50 AM, Surveyor reviewed resident records for Residents 2 and Resident 3. -Resident 2's record did not contain a service agreement. -Resident 3's record did not contain a service agreement and a statement indicating resident rights and grievance procedures were explained. On 11/30/2023, at 11:05 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 2's and Resident 3's records were missing documents. Licensee A reported s/he	{M 482}		

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{M 482}	Continued From page 4 completed the required forms; however, s/he could not locate them. Licensee A stated, "I need to get organized." Licensee A reported s/he would complete new forms.	{M 482}		
{M 514}	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept for 1 of 1 staff reviewed. Caregiver B's record did not contain a Department of Justice report (DOJ) and Wisconsin Caregiver Background Check (IBIS). This is a repeat deficiency. See Statement of Deficiency S49811, dated 10/12/2022. Findings include: On 11/30/2023, at 11:45 AM, Surveyor reviewed Caregiver B's record. Caregiver B's date of hire was 10/16/2021. Caregiver B's record did not contain a DOJ report or IBIS report. On 11/30/2023, at 11:50 AM, Surveyor interviewed Licensee A. Licensee A reported s/he had the missing documents; however, s/he could not locate them. Licensee A reported s/he would	{M 514}		

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{M 514}	Continued From page 5 run a new background check to obtain a DOJ report and IBIS. Licensee A stated, "I need to get organized."	{M 514}		