STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017405	A. BUILDING: _____ B. WING _____	06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEY TO OUR HEARTS ADULT FAMILY HOME L	3808 N 57TH STREET MILWAUKEE, WI 53216

(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 06/15/2023, Surveyor completed a standard survey at Key To Our Hearts. As a result, 8 deficient practices were identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating caregivers were screened for illness detrimental to residents within 90 days before the start of providing service for 1 of 2 caregivers reviewed (Caregiver B). Findings include: On 06/14/2023, at 12:45 PM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 02/01/2023. Caregiver B's record contained a screening tool, titled "Communicable Disease/Tuberculosis Screening Questionnaire,"	M 232		

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

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M 232	Continued From page 1 which was dated, 02/01/2023. The document was not signed by a physician, a registered nurse, or a physician's assistant indicating Caregiver B appeared clinically free from communicable disease. On 06/14/2023, at 1:00 PM, Surveyor interviewed Licensee A regarding Caregiver B's incomplete Communicable Disease Screening form. Licensee A reported s/he was not aware Caregiver B's screening form was not signed. Licensee A reviewed the document and confirmed Caregiver B completed his/her part of the form, but was not signed by a physician, a registered nurse, or physician's assistant.	M 232		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the	M 332		

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M 332	Continued From page 2 date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department for 3 of 3 fire extinguishers. The fire extinguisher in the kitchen, back hall, and 2nd floor were not inspected annually. The tag attached to each indicated the date of the last inspection was January 2022. Findings include: On 06/14/2023, at 9:30 AM, Surveyor observed a fire extinguisher in the kitchen, the back hallway, and the 2nd floor with a tag attached to each one indicating the date of the last inspection was January 2022. On 06/14/2023, at 12:45 PM, Surveyor interviewed Licensee A regarding the fire extinguishers. Licensee A reported s/he was aware of the code requirement. Licensee A reported the process was her/his assistant updated Licensee A when an inspection was needed. Licensee A reported s/he was not aware the fire extinguishers were not inspected. Licensee A reported s/he would take the fire extinguishers in for inspection.	M 332		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a	M 380		

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M 380	Continued From page 3	M 380		

physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure each resident admitted to the facility was screened for tuberculosis (TB), for 2 of 2 residents (Resident 1 and Resident 2).

Findings include:

On 06/14/2023, at 10:10 AM, Surveyor reviewed resident record and identified the following:

Resident 1 was admitted to the facility on 12/13/2020. Resident 1's record did not contain a screening for TB.

Resident 2 was admitted to the facility on 08/21/2021. Resident 2's record did not contain a screening for TB.
On 06/14/2023, at 11:20 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the requirement for TB screening. Licensee A reported s/he thought Resident 1's record contained a TB skin test; however, s/he was unable to locate it. Licensee A reported Resident 2 refused to have a TB skin test, as s/he did not like needles. Licensee A reported Resident 2's parent scheduled and accompanied Resident 2 with management of medical appointments.

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M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was completed prior to admission in 2 of 2 residents reviewed. Resident 1's and Resident 2's service agreements were not signed prior to admission. Resident 1 had resided in the facility for 913 days with no signed service agreement. Resident 2 had resided in the facility for 622 days with no signed service agreement. Findings include: On 06/14/2023, at 10:10 AM, Surveyor reviewed resident record and identified the following: Resident 1 was admitted to the facility on 12/13/2020. Resident 1's record did not contain a signed admission agreement. Resident 1's member centered plan, dated 09/01/2021, identified Resident 1 had a guardian. Resident 2 was admitted to the facility on	M 384		

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M 384	Continued From page 5 08/21/2021. Resident 2's record did not contain a signed admission agreement. On 06/14/2023, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the requirement. Licensee A reported Resident 1 was admitted from the hospital and all admission paperwork was sent to the hospital. Licensee A reported s/he received verbal consent from the hospital social work and no paperwork was given back to her/him. Licensee A reported s/he did not receive written service agreement from Resident 1's guardian. Licensee A reported Resident 1's guardian was not actively involved. Licensee A reported s/he did not follow up regarding the service agreement. Licensee A reported Resident 2 was her/his own person and refused to sign paperwork. Licensee A reported s/he did not attempt to obtain a signed service agreement with Resident 2.	M 384		
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:	M 458		

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M 458	Continued From page 6 Based on observation and interview, the provider did not ensure all medications were securely stored for 1 of 1 medication storage closet. The key for the medication storage closet was hanging on the bulletin board in the living room and accessible to residents and/or visitors. Findings include: On 06/14/2023, at 9:15 AM, Surveyor observed a bulletin board on the living room wall. At the top of the board was a push pin with the keys stored on it. Surveyor observed Caregiver B retrieve the keys and open the medication closet. Caregiver B returned the keys to the bulletin board when finished. Resident 2 and Resident 3 were ambulatory and observed moving freely throughout the home. All medications for Resident 1, Resident 2, Resident 3, and Resident 4 were stored in the closet unsecured. The following medications were in the cabinet: fluvoxamine maleate 50 milligrams (mg), furosemide 20 mg, levetiracetam 500 mg, loratadine 10 mg, oxcarbazepine 300 mg, pantoprazole sodium 40 mg, potassium chloride extended release 10 milliequivalents (Meq), trazodone 100 mg, aspirin 325 mg, donepezil hydrochloride (HCL) 10 mg, losartan 50 mg, melatonin 0.5 mg, quetiapine fumarate 100 mg, quetiapine fumarate 25 mg, sertraline HCL 25 mg, buspirone HCL 5 mg, clonidine HCL 0.1 mg, prazosin 2 mg, escitalopram 20 mg, Adderall extended release 20 mg, alprazolam 1 mg, and divalproex sodium extended release 500 mg. There was approximately 14 days' worth of doses of medication ordered remaining for all residents in the home. On 06/14/2023, at 9:45 AM, Surveyor interviewed Caregiver B regarding the hanging medication	M 458		

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M 458	Continued From page 7 key. Caregiver B reported the key to the medication closet was stored on the push pin so it would not get lost or taken home by staff. Caregiver B reported the key had been stored like that since s/he began working in the home in February 2023. On 06/14/2023, at 1:00 PM, Surveyor interviewed Licensee A regarding the unsecured medications. Licensee A confirmed all medications should have been securely stored and the key on staff at all times. Licensee A reported she would review the medication closet key with the staff to ensure the closet was locked and all medications remained secure.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, prior to dispensing or administering medications to a resident, the provider did not obtain a written order from the physician who prescribed the medication, specifying who by name or position was permitted to administer the medication,	M 464		

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M 464	Continued From page 8	M 464		

under what circumstances, and in what dosage the medication was to be administered for 2 of 2 residents. Resident 1's and Resident 2's records did not contain a physician's order for facility staff to administer medications.

Findings include:

On 06/14/2023, at 10:20 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 12/13/2020, with diagnoses including congestive heart failure, seizure disorder, hypertension, and intellectual disability. Resident 1's record indicated s/he received scheduled medications from staff since admission. There was no evidence of a written physician's order for staff to administer the medications to Resident 1.

Resident 2 was admitted on 08/21/2021, with diagnoses including bipolar, anxiety and attention deficit hyperactivity disorder. Resident 2's record indicated s/he received scheduled medications from staff since admission. There was no evidence of a written physician's order for staff to administer the medications to Resident 2.

On 06/14/2023, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed facility staff administered Resident 1's and Resident 2's medications. Licensee A reported s/he was aware s/he needed a written physician's order for staff to administer medications. Licensee A reported Resident 1 was admitted directly from the hospital and initially did not have a primary physician. Licensee A reported s/he did not obtain an order from the hospital. Licensee A reported Resident 2's medications and physician appointments were managed by Resident 2's

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M 464	Continued From page 9 family. Licensee A reported Resident 2 did not allow the provider to assist with medical appointments or accompany her/him to medical appointments. Surveyor inquired what system was in place to ensure required documentation was in place. Licensee A reported s/he was working with an assistant.	M 464		
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 ensure 2 of 2 residents records contained all required information. Resident 1's and Resident 2's record did not contain their individual service plans (ISP). Findings include: On 06/14/2023, at 10:20 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 12/13/2020, with diagnoses including congestive heart failure, seizure disorder, hypertension, and intellectual disability. Resident 1's record did not contain documentation of an ISP. Resident 2 was admitted on 08/21/2021, with diagnoses including bipolar, anxiety and attention	M 482		

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M 482	Continued From page 10 deficit hyperactivity disorder. Resident 2's record did not contain documentation of an ISP. On 06/14/2023, at 9:30 AM, Surveyor interviewed Caregiver B regarding resident's ISPs. Caregiver B reviewed several binders located in the living room. Caregiver B reported s/he was unable to locate Resident 1 and Resident 2's ISP. On 06/14/2023, at 12:30 PM, Surveyor interviewed Licensee A regarding Resident 1's and Resident 2's ISPs. Licensee A reported s/he was not aware of the code requirement. Licensee A reported s/he was working on scanning and uploading resident's ISPs into an electronic record and the ISPs were at her/his office.	M 482		
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 hot water at 2 of 2 resident bathroom faucets were kept at a safe temperature. The hot water temperature was	M 570		

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M 570	Continued From page 11 122° Fahrenheit (F) at both resident bathroom faucets. Findings include: The adult family home was licensed on 07/11/2019 to serve residents with primary diagnoses of terminal illness, correctional clients, alcohol/drug dependent, traumatic brain injury, advanced age, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, developmental disability, and physical disability. On 06/14/2023, between 9:35 AM and 9:50 AM, Surveyor tested the water temperature in the 1st and 2nd floor residents' bathrooms. The water temperature was 122° F at both faucets. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 06/14/2023, at 11:00 AM, Surveyor interviewed Licensee A regarding the water temperature. Licensee A reported s/he thought the temperature could not exceed 120° F. License A reported s/he would turn down the hot water.	M 570		

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