STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019496	A. BUILDING: _____ B. WING _____	02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOME	10320 S HUMMINGBIRD LN OAK CREEK, WI 53154

(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
N 000	Initial Comments On 02/15/2024, with information gathered through 02/20/2024, Surveyor conducted a standard survey at Trinity Home. As a result, 2 deficiencies were identified. Census: 5	N 000		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the	N 310		

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

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N 310	Continued From page 1 custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and staff interview, the facility went through a change in ownership and was licensed effective 07/19/2023. The provider did not obtain a signed and dated admission agreement for 1 of 3 resident records reviewed. Resident 1 did not have a signed admission agreement with the new licensee. Findings include: The facility is a Class CNA CBRF that serves residents who may be developmentally disabled, advanced aged, public funding, physically disabled, advanced age, traumatic brain injury and have diagnoses of irreversible dementia/Alzheimer's disease. On 02/15/2024, as part of a standard survey, Surveyor requested to review complete resident file for Resident 1. The following was identified: Admission date with previous license: 10/19/2020 Admission date with new license: 07/19/2023 Resident 1 received public funding. The admission agreement provided to Surveyor was the admission agreement with the previous licensee. There was no evidence Resident 1 had completed an admission agreement with the current licensee.	N 310		

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N 310	Continued From page 2 On 02/15/2024, Surveyor reviewed the facility admission agreement received by the Department on 03/15/2023 from Licensee A during the application process. The admission agreement read, "Should the resident receive public funding, a current service authorization must be in place for the LMW Operations LLC facility." On 02/15/2024, at 2:50 p.m., Surveyor interviewed Licensee A and informed Licensee A of the findings. Surveyor asked Licensee A if s/he or another licensee representative signed admission agreements with the residents when Licensee A became licensee. Licensee A said s/he was using all the documents from the previous company and slowly transitioning things over.	N 310		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required	N 637		

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N 637	Continued From page 3	N 637		

exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 3 of 3 exits were kept free of ice and snow. This created an increased risk for falls and/or injuries. Two of 5 residents utilized walkers for ambulation. One resident was ambulatory.

Findings include:

On 02/15/2024 at 9:00 a.m., Surveyor arrived at the facility and observed ¼ inch of snow, slush, and ice on the driveway. Surveyor observed wheelchair tracks in the snow coming from the front door out to what appeared to be vehicle tire tracks.

On 02/15/2024 at 9:05 a.m., Surveyor interviewed Caregiver B, who explained Resident 1 left at 7:30 a.m. to attend his/her day program. Caregiver B explained Resident 1 was in a wheelchair and needed some assistance. S/He helped a lot with self-propelling the wheelchair with his/her arms.

On 02/15/2024 at 9:15 a.m., Surveyor toured the facility with Caregiver B and observed the following:
-The front exit led straight out to sidewalk to grade and driveway. The driveway to the street was approximately 20 feet long. Surveyor observed ¼ inch of snow, slush, and ice on the driveway.
-The patio, located at the back of the building, led

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N 637	Continued From page 4 straight out to sidewalk to grade. There were two exit doors. The patio had ice and ¼ layer of snow. At 9:50 a.m., Surveyor interviewed Caregiver B and asked where the residents went in a fire evacuation. Caregiver B was unable to identify fire evacuation meeting place. Surveyor asked Caregiver B who was responsible for making sure the sidewalks and driveway was shoveled and salted. Caregiver B confirmed s/he had not put salt on the sidewalks or the driveway. Caregiver B stated, "I thought we had a service to take care of snow and ice." At 10:00 a.m., Surveyor observed the front exit sidewalk and driveway were still not shoveled or salted for safety. At 10:45 a.m., Surveyor interviewed Licensee A who stated, "We hire someone to do this. However, they only come after several inches of snow. Caregivers should be taking care of the light snow and throwing down salt." At approximately 12:00 p.m., Surveyor observed the snow and ice on the 2 exits was melted.	N 637		