STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016617	A. BUILDING: _____ B. WING _____	C 11/08/2024

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IVYS PLACE	**1429 OREGON STREET RACINE, WI 53405**

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M 000	INITIAL COMMENTS From 11/06/2024 to 11/08/2024, Surveyor conducted a complaint investigation and standard survey at Ivy's Place, an AFH in Racine. Six deficiencies were identified. The complaint was substantiated. 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 provider did not ensure 2 of 2 caregivers reviewed had been screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing care. Caregiver F and Caregiver B's tuberculosis tests were completed after their start of providing care. Findings include:	M 232		

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

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M 232	Continued From page 1 On 11/06/2024 at approximately 12:00 p.m., Surveyor reviewed employee records provided by Licensee A. Records indicated the following: - Caregiver F was hired on 04/02/2022. Caregiver F's tuberculosis test was completed 05/02/2022, 1 month after his/her start of providing care. - Caregiver B was hired in "November 2022." Caregiver B's tuberculosis test was completed 11/10/2021, 1 year prior to his/her start of providing care. On 11/06/2024 at approximately 12:30 p.m., Surveyor reviewed concern with Licensee A that Caregiver F and Caregiver B's tuberculosis tests were completed after their start of providing care. Licensee A acknowledged timeline and stated Caregiver B was a "rehire" in November 2022. Licensee A stated Caregiver B took approximately 1 year off from working for Licensee A. Licensee A did not have documentation of a communicable disease screen completed at the time of "rehire." Licensee A stated s/he would have Caregiver B obtain an updated tuberculosis test.	M 232		
M 330	88.05(3)(o) HOME NOT BE USED FOR OTHER BUSINESS The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the resident's privacy is adversely affected. This Rule is not met as evidenced by: Based on observation and interview, Licensee A	M 330		

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M 330	Continued From page 2	M 330		

did not ensure the provider's home was not used for another business purpose that regularly brought customers to the home, adversely affecting the residents' use of their home and privacy. Person D and Person E routinely visited the provider's home and received care and services from the home's staff, while Resident 1 and Resident 2 were also at the home.

Findings include:

On 11/06/2024 at approximately 9:00 a.m., Surveyor arrived the provider's home and observed the following individuals present: Caregiver B, Resident 1, Resident 2, Person D, and Person E.

On 11/06/2024 at approximately 9:05 a.m., Surveyor interviewed Resident 2. Resident 2 stated Person E and Person D resided at an affiliated adult family home but came to the home Surveyor was currently at "most days" around 6:30 a.m. and stayed through the afternoon.

On 11/06/2024 from 9:00 a.m. to 9:30 a.m., Surveyor observed Caregiver B intermittently in and out of the bathroom, caring for Person D. Caregiver B stated Person D struggled with constipation and Caregiver B was providing assistance.

On 11/06/2024 at approximately 11:00 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed several days per week Person D and Person E, who resided at a different adult family home, owned by the same licensee, would come to the home Surveyor was present at and stay from approximately 7:00 a.m. to 3:30 p.m. Caregiver B stated s/he would provide care and services for Person D and Person E, such as

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M 330	Continued From page 3 assistance with bathing, toileting, and meals while Person D and Person E were present at the home. On 11/06/2024 at approximately 12:30 p.m., Surveyor interviewed Licensee A and asked about the home's staff providing services to Person D and Person E, who were not residents of the home. Licensee A confirmed Caregiver B cared for Person D and Person E in Resident 1's and Resident 2's home. Licensee A stated s/he could increase staffing so the residents of each adult family home were cared for by separate staff.	M 330		
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 date of the last dealer or fire department inspection.	M 332		

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M 332	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each floor of the home was equipped with a fire extinguisher that had a minimum 2A, 10-B-C rating. The fire extinguisher located in the lower level of the home was rated 1A. Findings include: On 11/06/2024 at approximately 9:15 a.m., Surveyor toured the provider's home. Surveyor observed the fire extinguisher in the home's lower level was rated 1A. On 11/06/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A. Licensee A stated s/he would have his/her staff obtain a new fire extinguisher.	M 332		
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.	M 458		

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M 458	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored. The provider had insulin stored unsecured. This had the potential to affect 4 of 4 residents. Findings include: On 11/06/2024 at approximately 9:15 a.m., Surveyor toured the provider's home. Surveyor observed 5 boxes of Lantus insulin stored in the home's refrigerator, unsecured. On 11/06/2024 at approximately 10:00 a.m., Surveyor discussed concern with Licensee A that insulin was stored unsecured within the home. Licensee A stated s/he would obtain some sort of locked case to store the refrigerated insulin in moving forward.	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:	M 464		

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M 464	Continued From page 6 Based on record review and interview, the provider did not ensure a written order from the physicians of 2 of 2 residents reviewed was obtained permitting the provider's staff to administer medications. The provider did not have a physician order to administer Resident 1's and Resident 2's medications. Findings include: On 11/06/2024 at approximately 9:30 a.m., Surveyor reviewed resident records, which indicated the following: - Resident 1 was admitted to the provider's home on 11/17/2021. Resident 1's record indicated the provider's staff administered Resident 1's medications. Resident 1's record did not include a physician order to administer medications. - Resident 2 was admitted to the provider's home on 07/01/2024. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's record did not include a physician order to administer medications. On 11/06/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he did not have a physician order related to medication administration and stated s/he would reach out to all the residents' physicians.	M 464		
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 7	M 466		

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 an accurate record was kept of all prescription medication administered by the provider's staff for 1 of 1 resident. Resident 1's medication administration record (MAR) documented that s/he was administered Vitamin D, which was unavailable for administration.

Findings include:

On 11/06/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 11/17/2021. Resident 1's record indicated the provider's staff administered his/her medications. Resident 1's MAR, dated 11/01/2024 to 11/06/2024, indicated s/he had been administered Vitamin D 50,000 IU daily; however, Surveyor noted the instruction in the MAR stated to administer the Vitamin D 50,000 IU weekly. Surveyor reviewed Resident 1's medication supply and observed the provider did not have a supply of Vitamin D 50,000 IU available for Resident 1. Surveyor requested clarification from Licensee A and Caregiver B regarding Resident 1's Vitamin D 50,000 IU.

On 11/06/2024 at approximately 10:00 a.m., Caregiver B contacted the provider's pharmacy in the presence of Licensee A and Surveyor. Pharmacist C updated Surveyor that Resident 1's

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M 466	Continued From page 8 Vitamin D 50,000 IU had not been delivered to the home since January 2024 because Resident 1 needed lab work completed prior to the physician ordering a refill. On 11/06/2024 at approximately 10:05 a.m., Surveyor discussed concern with Licensee A that Resident 1's MAR indicated s/he received Vitamin D 50,000 IU 6 times in November when the medication was not available for administration. Licensee A acknowledged concern and stated s/he would follow up with staff regarding medication administration, as well as follow up with Resident 1's physician for necessary lab work.	M 466		