STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013980	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAM DISCOVERY II	**9537 W ROCHELLE AVE MILWAUKEE, WI 53224**

(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 01/30/2025 with information gathered through 02/05/2025, Surveyors conducted a standard and complaint investigation at Team Discovery II, an Adult Family Home (AFH) in Milwaukee, WI. Fourteen deficiencies identified. Complaint substantiated. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home,	M 114		

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

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M 114	Continued From page 1 the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff members (Caregiver B and Caregiver C) reviewed had background checks. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 01/30/2025 at approximately 10:00 AM, Surveyors requested staff records for Caregiver B and Caregiver C. Caregiver B reported s/he did not have access to the staff records because Licensee A was the one who normally managed those. Caregiver B stated s/he was not sure if it was completed since Licensee A or the previous manager of the home who left was in charge of background checks. Caregiver B stated s/he remembers filling out the BID but it was so long ago when s/he was hired.	M 114		

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M 114	Continued From page 2 On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated Caregiver B was hired on 10/31/2008 and Caregiver C was hired on 01/05/2023. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of background checks for Caregiver B and Caregiver C by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 114		
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.	M 232		

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M 232	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed received tuberculosis (TB) skin tests. Caregiver B and Caregiver C did not have evidence of a TB skin test within 90 days of hire. Findings include: On 01/30/2025 at approximately 10:00 AM, Surveyors requested staff records for Caregiver B and Caregiver C. Caregiver B reported s/he did not have access to the staff records because Licensee A was the one who normally managed those. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated Caregiver B was hired on 10/31/2008 and Caregiver C was hired on 01/05/2023. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of TB skin tests for Caregiver B and Caregiver C by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS	M 244		

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M 244	Continued From page 4 The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed received 15 hours of training prior to or within 6 months of hire. Caregiver B and Caregiver C did not have evidence of 15 hours of training prior to or within 6 months of hire. Findings include: On 01/30/2025 at approximately 10:00 AM, Surveyors requested staff records for Caregiver B and Caregiver C. Caregiver B reported s/he did not have access to the staff records because Licensee A was the one who normally managed those. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated Caregiver B was hired on 10/31/2008 and Caregiver C was hired on 01/05/2023. Licensee A stated, "I'm sorry to get cited and you are doing your job and I	M 244		

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M 244	Continued From page 5 understand. It is a hot mess." Surveyors did not receive any evidence of 15 hours of orientation training for Caregiver B and Caregiver C by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 employee who required annual training. Caregiver B did not receive annual training in 2024. Findings include: On 01/30/2025 at approximately 10:00 AM, Surveyors requested staff records for Caregiver	M 246		

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M 246	Continued From page 6 B. Caregiver B reported s/he did not have access to the staff records because Licensee A was the one who normally managed those. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated Caregiver B was hired on 10/31/2008. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of 8 hours of continuing education training for Caregiver B for calendar year 2024 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 246		
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	M 262		

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M 262	Continued From page 7	M 262		

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 and interview, the provider did not ensure there were two ramped exits from the facility for 1 of 1 resident who utilized a wheelchair for mobility. The ramp from the kitchen to living room area was not at least 32 inches wide. There was a wooden ramp made to go from the kitchen to the living room because there was a large step that went down into the living room. The back exit door did not have a ramp to grade with handrails.

Findings include:

On 01/30/2025, at approximately 9:00 AM, Surveyor observed a wheelchair in Resident 1's room and two leg prosthetics. Surveyor interviewed Caregiver B. Caregiver B stated Resident 1 was independent and used a wheelchair for mobility. Caregiver B stated the back patio door was 1 of the 2 emergency exits.

On 01/30/2025, at approximately 9:15 AM, Surveyors interviewed Resident 1. Resident 1 stated s/he had been living there since July of 2024. Resident 1 stated s/he uses his/her wheelchair to get around the facility because s/he still needs to get fitted for his/her prosthetics.

On 01/30/2025, at 9:50 AM, Surveyor toured the

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M 262	Continued From page 8 home and observed the following: The home had 2 exits from the facility. The 2 exits, located in the front and back of the facility, were identified as emergency exits. The front entrance had a ramp to grade with handrails. The back patio exit door did not have a ramp and did not have handrails. There was a 2-3 inch lip from door to deck to exit out of the door. The kitchen ramp to the living room was not at least 32 inches wide. On 01/30/2025, at 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was aware door widths and exits needed to be 32 inches wide and have a handrail. Licensee A stated s/he would contact his/her maintenance immediately to come out and fix the ramp in the living room and the patio exit door.	M 262		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a well-maintained and home like environment for 4 of 4 residents in the home. The kitchen area and dining room area was not maintained and needed cleaning. Resident 1's room was in need of repairs. The basement was not maintained and needed cleaning.	M 276		

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M 276	Continued From page 9 Findings include: On 01/30/2025, at approximately 9:45 AM, Surveyors toured the facility. During the tour, Surveyors observed the following: -there was no electrical cover for the light switch in Resident 1's room -the trim on Resident 1's door was missing -there was a 2 inch by 3 inch hole in Resident 1's door -there was a dead disintegrating mouse on a trap in the basement -there were boxes with water damage that had formed to the floor of the basement -there were garbage bags all over the floor by the water damage in the basement -the dehumidifier downstairs had a substance consistent with black mold covering it -there was a dog pad on the ramp from the kitchen to the living room area -the back patio door screen had a rip about 2 inches by 8 inches -the kitchen light fixture had about 40-50 dead bugs in it -a kitchen cabinet had a broken handle On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was not aware the home needed that much maintenance. Licensee A stated s/he would hire someone immediately to come in and fix the items.	M 276		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating	M 290		

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M 290	Continued From page 10 contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected by a heating contractor of local utility company at least every 3 years for 1 of 1 furnace. Findings include: On 12/30/2024, the Department received a complaint alleging the facility had been without heat from 12/09/2024 to 12/12/2024. On 01/30/2025, Surveyors requested to review facility's most recent furnace inspection. Caregiver B could not locate a furnace inspection. On 01/30/2025 at approximately 9:10 AM, Caregiver B stated the heat went out but s/he could not remember the exact date of when it went out and was not sure how long it was out for. Caregiver B stated someone came out to fix it but in the meantime, they gave residents extra blankets and put heaters in their rooms. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he remembered when the heat went out. Licensee A stated his/her spouse is the one who called a heating company to come out and fix the furnace. Licensee A stated s/he thought someone had come out the next day to fix it but would have to get the documentation from the heating company. Surveyors did not receive any evidence of a furnace inspection within the last 3 years by 5:00 PM on 01/30/2025 from Licensee A. On	M 290		

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M 290	Continued From page 11 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 290		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2024).	M 332		

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M 332	Continued From page 12 Findings include: On 01/30/2025 at approximately 9:15 AM, Surveyors conducted an onsite tour. Surveyors observed fire extinguishers in the kitchen and basement dated January 2023. On 01/302025 at approximately 10:45 AM, Surveyors interviewed Caregiver B. Caregiver B stated if the tags stated January 2023, then that would have been when they were last inspected.	M 332		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed (Resident 1 and Resident 2) were evaluated within 3 days of admission for evacuation time, using the Department's form. Resident 1 and Resident 2 had not been evaluated, using the Department's form, for evacuation. Findings include: On 01/30/2025 at approximately 09:30 AM., Surveyors reviewed Resident 1's record. Resident 1's and Resident 2's records indicated the following:	M 346		

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M 346	Continued From page 13 -Resident 1 was admitted to the facility on 07/05/2024. Resident 1's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. -Resident 2 was admitted to the facility on 11/06/2024. Resident 2's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of evacuation evaluation completed within 3 days of admission for Resident 1 and Resident 2 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 346		
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 physician to identify health problems and is screened for communicable disease, including tuberculosis.	M 380		

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	0013980	A. BUILDING: _____ B. WING _____	C 02/05/2025

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M 380	Continued From page 14 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 2 of 2 residents (Resident 1 and Resident 2) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include: On 01/30/2025 at approximately 9:00 AM, Surveyors reviewed Resident 1's and 2's records, including their communicable disease screens. -Resident 1 was admitted to the facility on 07/05/2024. Resident 1's record did not include evidence of a communicable disease screening, including a TB skin test. -Resident 2 was admitted to the facility on 11/06/2024. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at	M 380		

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M 380	Continued From page 15 that time. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of an admission health exam for Resident 1 and Resident 2 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 380		
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 2 of 2 residents (Resident 1 and Resident 2) reviewed had a service agreement completed prior to admission that was signed. Findings include:	M 384		

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M 384	Continued From page 16 On 01/30/2025, Surveyors reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the provider on 07/05/2024. Resident 1's record did not contain evidence of a service agreement. -Resident 2 was admitted to the provider on 11/06/2024. Resident 2's record did not contain evidence of a service agreement. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of an admission agreement for Resident 1 and Resident 2 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and	M 402		

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M 402	Continued From page 17	M 402		

the resident's guardian or designated representative, if any.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any.

Findings include:

On 01/30/2025, Surveyors reviewed Resident 1's and Resident 2's record and identified the following:

-Resident 1 was admitted to the provider on 07/05/2024. Resident 1's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian.

-Resident 2 was admitted to the provider on 11/06/2024. Resident 2's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian.

On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess."

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M 402	Continued From page 18 Surveyors did not receive any evidence of an residents and grievance procedures explained and copies provided for Resident 1 and Resident 2 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 402		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure a written assessment and/or individual service plan (ISP) was completed for 3 of 3 residents (Resident 1, Resident 2 and Resident 3) within 30 days of placement. Resident 1, Resident 2 and Resident 3 did not have a written assessment and Resident 1, Resident 2 and Resident 3 did not have an ISP. Findings include: On 01/30/2025 at 9:30 AM, Surveyors reviewed Resident 1's, Resident 2's and Resident 3's records and identified the following:	M 404		

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M 404	Continued From page 19 -Resident 1 was admitted to the facility on 07/05/2024. Resident 1's record did not contain a written assessment. Resident 1's record did not contain an ISP. -Resident 2 was admitted to the facility on 11/06/2024. Resident 2's record did not contain a written assessment. Resident 2's record did not contain an ISP. -Resident 3 was admitted to the facility on 10/26/2024. Resident 3's record did not contain a written assessment. Resident 3's record did not contain an ISP. On 01/30/2025 at approximately 10:15 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was out of state for his/her child's basketball game and would not be back until Sunday. Licensee A stated nobody else had access to the records so s/he would send what information s/he could from his/her computer at that time. Licensee A stated, "I'm sorry to get cited and you are doing your job and I understand. It is a hot mess." Surveyors did not receive any evidence of assessment or ISP for Resident 1, Resident 2 and Resident 3 by 5:00 PM on 01/30/2025 from Licensee A. On 02/03/2025 at 10:44 AM, Surveyor emailed Licensee A requesting the information that was requested on 01/30/2025. As of 02/05/2025 at 8:00 AM, no additional information was received.	M 404		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its	M 458		

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M 458	Continued From page 20 original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on record review and staff interview, the facility did not keep 1 of 4 residents' (Resident 2's) prescription medications securely stored in its original container. Findings include: On 01/30/2025 at 9:41 AM Surveyors conducted a tour. Surveyors observed Resident 2 in his/her room sitting in his/her recliner with his/her breakfast on a table tray that s/he could not reach. Surveyors interviewed Resident 2. Resident 2 stated s/he had been living there for a couple of weeks. Resident 2 stated s/he needs assistance with most things. While Surveyors were interviewing Resident 2, Surveyors observed 3 small white pills on Resident 2's chest. Resident 2 did not know s/he had the pills on his/her chest. Resident 2 was able to grab the pills and put them in his/her mouth. Resident 2 asked Surveyor to hand him/her the water glass on his/her table tray because s/he could not reach it and was unable to close the recliner and needed assistance. On 01/30/2025 at approximately 9:45 AM,	M 458		

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M 458	Continued From page 21 Surveyors interviewed Caregiver B. Caregiver B stated s/he was the one who gave Resident 2 his/her medications. Caregiver B stated s/he thought Resident 2 had taken them. Caregiver B stated s/he would have to watch Resident 2 more closely to ensure s/he takes and swallows his/her medications.	M 458		