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
	0013980	A. BUILDING: _____ B. WING _____	R-C 06/18/2025

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 06/18/2025, Surveyor completed a verification visit at Team Discovery II. As a result, 11 of the previous 14 deficiencies were corrected. Three of the previous deficiencies were re-cited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{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 and interview, the provider did not ensure there were two ramped exits from	{M 262}		

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

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{M 262}	Continued From page 1 the facility for 1 of 1 resident who utilized a wheelchair for mobility. Resident 1 utilized a manual wheel chair 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 did not have a ramp to grade with handrails. This is a repeat deficiency. See Statement of Deficiency (SOD) U11B11, dated 02/05/2025. Findings include: On 06/18/2025, at approximately 9:08 AM, Surveyor observed the ramp leading from the kitchen to living room. The ramp was approximately 30 inches in width and contained a landing drop off of approximately 2 inches in height. 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. Surveyor observed the back patio exit door and deck. The deck was not ramped to grade with handrails. There was approximately a 2 inch drop off from the patio door onto the deck. It appeared as though it needed a transition piece to cover the area. On 06/18/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/05/2024. Resident 1's diagnoses were bipolar disorder, anxiety disorder, and delusional disorder. Resident 1 was a bilateral amputee and utilized a wheelchair for mobility. On 06/18/2025 at approximately 10:50 AM,	{M 262}		

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{M 262}	Continued From page 2 Surveyor interviewed Licensee A. Licensee A reported s/he had a ramp contractor scheduled; however, s/he did not know who was doing the work. Licensee A reported s/he had to ask his/her spouse about the contractor and when the work would be done. Surveyor requested Licensee A to provide documentation of the scheduled work to be completed by end of business day on 06/18/2025. As of 06/20/2025, at 4:00 PM, Surveyor did not hear back from Licensee A regarding the contractor or the dates of the scheduled work.	{M 262}		
{M 276}	88.05(3)(a) Homelike 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. Resident 1's room was in need of repairs. The basement was flooded with water and needed cleaning. This is a repeat deficiency. See Statement of Deficiency (SOD) U11B11, dated 02/05/2025. Findings include:	{M 276}		

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{M 276}	Continued From page 3 On 06/18/2025 at approximately 10:15 AM, Surveyor toured the facility. During the tour, Surveyor 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 square blue and white pad (similar to a puppy training pee pad) on the ramp that led from the kitchen to the living room area. The pad was approximately 17 inches by 24 inches and was laying directly in the middle of the ramp, causing a trip hazard for residents in the home. -The back patio door screen had a rip about 2 inches by 8 inches. -The lower kitchen cabinet located to the right of the sink had a broken handle. -The entire basement was flooded with water and contained a black substance on the floor consistent with mold. The entire basement floor also contained old carpet residue similar to carpet glue. On 06/30/2025, at approximately 10:50 AM, Surveyor interviewed Licensee A and Caregiver B. Licensee A stated s/he recently obtained quotes to have the basement fixed. Licensee A reported the basement floor was tested for mold, and the black substance is not mold. Licensee A reported his/her spouse was looking to hire someone to correct the other issues mentioned throughout the home. Licensee A reported someone would be fixing the basement during the first week of July. Licensee A reported his/her spouse hired the contractor but was unable to provide contractor documentation as requested.	{M 276}		

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{M 276}	Continued From page 4 Caregiver B reported the basement flooded a few weeks ago and someone did come out to assess the basement. Caregiver B reported residents do not go in the basement. Caregiver B reported s/he has not seen anyone on come to the home to fix anything and reported the basement was cleaned prior to the flooding taking place.	{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 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 a local utility company, at least every 3 years for 1 of 1 furnace. This is a repeat deficiency. See Statement of Deficiency (SOD) U11B11, dated 02/05/2025. Findings include: On 06/18/2025, at approximately 10:15 AM, Surveyor observed safety records. The safety records did not contain a furnace inspection. On 06/18/2025, at approximately 10:50 AM, Surveyor interviewed Licensee A. Licensee A reported his/her spouse had the furnace inspected. Licensee reported s/he had to speak with his/her spouse to obtain the furnace inspection documentation. Licensee A reported s/he would provide the documentation via email to the department by end of day on 06/18/2025.	{M 290}		

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{M 290}	Continued From page 5 As of 06/20/2025, at 4:00 PM, no additional information was received regarding the furnace inspection.	{M 290}		