| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018945 | A. BUILDING: _____ B. WING _____ | 04/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| J + T HELPING HANDS INC | 10411 W SYLVIA ST MILWAUKEE, WI 53224 |

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| M 000 | INITIAL COMMENTS<br><br>On 04/28/2026, Surveyor completed a standard survey and complaint investigation at J + T Helping Hands Inc. As a result, 6 deficiencies were identified. The complaint was unsubstantiated.<br><br>Census: 4 | M 000 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain documentation indicating 2 of 2 caregivers (Caregiver B and Caregiver C) had been screened for communicable diseases by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver B and Caregiver C were not screened for communicable diseases.<br><br>Findings include:<br><br>On 04/27/2026, at 12:40 PM, Surveyor reviewed | M 232 | | |

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

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| M 232 | Continued From page 1<br>caregiver records and identified the following:<br><br>Caregiver B was hired on 10/21/2023. Caregiver B was screened tuberculosis (TB) on 10/20/2023. Surveyor was unable to locate evidence Caregiver B had been screened for communicable diseases.<br><br>Caregiver C was hired on 08/20/2025. Caregiver C was screened TB on 08/19/2025. Surveyor was unable to locate evidence Caregiver C had been screened for communicable diseases.<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the TB test paperwork covered the communicable disease screening. Licensee A reported s/he needed to find another avenue for staff health screening and would ensure communicable disease screening was completed as well. | M 232 | | |
| M 334 | 88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS<br><br>Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. | M 334 | | |

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| M 334 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure smoke detectors were in 1 of 7 required locations. Resident 1's bedroom was missing a smoke detector.<br><br>Findings include:<br><br>On 04/27/2026, at 11:45 AM, Surveyor toured the home. Resident 1's room did not contain a smoke detector. The base was attached to the ceiling. Surveyor did not observe a smoke detector in Resident 1's room.<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A reported a previous resident used to remove the smoke detector. Licensee A reported the smoke detector was put back up and later fell and broke. Licensee A reported they would replace the smoke detector. | M 334 | | |
| M 344 | 88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW<br><br>The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.<br><br>This Rule is not met as evidenced by: | M 344 | | |

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| M 344 | Continued From page 3<br><br>Based on record review and interview, the provider did not ensure 1 of 1 resident was immediately evaluated for fire evacuation to determine whether the resident was able to evacuate the home without any assistance within 2 minutes. Resident 2 was evaluated 24 days after s/he was admitted.<br><br>Findings include:<br><br>On 04/27/2026, at 12:15 PM, Surveyors reviewed Resident 2's record. Resident 2 was admitted to the facility on 06/06/2024 with diagnosis of bipolar disorder. Resident 2's record contained an evacuation evaluation dated 06/30/2024. Resident 2's record did not contain evidence of an updated evaluation in June 2025.<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unsure of the timeline and would ensure the assessment was completed upon admission. | M 344 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not complete an annual evacuation | M 346 | | |

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| M 346 | Continued From page 4<br>assessment review for 1 of 1 resident who lived in the facility beyond one year. Resident 2 did not have an evacuation assessment completed in June 2025.<br><br>Findings include:<br><br>On 04/27/2026, at 12:15 PM, Surveyors reviewed Resident 2's record. Resident 2 was admitted to the facility on 06/06/2024 with diagnosis of bipolar disorder. Resident 2's record contained an evacuation evaluation dated 06/30/2024. Resident 2's record did not contain evidence of an updated evaluation in June 2025.<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the evaluations needed to be updated every 4 years. Licensee A reported s/he would ensure s/he completed them annually. | M 346 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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.<br><br>This Rule is not met as evidenced by: | M 458 | | |

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| M 458 | Continued From page 5<br><br>Based on observation, record review and interview, the provider did not ensure 4 of 4 residents' (Resident 1, Resident 2, Resident 3 and Resident 4) prescription medications were securely stored. The keys to the medication closet were in the lock of the cart during the survey.<br><br>Findings include:<br><br>On 04/27/2026, at 11:45 AM, Surveyors toured the kitchen. Surveyor observed the medication closet, with the keys inserted into the locking mechanism. Surveyor observed resident medications inside the medication closet.<br><br>Surveyor observed Caregiver B to be assisting residents in their rooms and not in the area of the medication closet.<br><br>On 04/28/2026, at 1:15 PM, Surveyors reviewed resident records and identified the following:<br><br>Resident 1 was admitted on 02/26/2026, with diagnoses including dementia and bipolar. Resident 1's medication list, with an update date of 04/28/2026, indicated Resident 1 was prescribed acetaminophen 500 milligrams (mg), atorvastatin 20 mg, centrum silver, senna 50-8.6 mg, risperidone 0.25 mg, risperidone 0.5 mg, trazodone 50 mg, vitamin B1 100 MG, and vitamin D2.<br><br>Resident 2 was admitted to the facility on 06/06/2024 with diagnoses including bipolar. Resident 2's medication list, with an update date of 01/30/2026, indicated Resident 2 was prescribed acetaminophen 325 mg, citalopram hydrobromide 10 mg, divalproex sodium 250 mg, gabapentin 100 mg, haloperidol 5 mg, melatonin | M 458 | | |

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| M 458 | Continued From page 6<br>3 mg, senna 8.6 mg and Ventolin inhaler<br><br>Resident 3 was admitted on 10/03/2024 with diagnoses including intellectual disability. Resident 3's medication list, with an updated date of 04/17/2026 indicated Resident 3 was prescribed aspirin 81 mg, atorvastatin 20 mg, calcium/vitamin D3, cetirizine 10 mg, glucosamine 500 mg, hydrocodone acetaminophen 5-325 mg, levetiracetam 750 mg, melatonin 3 mg, metoprolol tartrate 25 mg, sertraline 50 mg, Trazodone 100 mg, and turmeric 500 mg.<br><br>Resident 4 was admitted on 03/07/2023 with diagnoses including intellectual disability. Resident forest medication list, with an updated date of 01/30/2026, indicated resident 4 was prescribed baclofen 10 mg, fluoxetine 10 mg, metoprolol 25 mg, and vitamin D2.<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A reported it was their policy to keep the key in the lock due to residents were not independent with mobility. Licensee A acknowledged Surveyor's concerns regarding if a new resident was admitted who was independent with mobility and the staff were used to leaving the medication key in the door. | M 458 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment<br><br>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 | M 570 | | |

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| M 570 | Continued From page 7<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 4 of 4 residents. The hot water temperature in the bathroom was 136.0° Fahrenheit (F).<br><br>Findings include:<br><br>This provider was licensed on 11/29/2022 to provide care for up to 4 residents in the client groups of terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent.<br><br>On 04/27/2026, at 11:55 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 136° F.<br><br>"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 | M 570 | | |

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| M 570 | Continued From page 8<br>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)<br><br>On 04/28/2026, at 4:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported Caregiver B reported s/he had adjusted the water heater due to the water not getting warm. Licensee A reported s/he was not able to test the water prior to the survey. | M 570 | | |