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
	0018442	A. BUILDING: _____ B. WING _____	C 08/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME SWEET HOME ASSISTED LIVING LLC	2333 WEST LANCASTER AVENUE MILWAUKEE, WI 53209

(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 From 08/01/2024 to 08/04/2024, Surveyor conducted a complaint investigation and standard survey at Home Sweet Home Assisted Living LLC, an AFH in Milwaukee. Two deficiencies were identified. The complaint was substantiated. Census: 3	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, record review and interview, the provider did not ensure the home	M 262		

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

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M 262	Continued From page 1	M 262		

had ramped exits to grade with handrails for 2 of 2 residents that used assistive devices for mobility. Resident 1 and Resident 2 used walkers for ambulation and the facility had 6 steps to enter in the front and side entrance had stairs and an additional interior step to reach the common area.

Findings include:

From 08/01/2024 to 08/04/2024, Surveyor conducted a complaint investigation alleging the home was caring for non-ambulatory residents, but did not have the accommodations to care for such residents.

On 08/01/2024 at approximately 1:30 p.m., Surveyor toured the provider's home. Surveyor observed 6 steps to enter the provider's home at the front entrance. Surveyor observed the side entrance had stairs to enter and an additional interior step to reach the provider's common area. Surveyor observed doorway openings were 27 to 28 inches.

On 08/01/2024 at approximately 1:45 p.m., Surveyor reviewed Resident 1 and Resident 2's records, which indicated the following:

- Resident 1 was admitted to the provider's facility on 06/19/2024. Resident 1's managed care organization referral information, dated 04/04/2024, indicated s/he could not safely climb stairs, required standby assistance for mobility and used a cane or walker. Resident 1 was observed int the living room with a walker next to him/her. Resident 1's individual service plan (ISP) was not complete.
- Resident 2 was admitted to the provider's facility on 09/25/2023 and discharged on 06/04/2024.

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M 262	Continued From page 2 Resident 2's assessment, dated 09/19/2023, indicated s/he used a wheeled walker for mobility. The ISP, dated 09/26/2023, indicated s/he could walk without a walker but felt as though s/he needed the walker, so used the device. On 08/01/2024 at approximately 1:50 p.m., Surveyor interviewed Licensee A regarding Resident 1 and Resident 2 using assistive devices, but the home being licensed to serve ambulatory residents. Licensee A stated Resident 2 was capable of walking independently but preferred to use a walker. Licensee A then showed Surveyor a video of Resident 2 ambulating without the use of a walker. Licensee A stated s/he met Resident 1 while completing the onsite assessment and accepted him/her because s/he knew s/he could help Resident 1. Licensee A believed s/he was able to adequately care for Resident 1 and Resident 2 with the stairs required to enter the home. The home has cared for 2 non-ambulatory without having the accommodations or license to do so.	M 262		
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	M 404		

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M 404	Continued From page 3 provider did not ensure an individual service plan (ISP) was completed within 30 days after placement for 1 of 2 residents reviewed. Resident 1 did not have a completed ISP. Findings include: On 08/01/2024 at approximately 1:45 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/19/2024 with diagnoses including epilepsy, intellectual disability and personality disorder. Resident 1 had a legal guardian. Resident 1's record included a referral packet from his/her managed care organization that identified Resident 1's needs, but the record did not include an ISP. On 08/01/2024 at approximately 1:50 p.m., Surveyor asked Licensee A if s/he had an ISP for Resident 1. Licensee A replied, "No. I do it within 6 months."	M 404		