STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017639	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 07/22/2024, with information gathered through 07/26/2024, Surveyor conducted a standard licensure survey at Brandi Home II. Seven deficiencies were identified. One of 7 deficiency was a repeat violation (see Statement of Deficiency (SOD) HB4W11). Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS 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 that 2 of 2 service providers (Caregiver C and Caregiver D) received 15 hours of initial training, including trainings related to medications, first aid, fire safety, resident rights, and standard precautions. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled.	M 244		

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

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M 244	Continued From page 1 On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated there were two employees, Caregiver C and Caregiver D, who worked in the home and they alternated shifts. Surveyor requested Caregiver C's and Caregiver D's records. On 07/26/2024, Surveyor reviewed Caregiver C's and Caregiver D's record. Caregiver C was hired in 04/2022. Caregiver C's record did not include training in medications, first aid, fire safety, resident rights, and standard precautions until 03/2023. Caregiver D was hired in 05/2023. Caregiver D's record did not include training in medications, first aid, fire safety, resident rights, and standard precautions. On 07/26/2024 at 10:43 AM, Surveyor emailed House Manager A requesting clarification on training Caregiver C and Caregiver D received within their first 6 months of employment. As of 07/26/2024 at 4:00 PM, Surveyor did not receive any additional documentation.	M 244		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually.	M 282		

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M 282	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the well water was tested at least annually in 2023. Findings include: On 07/22/2024, at approximately 5:30 PM, Surveyor requested the well water test report for 2023. House Manager A stated s/he would forward that documentation to Surveyor. As of 07/24/2024 at 5:00 PM, no additional documentation had been provided.	M 282		
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 1 of 1 resident reviewed was evaluated annually for evacuation time, using the departments form. This is a repeat deficiency. See Statement of Deficiency (SOD) HB4W11, dated 04/20/2022. Resident 2's evacuation evaluation was not completed in 2023 and 2024.	M 346		

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M 346	Continued From page 3 Findings include: On 07/22/2024, Surveyor reviewed Resident 2's record. Resident 2's annual evacuation assessment was dated 06/01/2022. There was no documentation indicating Resident 2 was evaluated annually in 2023 and 2024. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would update all resident evacuation forms.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 2) was developed together with the placing agency and the provider.	M 406		

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M 406	Continued From page 4 Findings include: On 07/22/2024, Surveyor reviewed Resident 2's record. Resident 2's record contained an ISP, dated 06/30/2024, which was not signed by Resident 2's managed care organization (MCO) Care Manager (CM) B. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated Resident 2 was his/her own person and would ask CM B to review and sign the ISP.	M 406		
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. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) medications were stored in their original container which identified who the medication was prescribed for.	M 458		

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M 458	Continued From page 5 Findings include: On 07/22/2024, at approximately 4:45 PM, Surveyor and Caregiver C reviewed Resident 1's medications in the med cabinet. Surveyor and Caregiver C observed an open bottle of 150 count complete adult multivitamin gummies and an open bottle of 300 count aspirin. Surveyor observed a blue weekly med organizer with the OTC medications dispensed into it. Caregiver C stated the medications were placed in the organizer for easy daily dispensing. Surveyor requested Resident 1's record. Resident 1's March through July 2024 MAR did not list these OTC medications. On 07/22/2024, at approximately 5:30 PM, Surveyor interviewed House Manager A. House Manager A stated there were physician orders for Resident 1's OTC medications but labels were not provided to identify who the medication belonged to and the dosing requirement. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	M 458		
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 particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee	M 466		

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M 466	Continued From page 6 shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 2 residents. Resident 1's and Resident 2's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer. Resident 1's over-the-counter (OTC) medications were not listed on his/her MAR. Findings include: On 07/22/2024, Surveyor reviewed Resident 1's and Resident 2's record. Example 1: Resident 1 Resident 2's 2024 MARs, dated 03/01/2024 to 05/29/2024, documented the following medications as not administered: Rosuvastatin - 8AM - 03/06, 03/14, 03/16, 03/17, 03/18, 03/20, 03/22, 03/26, 03/28, 03/30, 04/03, 04/27, 04/28, 04/29, 05/01, 05/08, 05/14, 05/23, 05/27, 05/29 Surveyor observed an open bottle of 150 count complete adult multivitamin gummies and an open bottle of 300 count aspirin. Surveyor observed a blue weekly med organizer with the OTC medications dispensed into it. Caregiver C stated the medications were placed in the organizer for easy daily dispensing. The OTC	M 466		

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M 466	Continued From page 7	M 466		

medications were not listed on Resident 2's MAR and were not documented as administered.

On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would re-educate staff on proper medication documentation.

On 07/24/2024 at 12:58 PM, Surveyor emailed House Manager A requesting clarification as to why OTC medications were not tracked on the resident's MAR.

As of 07/26/2024 at 4:00 PM, Surveyor did not receive a response.

Example 2: Resident 2

Resident 2's 2024 MARs, dated 03/01/2024 to 05/29/2024, documented the following medications as not administered:
Omeprazole - 8AM - 03/12, 03/14, 03/16, 03/17, 03/18, 03/20, 03/22, 03/26, 03/28, 03/30, 04/01, 04/03, 04/05, 04/09, 04/11, 04/13, 04/14, 04/15, 04/17, 04/19, 04/23, 04/25, 04/27, 04/28, 04/29, 05/08, 05/09, 05/22, 05/23, 05/24, 05/25, 05/26, 05/27, 05/29
Atorvastatin - 4PM - 03/11, 03/16, 03/17, 03/25, 03/30, 03/31, 04/02, 04/08, 04/10, 04/12, 04/13, 04/14, 04/16, 04/18, 04/22, 04/24, 04/26, 04/27, 04/28, 04/30, 05/02, 05/06, 05/07, 05/08, 05/09, 05/23
The MARs did not document a rationale as to why the medication was not documented as administered.

On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would re-educate staff on proper medication documentation.

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M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe and sanitary manner. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled. On 07/22/2024, at approximately 4:30 PM, Surveyor arrived at the home and residents were eating their evening meal. Caregiver C had finished placing the food items in the refrigerator after preparing the meals. Surveyor observed the refrigerator contents and noted: -A blue to-go container that contained 'fast food' leftovers that was not sealed or dated. -A clear plastic container with a yellow lid that contained a white substance that was not dated. -An orange container with an orange lid that contained a leftover food that was not dated. -A large white bowl that was covered with aluminum foil that was not dated. -(2) prepared meat sandwiches in plastic baggies that were not dated.	M 474		

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M 474	Continued From page 9	M 474		

-A clear plastic container with a red lid with what appeared to be mashed potatoes that was not dated.
-A clear plastic container with a green lid with a brown substance that appeared to be a leftover food that was not dated.
-A clear plastic container with a red lid with what appeared to be a leftover food that was not dated.
-A clear plastic container with a blue lid with what appeared to be a leftover food that was not dated.

On 07/22/2024, at approximately 4:35 PM, Caregiver C stated the leftovers were due to a party that the residents had the prior day and staff had not had time to date the food.

According to the 2017 FDA (US Food and Drug Administration) Food Code, refrigerated, ready to eat (RTE), Time/Temperature Controlled for Safety (TCS) food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of seven days. The day of preparation shall be counted as Day 1. Refrigerated, RTE/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded.

The "Servsafe Coursebook - 7th Edition, documented ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower." TCS foods

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M 474	Continued From page 10 includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables. On 07/22/2024, at approximately 5:35 PM, Surveyor interviewed House Manager A. House Manager A stated staff would be reminded that all food needs to be properly dated.	M 474		