STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017209	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONNECTED FAMILY HOME CARE	5302 W WABASH AVE BROWN DEER, WI 53223

(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 03/18/2025 with information gathered through 03/19/2025, Surveyor conducted a standard survey at Connected Family Home Care. Four deficiencies were identified. Census: 04	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 2 of 2 service providers reviewed completed 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. Caregiver B was not trained in resident rights, first aid, or fire safety, prior to or within 6 months of hire. Caregiver D was not trained in resident rights prior to or within 6 months of hire.	M 244		

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

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M 244	Continued From page 1 Findings include: On 03/18/2025, Surveyor reviewed employee records and identified the following: -Caregiver B was hired 03/15/2023. Caregiver B's record did not contain evidence of training in resident rights, first aid, or fire safety. -Caregiver D was hired 09/10/2023. Caregiver D's record did not contain evidence of training in resident rights. On 03/18/2025, at approximately 1:00 p.m., Surveyor interviewed Manager A. Manager A confirmed both caregivers were missing required trainings. Manager A stated, "It's just hard to get them in for training but we will get it done."	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 all employees received 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents annually for 2 of	M 246		

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M 246	Continued From page 2 3 employees reviewed who required continuing education. Caregiver B and Caregiver D did not receive annual training in 2024. Findings include: On 03/18/2025, Surveyor reviewed employee records and identified the following: -Caregiver B was hired 03/15/2023. Caregiver B's record did not contain evidence of annual training in 2024. -Caregiver D was hired 09/10/2023. Caregiver D's record did not contain evidence of annual training in 2024. On 03/18/2025, at approximately 1:00 p.m., Surveyor interviewed Manager A. Manager A confirmed both caregivers were missing continuing education for 2024. Manager A stated they were a certified trainer and conducted training for the staff. Manager A stated, "I will make sure all staff are brought up to date in their training."	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 278		

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M 278	Continued From page 3 did not ensure the dryer vent was connected to the outside for 1 of 1 dryer. Findings include: On 03/18/2025, at approximately 11:00 AM, Surveyor toured the facility accompanied by House Manager A. The basement laundry area had 1 clothes dryer with vent tubing running up from the back of the dryer to a window on the east wall of the home. The vent tubing had been secured at the window with duct tape which had come loose allowing the clothes dryer to exhaust directly into the basement. The clothes dryer was blowing lint into the air. Behind the dryer was approximately ½ inch accumulation of lint. On 03/18/2025, at approximately 1:15 PM, Surveyor interviewed Manager A regarding the dryer vent. Licensee A stated s/he was unaware the vent had come loose. S/he said they would have it repaired as soon as possible.	M 278		
M 570	88.10(3)(l) Safe Physical Environment 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 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.	M 570		

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M 570	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure hot water was kept at a safe temperature for resident use for 1 of 1 bathroom faucet in the home. The hot water at the bathroom faucet was measured at 150° Fahrenheit (F). Findings include: The adult family home was licensed by the Department, effective 05/23/2019, to admit up to 4 residents in the client groups of advanced age, developmentally disabled, and physically disabled. On 03/18/2025, at 11:00 AM, Surveyor measured the temperature of the hot water in the residents' bathroom. The hot water measured at 150°F. 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 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.) On 03/18/2025, at approximately 1:15 PM, Surveyor interviewed Manager A regarding monthly testing of the water temperature.	M 570		

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M 570	Continued From page 5 Manager A expressed surprise at the high temperature and confirmed testing of the water temperature was not being done and expressed surprise at the high temperature. Manager A confirmed the residents had independent access to the water in the bathroom. They stated the hot water heater would be turned down immediately and testing of the water temperature would be done in the future.	M 570		