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 _____	R 04/27/2026

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 04/27/2026, Surveyor conducted a verification visit and a self-report review at Connected Family Home Care. As a result of the survey, 3 of the previous deficiencies were corrected. One deficiency was recited, and 2 new deficiencies were identified for a total of 3 deficiencies. . See Statement of Deficiency (SOD) XUQI11, dated 03/19/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{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 did not ensure the dryer vent was connected to the outside for 1 of 1 dryer. This is a repeat deficiency, see Statement of Deficiency (SOD) XUQI11, dated 03/19/2025. Findings include: On 04/27/2026, at approximately 9:30 AM, Surveyor toured the facility. The basement laundry area had 1 clothes dryer with vent tubing	{M 278}		

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

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{M 278}	Continued From page 1 running up from the back of the dryer to a window on the east wall of the home. The vent tubing was disconnected from the base of the dryer. A grey substance consistent with lint was located on the floor and along the wall behind the dryer. On 04/27/2025, at approximately 12:30 PM, Surveyor interviewed Manager A regarding the dryer vent. Manager A stated s/he was unaware the vent was not attached to the base of the dryer. Manager A reported s/he would have it repaired as soon as possible.	{M 278}		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess Resident 3's needs and abilities in the areas of activities of daily living and level of supervision required in the home and community. Resident 3's Individualized Service Plan (ISP) and staff documentation did not identify Resident 3's history of alcohol and other drug abuse and current behaviors or interventions for behaviors.	M 408		

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M 408	Continued From page 2 Findings include: Record Review On 04/27/2026, at approximately 10:30 AM, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 02/03/2023 with diagnoses including alcohol and other drug abuse (AODA). Resident 3 was her/his own person. Resident 1 had a managed care organization (MCO). Resident 3's file contained an ISP dated 01/28/2026. Resident 3's ISP indicated staff administered her/his medications. Resident 3's ISP did not list any behaviors or interventions for Resident 3. Interviews On 04/27/2026, at approximately 9:45, Surveyor interviewed Licensee E. Licensee E reported Resident 3 was admitted to the facility following a hospitalization for a drug overdose. Licensee B reported Resident 3 had a history of bringing over the counter medications into the facility and ingesting more than the recommended amount. Licensee E reported no illicit drugs or alcohol were found in the facility while Resident 3 was admitted. Licensee E reported s/he suspected Resident 3 used drugs and or alcohol outside of the facility. Licensee E reported s/he and Manager A were speaking to Resident 3 when she appeared to have an altered level of consciousness and become unresponsive on 02/07/2026. Licensee E reported naloxone was administered to Resident 3 by Manager A on 02/07/2026 because of her/his AODA history. Licensee E reported s/he did not locate any illicit drugs or over the counter medications in Resident 3's bedroom on 02/07/2026. Licensee E reported	M 408		

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M 408	Continued From page 3 s/he was informed the cause of death for Resident 3 was believed to be cardiac arrest. On 04/27/2026 at approximately 12:30 p.m., Surveyor interviewed Manager A. Manager A confirmed Resident 3 had a history of over the counter and illicit drug abuse. Manager A confirmed s/he did not find illicit drugs or alcohol in the facility while Resident 3 was admitted. Manager A reported Resident 3 had a history of bringing over the counter medications into the facility after s/he would visit friends/family outside of the facility. Manager A confirmed she administered naloxone as a precaution because of Resident 3's AODA history. Manager A reported 911 was contacted and cardiopulmonary resuscitation was started by the facility. Manager A confirmed paramedics arrived on scene and administered cardiopulmonary resuscitation for approximately 30 minutes until pronouncing Resident 3 deceased. Surveyor discussed the ISP with Manager A. Manager A reported staff were aware of Resident 3 behaviors. Manager A reported s/he was responsible for updating resident ISPs. Manager A reported s/he was unaware Resident 3 behaviors should be listed in the ISP. Manager A reported s/he would ensure ISPs included resident behaviors and staff interventions.	M 408		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.	M 420		

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M 420	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 1 of 1 resident (Resident 3). Findings include: On 04/27/2026, at approximately 10:30 AM, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 02/03/2023 with diagnoses including alcohol and other drug abuse (AODA). Resident 3 was her/his own person. Resident 3 had a managed care organization (MCO) and care management team. Resident 3's file contained an ISP dated 01/28/2026. The ISP review was not signed by Resident 3's MCO care management team. On 04/27/2025, at approximately 12:30 PM, Surveyor interviewed Manager A. Manager A reported s/he was unaware of the code requirement. Manager A reported s/he was responsible for ISP updates. Manager A reported s/he would ensure all ISP updates for residents would include signatures of all members required as applicable.	M 420		