STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017379	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOSE TO HOME SENIOR LIVING - BLUEMOU	12231 W BLUEMOUND ROAD MILWAUKEE, WI 53226

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N 000	Initial Comments On 02/13/2025 Surveyor completed a standard survey and 1 complaint investigation at Close to Home Senior Living Bluemound Home. As a result, 6 deficiencies were identified. One of the 6 deficiencies is a repeat deficiency (see Statement of Deficiency (SOD) H99F11, dated 10/16/2022). One complaint was substantiated. Census: 18	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document caregiver background check for 1 of 2 employees (Service Manager B) every 4 years. Findings include: On 02/12/2025, at approximately 12:00 PM,	N 219		

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

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N 219	Continued From page 1 Surveyor reviewed Service Manager B's record. Service Manager B's date of hire was 12/14/2020. The last background check was dated and completed on 10/29/2020. Service Manager B's record did not contain any evidence of a caregiver background check completed every 4 years. At minimum, Service Manager B's caregiver background check was due by 10/29/2024. On 02/12/2025, at approximately 12:55 PM, Surveyor interviewed Executive Director A (ED A). Surveyor confirmed Service Manager B's hire date was 12/14/2020 with ED A. ED A reported s/he took over the facility on 10/21/2024. ED A reported s/he was not aware Service Manager B's 4-year background check was not completed in 2024. ED A reported s/he would be running new background checks on all of the employees at the facility.	N 219		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 medication storage containers were locked with a key available only to personnel identified by the community based residential facility (CBRF). The mini refrigerator, which stored residents' scheduled insulin medications, was unlocked for 240 minutes. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based	N 419		

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N 419	Continued From page 2 residential facility) able to serve up to 20 residents in client groups of physically disabled, advanced aged, irreversible dementia/Alzheimer's, emotionally disturbed/ mental illness and developmentally disabled. On 02/11/2025, at 9:00 AM, Surveyor toured the facility and observed a black mini refrigerator located on a cart in the dining room area. The mini refrigerator stored Resident 1's, Resident 2's, and Resident 3's insulin injection medications. The mini refrigerator contained a locking mechanism, the locking mechanism was not engaged. The mini refrigerator was unlocked for 240 minutes. Residents were observed moving freely throughout the facility. On 02/11/2025 at approximately 12:55 PM, Surveyor interviewed Executive Director (ED) A and Service Manager B. ED A and Service Manager B confirmed medications should have been securely stored. ED A and Service Manager B were unaware of the mini refrigerator being unlocked. Service Manager B reported s/he would educate the staff on the importance of locking the mini refrigerator.	N 419		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.	N 481		

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N 481	Continued From page 3	N 481		

This Rule is not met as evidenced by:
Based on observation and interviews, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. The facility needed cleaning and some repairs. This had the potential to affect 18 of 18 residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) H99F11, dated 10/16/2022.

Findings include:

On 02/12/2025, at approximately, 9:00 AM, Surveyor toured the facility and observed the following:

Kitchen
- The entire oven contained a sticky black matter. The oven door had a black /brown sticky substance on it. The entire oven hood contained thick sticky dark brown substance similar to grease build up. The right-side oven door glass panels was misaligned/ off track and contained exposed insulation. The right-side oven door did not fully close.

-The toaster oven contained a black thick sticky substance similar to grease.

- The microwave contained food pieces and a brown thick sticky substance throughout the entire microwave.

- The dishwasher on the right side close to the kitchen sink contained a pungent smell. The dishwasher was full of brown water/yellowish water. The dishwasher was inoperable.

-The kitchen pantry stand contained trash, old

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N 481	Continued From page 4 pasta noodles, and plastic caps underneath the stand. -The freezer on the left side of the kitchen contained sticky yellow substance on the bottom shelf. -The kitchen cabinet drawers on the counter and kitchen island do not close. The front of the drawer on the kitchen island was missing. -The floor between the freezer and refrigerator contained a black sticky substance. Dining Room Area -The mini refrigerator in dining room contained leaking water throughout the fridge. The inside of the refrigerator door contained brown stains similar to coffee. First floor shower room -The shower drain contained rusted shower drain assembly. The base of the shower was faded in color with brown spots that were rough in texture. First Floor Laundry Room -The top of the dryer had brown staining, similar to rust. The wall behind dryer was covered in a gray substance, similar to lint. The wall measured 5 feet in width and 7 feet in height. The floor behind the dryer contained dryer sheets and a gray fluffy substance, similar to lint. The rigid vent cover was disconnected from the dryer. First Floor Hallway -The wall above the cabinet across from the shower room contained a hole in the drywall. The hole measured approximately 12 inches in width and 5 inches in length.	N 481		

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N 481	Continued From page 5 Second Floor Laundry Room -Clothes, dryer sheets, and a gray fluffy substance, similar to lint were behind the dryer. The rigid dryer vent was disconnected from the dryer. Resident Rooms -Residents rooms contained stained carpet with the exception of Room 402. The carpet in the other resident rooms contained significant orange, brown, black, and yellow stains. The orange and yellow stains were similar to bleach stains. Room 419 -Vent in bathroom was non-operable. Significant spider webs were in the upper right-hand corner of the bathroom. Vent in bathroom was covered in a thick layer of fuzzy gray substance, consistent with lint and dust. Hallway 1st Floor -Cold air return vent outside of Room 402 contained a heavy layer of dirt covering 100% of the vent. On 02/12/2025, at approximately 12:55 PM, Surveyor interviewed Executive Director (ED) A and Service Manager B. Service Manager B reported staff was responsible for cleaning the facility and notifying management when items were broken. ED A reported s/he was aware of the dishwasher and microwave status. ED A reported the microwave was being replaced and maintenance was contacted to address the dishwasher. ED A reported s/he would follow up with staff and maintenance to address the additional facility concerns.	N 481		

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N 499	Continued From page 6	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 3 of 3 areas accessible to residents. Cleaning compounds and toxic substances were not securely stored in the hallway 1st floor, hallway 2nd floor, and laundry room 2nd floor. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents in client groups of physically disabled, advanced aged, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and developmentally disabled. On 02/12/2025, at 9:00 AM, Surveyor toured the facility and observed the following: On the first floor in an unlocked cabinet located across from the shower room two bottles of Clorox Clean Up disinfectant cleaner with bleach. The second floor laundry room contained 2 bottles of Clorox Urine Remover for stains and odors. The second floor hallway cabinet contained 2	N 499		

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N 499	Continued From page 7 bottles of Silver Source regular bleach, 1 bottle of Fabuloso multi-purpose cleaner, 2 bottles of Clorox Clean Up disinfectant and 1 bottle of Clorox Urine Remover. On 02/12/2025, at approximately 12:50 PM, Surveyor interviewed Executive Director (ED) A and Service Manager B. ED A confirmed toxic substances and cleaning compounds should have been securely stored. ED A reported s/he would ensure all toxic substances were placed in a secure, locked area.	N 499		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on record review and interview, the Provider did not ensure that CBRF personnel tested and maintained documentation of checking the smoke and heat detection system at least once every other month during 2023 and 2024. Findings include: On 02/12/2025, at approximately 12:00 PM, Surveyor reviewed all safety documentation	N 535		

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N 535	Continued From page 8 provided by ED A and was unable to find documentation to show the facility's smoke detectors were tested during 2023 and 2024. On 02/12/2025, at approximately 12:00 PM, Surveyor interviewed Executive Director (ED) A regarding smoke detector testing. Surveyor asked if smoke detectors were tested during 2023 or 2024. ED A stated s/he was unable to locate any documentation to reflect smoke detector testing. ED A reported s/he was unaware of the requirement to test the smoke detectors every other month. ED A reported s/he would create a plan to have the smoke detectors tested every other month.	N 535		
N 633	83.59(1)(c) Exit doors, passageways 32 inches clear All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit doors and doors in exit passageways shall have a clear opening of at least 32 inches in width and 76 inches in height. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure 1 of 5 exits were unobstructed to the outside. There was a mattress and 2 wheelchairs blocking the exit on the north side of the facility. Findings include:	N 633		

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N 633	Continued From page 9 On 02/12/2025, at approximately 9:00 AM, Surveyor toured the facility. During a tour of the facility, Surveyor observed a blue twin sized mattress, and 2 black wheelchairs in front of the north exit door of the facility. On 02/12/2025, at approximately 12:50 PM, Surveyor interviewed Executive Director (ED) A and Service Manager B regarding the blocked exit. Service Manager B and ED A reported the items in front of the north exit door belonged to a resident who recently moved out of the facility. ED A reported s/he was aware of the exit door code. ED A reported s/he would make sure the items were removed.	N 633		