STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017468	A. BUILDING: _____ B. WING _____	04/25/2024

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CARTERS QUALITY CARE	3215 N 77TH ST MILWAUKEE, WI 53222

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M 000	INITIAL COMMENTS On 04/25/2024, Surveyor concluded a standard survey and a complaint investigation at Carters Quality Care. As a result, 6 deficiencies were identified. One compliant was unsubstantiated. Census: 3	M 000		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were located in 2 of 8 required locations. There was no smoke detector in 1 of 4 resident rooms. There was no smoke detector in the basement. Findings include:	M 334		

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

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M 334	Continued From page 1 On 04/24/2024 at approximately 10:10 a.m., Surveyor toured the home. Surveyor observed Resident 1's bedroom did not have a smoke detector. Surveyor asked Resident 1 if s/he knew why his/her bedroom did not have a smoke detector. Resident 1 stated Licensee A took his/her smoke detector down on April 21st, 2024, because s/he was smoking in his/her room. On 04/24/2024 at approximately 10:30 a.m., during the tour of the basement, Surveyor observed a smoke detector bracket on the ceiling. Surveyor asked Licensee A if s/he knew how long the basement smoke detector had been gone. Licensee A stated, "There's no smoke detector in the basement. I guess that was removed. I was not aware of that." On 04/24/2024 at approximately 3:10 p.m., during exit, Surveyor interviewed Licensee A and asked why there were no smoke detectors in Resident 1's bedroom. Licensee A acknowledged there were no smoke detectors in Resident 1's bedroom because "it needed batteries." Licensee A stated, "I was not aware of the one being missing in the basement." Licensee A stated s/he would replace the smoke detectors.	M 334		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or	M 336		

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M 336	Continued From page 2 have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not test each smoke detector monthly to ensure it was operational for 6 of 24 months. Findings include: On 04/24/2024 at approximately 11:30 a.m., Surveyor requested documentation for 2022 and 2023 monthly smoke detector testing. Licensee A provided documentation of monthly smoke detector testing for 2022 and January through June of 2023. Licensee A was unable to locate July 2023- December 2023 monthly smoke detector testing. No other documentation was provided. On 04/24/2024 at approximately 3:15 p.m., Licensee A confirmed no monthly smoke detector testing was completed for July 2023- December 2023. Licensee A stated, "We must not have the 2023 smoke detector testing. I really thought I did it. I don't know what happened."	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the	M 348		

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M 348	Continued From page 3 provider did not ensure written documentation of the date and the evacuation time for 2 of 2 drills were maintained. There were no recorded fire drills from 01/01/2023 through 12/31/2023. Findings include: On 04/24/2024 at approximately 11:30 a.m., Surveyor requested 2022 and 2023 semi-annual fire drills. Surveyor observed fire drills for 2022, but none for 2023. On 04/24/2024 at approximately 3:15 p.m., Surveyor showed Licensee A the 2022 and 2023 semi-annual fire drills. Surveyor asked where the 2023 semi-annual fire drills were. Licensee A stated, "I really thought I did them. I don't know what happened."	M 348		
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 food was stored in a sanitary manner for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). There were packages of stored food which were opened, uncovered, and contained freezer burn. Food in storage containers in the refrigerator were outdated, not dated/labeled, or sealed properly. Findings include:	M 474		

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M 474	Continued From page 4 On 04/24/2024 at approximately 10:25 a.m., Surveyor toured the home and observed the following in the kitchen: Refrigerator: -Open hotdogs with four left; no open date. -Package of bacon, cut in half, not wrapped, or sealed, no open date. -Bagged lettuce. Lettuce was brown-moldy, had bad odor. -Two saucepans with lids containing unidentified food. No label or preparation date. On 04/24/2024 at approximately 10:25 a.m., Surveyor interviewed Caregiver B regarding the food. Caregiver B stated s/he could not identify what was in the saucepans. Caregiver B stated, "Your guess is as good as mine." On 04/24/2024 at approximately 10:36 a.m., Surveyor interviewed Licensee A regarding food storage and safety. Licensee A reported one of the two saucepans with lids contained black eyed peas. Licensee A stated, "I cannot speak to how old that food is. I am not going to pretend I know. I'm always on the staff about this."	M 474		
M 488	88.09(1)(d) RESIDENT RECORDS REQUIREMENTS A resident's record shall include all of the following: This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not maintain 1 of 3 resident records	M 488		

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M 488	Continued From page 5 (Resident 1). Findings include: On 04/24/2024 at approximately 12:20 p.m., Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 12/05/2023. Resident 1's record did not contain the following required information: signed service agreement, the individual service plan (ISP), an authorization to control funds, or a statement indicating the resident rights and grievance procedures had been provided and explained. On 04/24/2024 at approximately 9:45 a.m., Surveyor interviewed Resident 1, who stated, s/he did not sign any paperwork before moving into the facility. Resident 1 stated, "[Licensee A] didn't tell me what the rules were before I moved in," On 04/24/2024 at approximately 11:40 a.m., Surveyor requested Resident 1's complete file from Licensee A. Licensee A provided Resident 1's file to Survey and stated, "There's probably a lot missing. I'm still working on the ISP. I have so much going on in my personal life."	M 488		
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	M 570		

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M 570	Continued From page 6 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. This Rule is not met as evidenced by: Based on observation and interview, the facility did not provide a safe physical environment by ensuring hand towels were located near kitchen and bathroom sink for hand hygiene and staff left personal unlabeled insulin pens in the refrigerator door. Findings include: Example One: Handwashing On 04/24/2024 at approximately 10:10 a.m., Surveyor toured the home. Surveyor observed no hand towels at kitchen sink for handwashing. Surveyor observed the only bathroom in home. There were two signs in the bathroom reading, "Wash your hand before leaving this restroom." One sign was located directly above the sink and the other sign was located on the back of the bathroom door. Surveyor did not observe any hand towels to dry hands after washing hands. On 04/24/2024 at approximately 10:12 a.m., Surveyor interviewed Caregiver B, who stated there should be hand towels in the bathroom and the kitchen, but s/he could not find any in the facility. On 04/24/2024 at approximately 10:15 a.m., Surveyor interviewed Resident 1 and if s/he could wash his/her hands in the bathroom. Resident 1	M 570		

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M 570	Continued From page 7	M 570		

responded, "No, I can't dry my hands. There are no towels." Surveyor conformed with Resident 1 s/he primarily used that bathroom.

On 04/24/2024 at approximately 12:15 p.m., Surveyor interviewed Caregiver B, who stated, "We don't have any paper towel anywhere in the facility. I'm just using my hand-sanitizer from my purse."

The Center for Disease Control informs "practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should." (Source: The Center for Disease Control Website, Hand Hygiene in Healthcare Settings, April 28, 2023, https://www.cdc.gov/handhygiene/ (retrieval date - 04/24/2024).)

On 04/24/2024 at approximately 1:15 p.m., Surveyor interviewed Licensee A. Licensee A stated the facility was temporarily out of hand towels. "It's just a grocery shopping thing. It will get taken care of." Surveyor questioned Licensee A on how staff was practicing hand hygiene without soap and paper towel. "They could use a towel or something."

Example Two:
On 04/24/2024 at approximately 10:25 a.m., Surveyor toured the home and observed in the refrigerator, two unsecured, unlabeled insulin pens in the refrigerator door.

Surveyor identified one insulin pen as a Lispro Injection KwikPen, 3 milliliter (mL) prefilled insulin

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M 570	Continued From page 8 delivery devise. The second insulin pen was a Lantus SolStar (insulin glargine) injection pen, 100 units mL. Surveyor did nor observe any resident identification on either of the pens. Surveyor observed a secured lockbox in the refrigerator. On 04/24/2024 at approximately 10:25 a.m., Surveyor interviewed Caregiver B regarding the insulin pens. Caregiver B stated, "I don't know who those belong too. Maybe Resident 2." On 04/24/2024 at approximately 10:36 a.m., Surveyor interviewed Licensee A regarding the insulin pens. Licensee A stated, "Those belong to staff. S/He is going to miss these. I will put them in the lockbox until s/he comes for them. Those should not be in the door like that."	M 570		