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	0012373	A. BUILDING: _____ B. WING _____	R-C 05/05/2025

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ADVOCATE HOMES LLC	6555 PERSHING BLVD KENOSHA, WI 53142

(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
{N 000}	Initial Comments On 04/30/2025, with information gathered through 05/05/2025, Surveyor conducted a standard licensure survey, a verification visit, and a complaint investigation at Advocate Homes LLC. Eight deficiencies were identified. Two of 8 deficiencies were repeat violations (see Statement of Deficiency (SOD) YHE511). Complaint was unsubstantiated. Census: 8	{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 an out-of-state background every 4 years for 1 of 1 staff member (Caregiver G).	N 219		

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

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N 219	Continued From page 1 The complete background check is to include the background information disclosure form (BID), the criminal history search form from the Department of Justice (DOJ), and the information maintained by the Department of Safety and Professional Service regarding a person's credentials (IBIS). Findings include: The facility is licensed to provide services for up to 8 residents within the client groups of physically disabled, traumatic brain injury, emotionally disturbed/mental illness, and developmentally disabled. On 04/30/2025, Surveyor reviewed Caregiver G's record. Caregiver G was hired in 2014. Caregiver G's DOJ and IBIS were dated 11/13/2017. On 04/30/2025, at approximately 12:15 PM, Surveyor interviewed Manager B. Surveyor asked if Caregiver G had a recent background check completed. Manager B stated s/he would need to look through additional files. On 05/05/2025 at 2:29 PM, Assistant Manager C emailed Surveyor with Caregiver G's background check dated 05/05/2025.	N 219		
{N 277}	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing	{N 277}		

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{N 277}	Continued From page 2 education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 staff (Caregiver E) record reviewed received all required continuing education in 2023 and 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) YHE511, dated 02/08/2022. Findings include: On 04/30/2025, Surveyor reviewed the training records for Caregiver E. Caregiver E was hired in 2014. Caregiver E's training record did not contain any continuing education for 2023 and 2024. On 04/30/2025, at approximately 12:15 PM, Surveyor interviewed Manager B. Manager B stated Caregiver E's training records should have been in the provided binder. Manager B asked Caregiver E if s/he had turned in his/her continuing education records to be filed. Caregiver E stated s/he had turned them into the previous manager. Manager B asked Assistant Manager C if s/he could locate Caregiver E's 2023 and 2024 continuing education records.	{N 277}		

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{N 277}	Continued From page 3 On 05/04/2025 at 8:00 AM, Administrator A emailed Surveyor and thanked him/her for his/her support. As of 05/05/2025 at 4:00 PM, Surveyor did not receive any additional documentation.	{N 277}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 4's Mirtazapine was not administered as prescribed. Findings Include: On 04/30/2025, at approximately 1:00 PM, Surveyor and Assistant Manager C observed Resident 4's medications in the med closet. Surveyor observed 5 boxes of Resident 4's Mirtazapine. Two boxes were dispensed in 04/2025, 1 box in 03/2025, and 2 boxes in 02/2025. Four of the 5 boxes were not opened. On 04/30/2025, Surveyor and Assistant Manager	N 352		

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N 352	Continued From page 4 C reviewed Resident 4's April 2025 Medication Administration Record, which documented: "Mirtazapine 30 MG (milligram) Tab (tablet) - Dissolve 2 tabs by mouth at 8PM for depression, insomnia. Start Date: 07/13/2022." The MAR documented 12 administrations out of 29 opportunities. Assistant Manager C could not answer why staff had discontinued giving Resident 4 his/her prescribed Mirtazapine on 04/14/2025. Assistant Manager C stated s/he did not have a staff member bring this concern to him/her. Assistant Manager C stated, "I would have thought if a staff member saw that a medication had not been given, they would have followed up with me."	N 352		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on interview and record review, the provider did not develop a comprehensive	N 386		

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N 386	Continued From page 5 Individual Service Plan (ISP) for 1 of 2 resident (Resident 3) records reviewed. Findings include: On 04/30/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility 12/13/2024. Resident 3's record included a temporary service plan, dated 12/12/2024. On 04/30/2025, at approximately 1:15 PM, Surveyor interviewed Assistant Manager C. Surveyor requested Resident 3's comprehensive individual service plan. Assistant Manager C stated s/he had started with the provider in 01/2025, and s/he was still ensuring resident records were complete.	N 386		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in	N 387		

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N 387	Continued From page 6 the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and in agreement with the plan for 2 of 3 resident records (Resident 1) reviewed. Findings include: On 04/30/2025, Surveyor reviewed Resident 1's and Resident 4's record. Resident 1 moved into the facility on 11/04/2021 and was represented by Guardian H and managed care organization (MCO) Care Manager (CM) D. Resident 1's ISP, dated 10/01/2024, did not contain the provider's signature nor Guardian H's. There was no documentation in Resident 1's record to determine if CM D had been asked to participate in the reviewing of Resident 1's ISP. Resident 4 moved into the facility on 04/13/2018 and was represented by Guardian F and MCO CM G. Resident 4's ISP, dated 03/01/2024, did not contain the provider's signature nor Guardian F's. There was no documentation in Resident 4's record to determine if CM G had been asked to participate in the reviewing of Resident 4's ISP. On 04/30/2025, at approximately 1:15 PM, Surveyor interviewed Assistant Manager C.	N 387		

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N 387	Continued From page 7 Assistant Manager C stated s/he had started with the provider in 01/2025 and was still ensuring resident records were complete.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 (Resident 5) Individual Service Plans (ISP) were reviewed annually as required. Findings include: On 04/30/2025, Surveyor reviewed Resident 5's record. Resident 5 moved into the facility 03/21/2016 and was his/her own person. Resident 5's ISP, dated 02/01/2024, was not signed by the provider or Resident 5. Resident 5's ISP should have been updated by	N 389		

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N 389	Continued From page 8 02/2025. On 04/30/2025, at approximately 1:15 PM, Surveyor interviewed Assistant Manager C. Assistant Manager C stated s/he had started with the provider in 01/2025 and was still ensuring resident records were complete.	N 389		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 2 resident's prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP). The ISP	{N 408}		

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{N 408}	Continued From page 9 did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. This is a repeat deficiency. See Statement of Deficiency (SOD) YHE511, dated 02/08/2022. Resident 1's PRN Hydroxyzine was not documented in his/her ISP along with the rationale for administration. Resident 3's PRN Clonazepam was not documented in his/her ISP along with the rationale for administration. Findings include: On 04/30/2025, at approximately 1:00 PM, Surveyor and Assistant Manager C observed Resident 1's and Resident 3's medications in the med closet. Surveyor observed Resident 1's blister card of Hydroxyzine and Resident 3's blister card of PRN Clonazepam. On 04/30/2025, Surveyor reviewed Resident 1's and Resident 3's record. Example 1: Resident 1 Resident 1 moved into the facility 11/04/2021. Resident 1's April 2025 Medication Administration Record (MAR) documented: Hydroxyzine 25 MG (milligram) tablets - Take 2 tablets by mouth daily as needed in addition to 50 MG twice daily. Consult: itching, sedation, anxiety. Start Date: 07/01/2024. The MAR documented administration on 04/26 for anxiety.	{N 408}		

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{N 408}	Continued From page 10 Resident 1's ISP, dated 10/01/2024, documented: "Attitude: Very sociable and outgoing." "Self-Abusive Behavior: As needed, staff will provide support to talk about what's on [his/her] mind, offering more appropriate ways to cope with [his/her] feelings." On 04/30/2025, at approximately 1:15 PM, Surveyor interviewed Assistant Manager C. Surveyor asked how staff were provided guidance on when Resident 1's Hydroxyzine should be administered. Assistant Manager C stated s/he had started with the provider in 01/2025 and was still ensuring resident records were complete. Example 2: Resident 3 Resident 3 moved into the facility 12/13/2024. Resident 3's April 2025 MAR documented: Clonazepam 0.5 MG - Take 1 tablet by mouth daily as needed for anxiety/agitation. Start Date: 12/19/2024. The MAR documented administration on 04/01 and 04/08 for anxiety. Resident 3's "Temporary ISP," dated 12/12/2024, documented: "Medication Management - Staff will dispense and supervise all medications as prescribed." "Interaction with Others; Aggressive/Combative - TBD (to be determined). Case notes written daily. Evaluations conducted annually, or sooner if changes noted." "Personality, Attitude, Self-Concepts - Friendly and enjoys being active with friends. Case notes written daily. Evaluations conducted annually, or sooner if changes noted." On 04/30/2025, at approximately 1:15 PM,	{N 408}		

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{N 408}	Continued From page 11 Surveyor interviewed Assistant Manager C. Surveyor asked how staff were provided guidance on when Resident 3's Clonazepam should be administered. Assistant Manager C stated s/he was still ensuring resident records were complete. On 05/04/2025 at 8:00 AM, Administrator A emailed Surveyor and thanked him/her for his/her support. On 05/05/2025, at approximately 9:30 AM, Surveyor interviewed Assistant Manager C. Assistant Manager C stated s/he would be updating resident ISPs to include PRN medications and the rationale for administration.	{N 408}		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction.	N 412		

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N 412	Continued From page 12 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not have an order in writing for 1 of 1 resident (Resident 2) physician that s/he had the physical or mental capacity to self-administer his/her medications. Findings include: On 04/30/2025, at approximately 1:00 PM, Surveyor and Assistant Manager B observed Resident 2's Tresibaflex and Insulin Aspart insulin pens in the medication closet. Assistant Manager B stated Resident 2 self-administered his/her insulin. Surveyor requested Resident 2's physician order stating that s/he could self-administer his/her insulin. Assistant Manager B stated if the order was not in his/her file, s/he would contact his/her physician and request a physician order. Assistant Manager B stated s/he had started with the provider in 01/2025 and was still ensuring resident records were complete. On 05/01/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility, 07/01/2008, with diagnosis including diabetes. Resident 2's April 2025 Medication Administration Record (MAR) documented: "Tresibaflex Inj (injection) 100 Unit. Inject 7 units subcutaneously every day. Scheduled at 8:00 AM." The MAR documented 30 out of 30 opportunities were administered. "Insulin Aspart (Flextouch) 100 Unit. Inject 3 Units subcutaneously before melas plus sliding scale 150-199=1 Unit, 200-249=2 Units, 250-299=3	N 412		

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N 412	Continued From page 13 Units, 300-349=4 Units, 350-400=5 Units, > (greater than) 400=6 Units. Start Date: 05/06/2024." The MAR did not document that s/he self-administered any medications. On 05/01/2025 at 3:37 PM, Assistant Manager B emailed Surveyor Resident 2's physician order documenting that s/he could self-administer his/her insulin. The physician order was dated 05/01/2025.	N 412		