STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017481	A. BUILDING: _____ B. WING _____	C 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACK ROCK ADULT LIVING LLC	W4715 POTTER RD ELKHORN, WI 53121

(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 05/22/2024, Surveyor conducted a standard licensing survey and complaint investigation at Black Rock Adult Living LLC, an AFH located in Elkhorn, WI. As a result of the survey, 5 violations of Chapter DHS 88 were issued. The complaint was unsubstantiated. Census: 4	M 000		
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 provider did not ensure the facility completed semi-annual fire drills for calendar year 2023. The provider had 1 documented fire drill for the calendar year of 2023. Findings include: On 05/22/2024, Surveyor reviewed the facility's documented fire drills for calendar year 2023. There was only 1 documented fire drill for calendar year 2023. On 05/22/2024 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated s/he thought there was a second documented fire drill. Administrator A looked in the facility files and acknowledged that there was only 1 documented	M 348		

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

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M 348	Continued From page 1 fire drill. Administrator A acknowledged understanding that fire drills must be completed semi-annually per code requirement.	M 348		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 2 had an annual health exam by a physician. There was no record of an annual health exam for Resident 2. Findings include: On 05/22/2024 at 9:15 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 03/27/2023 with diagnoses that include but are not limited to: Asthma, Brain Injury onset before age 22, Obesity, Paralysis, Seizures, Hemiparesis due to Rasmussen's encephalitis. There was no documented record of an annual health exam for Resident 2. On 05/22/2024 at 10:30 AM, Surveyor discussed the above concern with Administrator A. Administrator A stated that Resident 2's guardian usually keeps records of doctor visits. Administrator A acknowledged that the facility must have a record of doctor visits including the annual health exam. Administrator A stated s/he would contact Resident 2's guardian to get a copy.	M 456		

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M 456	Continued From page 2 Surveyor gave Administrator A until 05/23/2022 at 1:00 PM to provide further information. As of 05/23/2022 at 1:00 PM, no further information was provided.	M 456		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from Resident 1 or Resident 2's Primary Care Physician (PCP) for permission to administer medications. The medication administration permission form in Resident 1 and Resident 2's medical record were blank. Findings include: On 05/22/2024 at 9:15 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/01/2020. The form authorizing facility to administer medications to Resident 1 was blank.	M 464		

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M 464	Continued From page 3 On 05/22/2024 at 9:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 03/27/2023. The form authorizing facility to administer medications to Resident 2 was blank. On 05/22/2024 at 11:00 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that the facility needs to obtain permission from the Primary Care Physician to administer medication. Administrator A acknowledged that the medication administration form for Resident 1 and Resident 2 were blank. Administrator A stated that s/he would have the forms completed by Resident 1 and Resident 2's PCP as soon as possible.	M 464		
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 that food was stored in a sanitary manner. There were numerous food items stored on the floor of the pantry. This is a repeat violation from previous Statement of Deficiency (SOD) K66X11 dated 11/30/2022 Findings include: On 05/22/2024, Surveyor conducted a tour of the	M 474		

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M 474	Continued From page 4 physical environment. OBSERVATIONS: There was a bag of candy on the floor of the pantry. There were 3 bags of potato chips on the floor of the pantry. There was a bag of pecans on the floor of the pantry. There was a plastic container that had bags of dry food items in it directly on the floor. On 05/22/2024 at 11:45am, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that food cannot be stored on the floor. Administrator A stated that the food items would be moved as soon as possible.	M 474		
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 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a safe physical environment. There were combustibles within 3 feet of the furnace and water heater. Findings include: On 05/22/2024, Surveyor toured the physical environment. There was a plastic bookshelf with combustible items adjacent to the furnace. There was a plastic vacuum cleaner adjacent to the water heater. On 05/22/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that combustibles cannot be within 3 feet of a furnace or water heater and the items would be removed immediately.	M 570		