STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110270	A. BUILDING: _____ B. WING _____	08/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & M GROUP HOME	30068 COUNTY B PLATTEVILLE, WI 53818

(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 08/15/2023, with information gathered through 08/16/2023, Surveyor conducted an abbreviated licensure survey at M & M Group Home. Eight deficiencies were identified. Census: 5	N 000		
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 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 3 of 3 resident records (Resident 1, Resident 2, Resident 3) reviewed.	N 387		

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

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N 387	Continued From page 1 Resident 1 was admitted on 01/01/2008 and had Guardian D and a managed care organization (MCO) care manager (CM) E. Resident 1's available ISP was signed 01/15/2022 by Administrator A. Guardian D and CM E did not sign the ISP. Resident 2 was admitted on 09/01/1987 and had Guardian F and MCO CM G. Resident 2's available ISP displayed the dates of 12/15/2018 with Licensee C's signature, dates of 12/01/2019, 12/01/2020, 10/16/2021, 03/18/2022 with Administrator A's signature. and date of 06/12/2023 with CM G's signature. Surveyor noted Guardian F never signed the ISP and CM G only signed the ISP in 2023. Resident 3 was admitted on 12/15/2010 and had Guardian H and MCO CM E. Resident 3's available ISP was signed 03/18/2022 by Administrator A. Guardian H and CM E did not sign the ISP. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Licensee C, Administrator A and Caregiver B. Administrator A stated s/he would have the resident representatives sign the ISPs.	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	N 389		

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N 389	Continued From page 2	N 389		

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 2 out of 3 resident records (Resident 1, Resident 3) reviewed were updated annually or identified the basic requirements of a comprehensive Individual Service Plan (ISP).

Findings include:

The provider is licensed to care for up to 8 residents in the client group developmentally disabled. The current census was 5 residents.

On 08/15/2023, Surveyor reviewed Resident 1's and Resident 3's record.

Resident 1 was admitted on 01/01/2008.
Resident 1's MCO managed care plan was dated 10/17/2022 to 04/30/2023.
Resident 1's available ISP was dated 01/15/2022.

Resident 3 was admitted on 12/15/201.
Resident 3's MCO managed care plan was dated 05/11/2021 to 11/30/2021.
Resident 3's available ISP was dated 03/18/2022.

Surveyor noted none of the ISPs included the basics of what is required of a comprehensive ISP: 1. Identify the resident ' s needs and desired

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N 389	Continued From page 3 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. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Licensee C, Administrator A and Caregiver B. Administrator A stated s/he understood that each residents' ISPs should be individualized and the MCO member centered plans goals should be incorporated into the ISPs.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 resident records reviewed (Resident 1, Resident 2, Resident 3) were evaluated annually to determine their mental or physical capability to respond to a fire alarm. Findings include: The provider is licensed to care for up to 8 residents in the client group developmentally disabled. The current census was 5 residents. On 07/11/2023, Surveyor reviewed Resident 1, Resident 2 and Resident 3's record. Resident 1 was admitted on 01/01/2008.	N 394		

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N 394	Continued From page 4 Resident 1's evacuation assessment was dated 06/01/2021. Resident 2 was admitted on 09/01/1987. Resident 2's evacuation assessment was dated 06/01/2021. Resident 3 was admitted on 12/15/2010. Resident 3's evacuation assessment was dated 06/01/2021. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Licensee C, Administrator A and Caregiver B. Administrator A stated s/he would update the evacuation assessments for each resident.	N 394		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the	N 404		

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N 404	Continued From page 5 resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure an onsite review of the CBRF's (Community-Based Residential Facility) medication administration and medication storage systems were completed in 2021 and 2022 by a physician, pharmacist, or registered nurse (RN). Findings include: On 08/15/2023, at approximately 12:30 PM, Surveyor requested the providers medication audit from Licensee C for 2021 and 2022. Licensee C stated the audits had not been completed. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated they had not completed that requirement.	N 404		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or	N 406		

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N 406	Continued From page 6 recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications that had been changed, discontinued, or expired were removed from the medication cart and disposed of within 30 days. Findings include: On 08/15/2023, at approximately 12:30 PM, Surveyor observed the medication cabinet with Caregiver B and observed the following: A blister card with Resident 2's scheduled doses of banophen, tamsulosin, and propranolol, dated 07/02/2023 to 07/08/2023. A blister card filled on 10/31/2022, that contained 29 doses of Resident 2's banophen and another that contained 30 doses. Three blister cards of Resident 3's scheduled medications. Two cards, filled 03/13/2023, with one that contained 5 doses of Quetiapine and another that contained 27 doses. Another card, filled on 06/30/2022, contained 28 doses of Naproxen.	N 406		

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N 406	Continued From page 7 Caregiver B stated that medications had been dispensed individually and then the pharmacy started combining medications together into one blister pack. The medications were no longer being administered and had not been disposed of. Surveyor noted that the med cabinet contained numerous pharmacy bags of prescriptions and did not review each bag. Surveyor had been informed that most medications that were being administered were in the box that was sitting in the living room. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A explained that there was a policy for the destruction of medications, but it did not detail when medications should be destroyed. Administrator A stated s/he would update the provider's policy and organize the medications in the facility. Cross Reference: N0404 DHS 83.37(1)(e) Medication Regimen, Administration Review	N 406		
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, record review and staff interview, not all medications administered by the provider were securely stored. Findings include:	N 419		

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M & M GROUP HOME	30068 COUNTY B PLATTEVILLE, WI 53818

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N 419	Continued From page 8 The provider is licensed to care for up to 8 residents in the client group developmentally disabled. On 08/15/2023, at approximately 12:30 PM, Surveyor requested to observe the med cabinet. Caregiver B and Licensee C stated that they had switched pharmacies and medications had not been properly organized. Caregiver B showed Surveyor a large box in the living room, where a resident was sitting, that contained all 5 of the resident's medications. Caregiver B explained that some medications were in the med cabinet, and some were in this box as s/he was using up some of the medications that were stored in the med cabinet before placing the new medications in the cabinet. Surveyor picked up a 30-day blister card supply of Resident 1's medications which contained Finasteride, Omeprazole, Rosuvastatin Calcium, and Tamsulosin, dated 08/08/2023 to 09/06/2023. Surveyor noted that the scheduled blister packs for 08/08, 08/09 and 08/10 had been removed from the blister card. Surveyor picked up another 30-day blister card supply of Resident 4's medications which contained Atenolol and Cetirizine. Surveyor noted that the scheduled blister packs for 08/08 to 08/13 had been removed from the blister card. Caregiver B stated that s/he had used up left over medications that were stored in the med cabinet before s/he utilized the current blister cards. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Licensee C, Administrator A and Caregiver B. Surveyor explained that medications are to be secured and blister packs should be administered on the dates they are scheduled for. Administrator A stated s/he understood.	N 419		

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N 419	Continued From page 9 Cross Reference: N0404 DHS 83.37(1)(e) Medication Regimen, Administration Review	N 419		
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 that cleaning compounds and toxic substances were stored in a secure area. Findings include: On 08/15/2023, at approximately 11:00 AM, Surveyor toured facility and observed the following: Resident Bathroom - Upstairs -A gallon jug of antibacterial cleaner -A 32 ounce squeeze bottle of toilet bowl cleaner -A 32 ounce spray bottle of glass cleaner -A 32 ounce spray bottle of wood oil soap -A 6 ounce spray bottle of unscented insect repellant Resident Bathroom - Downstairs -A 32 ounce spray bottle of glass cleaner sitting with the shampoo and conditioner -An 18 ounce spray can of glass cleaner sitting next to the mouthwash -A gallon of bleach sitting on the floor next to the washer and dryer Kitchen Cabinet	N 499		

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N 499	Continued From page 10 -A 28 ounce bottle of cooktop cleaner -A 28 ounce bottle of hard water cleaner -A 16 ounce spray bottle of furniture cleaner -A 16 ounce spray bottle of all-purpose cleaner On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated locks would be installed on cabinets where cleaning supplies are stored.	N 499		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the door leading to the basement was self-closing, which is located on the same floor as resident bedrooms, was self-closing. Findings include: On 08/15/2023, at approximately 12:20 PM, Surveyor toured the facility. Surveyor observed the door leading to the basement was not self-closing. The basement door appeared to previously have a self-closing feature that was no	N 640		

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N 640	Continued From page 11 longer attached to the door. Caregiver B stated that the door swung shut with force, so the mechanism had been detached. On 08/15/2023, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed by agreeing that the door mechanism should not have been disconnected.	N 640		