STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014482	A. BUILDING: _____ B. WING _____	R 06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHSAIDA FAMILY HOME 4	2521 SCENIC RIDGE DR MADISON, WI 53719

(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 06/03/2024, Surveyor conducted a verification visit, self-report review and standard survey at Bethsaida Family Home 4, an AFH in Madison. Two deficiencies were identified. The self-report review resulted in 1 deficiency. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 occupied bedrooms had a window capable of being ventilated with a screen. Resident 4's bedroom window did not include a screen. Findings include: On 06/03/2024 at approximately 10:00 a.m., Surveyor toured the provider's home. Surveyor observed Resident 4's bedroom. Surveyor observed the bedroom had 1 window accessible to the outside. The window did not include a	M 298		

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

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M 298	Continued From page 1 screen. On 06/03/2024 at approximately 11:00 a.m., Surveyor reviewed concern with Medical Coordinator B that Resident 4's bedroom did not have a window capable of being ventilated with a screen. Medical Coordinator B went to Resident 4's bedroom and confirmed Surveyor's observation. Medical Coordinator B did not provide a length of time Resident 4's window had been without a screen. Medical Coordinator B stated s/he would follow up on ensuring a screen was placed in the window.	M 298		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services specified in 1 of 2 resident individual service plans (ISP) reviewed were provided. Resident 3 did not receive 24 hour close supervision on 05/28/2024. Findings include: On 06/03/2024 at approximately 9:45 a.m., Surveyor conducted a self-report review. Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider's home	M 436		

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M 436	Continued From page 2	M 436		

on 09/04/2017 with diagnosis of autism. Resident 3's ISP, dated 05/22/2024, stated s/he required 24/7 close supervision with supervision of 2 people when in the community. Resident 3's record included an incident report, dated 05/28/2024, that documented on 05/28/2024 at approximately 10:23 a.m., Resident 3 was left in an employee's vehicle alone outside of a store. The report documented that law enforcement was contacted by a citizen who was concerned about Resident 3 being left in the car alone. The report stated Resident 3 was left alone for approximately 10 minutes.

On 06/03/2024 at approximately 10:30 a.m., Surveyor interviewed Medical Coordinator B and Caregiver D. Medical Coordinator B stated Resident 3 frequently got agitated in the morning before his/her 2nd caregiver came in so staff would take Resident 3 for a ride. Medical Coordinator B stated it was acceptable for Resident 3 to go for car rides with 1 staff member as long as they didn't get out of the car. Caregiver D stated on 05/28/2024 s/he took Resident 3 for a ride, but needed to use the restroom so s/he stopped at a thrift store to use the restroom. Caregiver D stated Resident 3 was left in the car, with the child locks on. Caregiver D stated s/he was gone for approximately 10 minutes and Resident 3 was safe upon Caregiver D's return to the car.

On 06/03/2024 at approximately 11:00 a.m., Surveyor reviewed concern with Medical Coordinator B that Resident 3's ISP was not followed when Caregiver D left Resident 3 unsupervised in a car to use the restroom. Medical Coordinator B acknowledged Surveyor's concern. Medical Coordinator B stated the provider updated Resident 3's team regarding the

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M 436	Continued From page 3 incident and disciplinary action was taking place with Caregiver D.	M 436		