STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008984	A. BUILDING: _____ B. WING _____	R-C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY MANOR	7840 W BARNARD AVE GREENFIELD, WI 53220

(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 01/30/2024, Surveyor completed a standard survey, a verification visit, and a complaint investigation at Abbey Manor. Statement of Deficiency 0E8411 was corrected. Four new deficiencies were identified and the complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 2 of 2 staff had been screened for illnesses detrimental to residents, by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver B and Caregiver C were not screened for communicable disease.	M 232		

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

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M 232	Continued From page 1 Findings include: On 01/30/2024, at 11:50 AM, Surveyor reviewed staff records and identified the following: Caregiver B was hired on 03/16/2022. Caregiver B's record did not contain evidence Caregiver B was screened illness detrimental to residents. Caregiver C was hired on 02/08/2023. Caregiver C's record did not contain evidence Caregiver C was screened illness detrimental to residents. On 01/30/2024, at 1:30 PM, Surveyor interviewed Director A. Director A reported s/he was not aware Caregiver B's and Caregiver C's file did not contain documentation of communicable screening. Director A reported reviewed the record and indicated the current form utilized was not the form s/he typically used. Director A reported s/he would have the staff screened as soon as possible.	M 232		
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 have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the	M 336		

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M 336	Continued From page 2 provider did not ensure the facility's smoke detectors were tested monthly in 2022 and 2023. The provider did not conduct monthly testing for 6 of 12 months in 2022 and 9 of 12 months in 2023. Findings include: On 01/30/2024, at 12:15 PM, Surveyor reviewed the facility's smoke detector test logs for 2022 and 2023. There was no evidence of smoke detector testing in 02/2022, 04/2022, 07/2022, 08/2022, 10/2022, and 11/2022. There was no evidence of smoke detector testing in 01/2023, 02/2023, 04/2023, 05/2023, 07/2023, 08/2023, 10/2023, 11/2023, and 12/2023. On 01/30/2024, at 12:30 PM, Surveyor interviewed Director A. Director A was unsure how often the smoke detectors were to be tested. Director A reported s/he thought smoke detectors were to be tested quarterly. Surveyor informed her/him of the code. Director A reported the testing was an oversight. Director A reported s/he would ensure the smoke detectors were inspected monthly.	M 336		
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.	M 464		

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M 464	Continued From page 3 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 the physician who prescribed the medication specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered for 2 of 2 residents. Resident 1 and Resident 2 required staff of the adult family home to administer medication. Resident 1's and Resident 2's records did not contain physician's orders indicating staff could administer medications. Findings include: On 01/30/2024, at 11:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/28/2023. Resident 1's record contained a medication administration record (MAR), dated 01/2024, which indicated staff administered medications. Resident 1's record did not contain a written order. Resident 2 was admitted on 10/12/2023. Resident 2's record contained a MAR dated 01/2024, which indicated staff administered medications. Resident 2's record did not contain a written order. On 01/30/2024, at 11:40 AM, Surveyor interviewed Caregiver D. Caregiver D confirmed Resident 1 and Resident 2 required staff assistance with medication administration.	M 464		

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M 464	Continued From page 4 On 01/30/2024, at 1:30 PM, Surveyor interviewed Director A regarding the required written order to administer medications. Director A confirmed s/he did not obtain a written order for the facility staff to administer medications. Director A reported s/he was not aware of the requirement to obtain a written order. Director A reported s/he would contact the physicians to obtain the written order for staff to administer medications.	M 464		
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. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure hot water at 2 of 2 resident bathroom faucets were kept at a safe temperature. The hot water at 2 resident bathrooms' faucets measured 120° Fahrenheit (F). Findings include: "Exposure to hot water is a potential	M 570		

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M 570	Continued From page 5	M 570		

environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017)

On 01/30/2024, at 12:00 PM, Surveyor tested the water temperature in 2 of 2 resident bathrooms. The water temperature was 120° F at each faucet.

On 01/30/2024, at 12:55 PM, Surveyor reviewed facility safety files, which included hot water temperature checks. The file indicated the hot water was 120° F in 06/2022, 03/2023, 06/2023, and 09/2023.

On 01/30/2024, at 1:45 PM, Surveyor interviewed Director A regarding the water temperature. Director A was unable to provide the water temperature the hot water was not to exceed. Director A reported s/he was unaware the facility water temperature exceeded 115° F. Director A reported s/he would have the hot water heater adjusted.