STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 000	INITIAL COMMENTS On 07/22/2024, with information gathered through 07/26/2024, Surveyor conducted an abbreviated licensure survey at Brandi Home I. Nine deficiencies were identified. Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 service providers (Caregiver C and Caregiver D) received 15 hours of initial training, including trainings related to medications, first aid, fire safety, resident rights, and standard precautions. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House	M 244		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

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M 244	Continued From page 1 Manager A stated there were two employees, Caregiver C and Caregiver D, who worked in the home and they alternated shifts. Surveyor requested Caregiver C's and Caregiver D's records. On 07/26/2024, Surveyor reviewed Caregiver C's and Caregiver D's record. Caregiver C was hired in 04/2022. Caregiver C's record did not include training in medications, first aid, fire safety, resident rights, and standard precautions until 03/2023. Caregiver D was hired in 04/2022. Caregiver D's record did not include training in medications, first aid, fire safety, resident rights, and standard precautions until 03/2023. On 07/26/2024 at 9:04 AM, Surveyor emailed House Manager A requesting clarification on training Caregiver C and Caregiver D received within their first 6 months of employment. As of 07/26/2024 at 4:00 PM, Surveyor did not receive any additional documentation.	M 244		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the	M 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 282	Continued From page 2 licensee did not ensure the well water was tested at least annually in 2023. Findings include: On 07/22/2024, at approximately 5:30 PM, Surveyor requested the well water test report for 2023. House Manager A stated s/he would forward that documentation to Surveyor. As of 07/26/2024 at 4:00 PM, Surveyor did not receive any additional documentation.	M 282		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed was evaluated annually for evacuation time, using the departments form. Resident 2's evacuation evaluation was not completed in 2021, 2022, and 2023. Findings include: On 07/22/2024, Surveyor reviewed Resident 2's record.	M 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 346	Continued From page 3 Resident 2's annual evacuation assessment was dated 07/03/2020. There was no documentation indicating Resident 2 was evaluated annually in 2021, 2022, and 2023. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would update all resident evacuation forms.	M 346		
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 licensee did not ensure fire drills were conducted semi-annually in 2023 with all household members, with written documentation of the date and evacuation time for each drill maintained by the home. Findings include: The licensee is able to serve up to 4 residents within the client group of developmentally disabled. On 07/22/2024, at approximately 5:30 PM, Surveyor requested the fire drills for 2023. House Manager A stated s/he would forward that documentation to Surveyor as s/he was unable to locate it in the facility binder. As of 07/26/2024 at 4:00 PM, Surveyor did not	M 348		

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	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 348	Continued From page 4 receive any additional documentation.	M 348		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 2) was developed together with the placing agency and the provider. Findings include: On 07/22/2024, Surveyor reviewed Resident 2's record. Resident 2's record contained an ISP, dated 01/15/2024, which was not signed by Resident 2's managed care organization (MCO) Care Manager (CM) B or the provider. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated Resident 2 was his/her own person and would ask CM B to sign the ISP which	M 406		

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M 406	Continued From page 5 was due for review in 07/2024.	M 406		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) medications were stored in their original container which identified who the medication was prescribed for. Findings include: On 07/22/2024, at approximately 5:30 PM, Surveyor and House Manager A reviewed Resident 4's medications in the med cabinet. Surveyor and House Manager A observed a plastic baggie of medication with the words "Motion Sickness relief" and a plastic baggie of medication with the words "Ibuprofen 200 MG (milligram)" written on them. House Manager A stated the original containers were kept at [day center]. (Surveyor noted the baggies did not contain the resident's name and prescription	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 458	Continued From page 6 orders). Surveyor requested Resident 4's record. Resident 4's July 2024 MAR (Medication Administration Record) did not list the other-the-counter (OTC) medications which were stored in the baggies. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would purchase individual containers of motion sickness and ibuprofen medications so that one container could be kept at the home. House Manager A stated there were physician orders for Resident 4's OTC medications but labels were not provided to identify who the medication belonged to and the dosing requirement. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	M 458		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1	M 462		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 462	Continued From page 7	M 462		

resident (Resident 4) received prescribed medications in the proper dosage and administration times.

Findings include:

On 07/22/2024, at approximately 5:30 PM, Surveyor and House Manager A reviewed Resident 4's medications in the med cabinet. Surveyor and House Manager A observed a bottle of Fluticasone Propionate (nasal spray) with a dispensed date of 03/18/2024 and was not dated when opened and a bottle of Azelastine (nasal spray) with a dispensed date of 06/06/2024 and was not dated when opened. House Manager A stated s/he was unsure when the nasal sprays were opened. Surveyor requested Resident 4's record.

Resident 4's July 2024 MAR (Medication Administration Record) documented:
Azelastine - Use 2 sprays in each nostril at 8AM and 8PM
Fluticasone - Use 2 sprays in each nostril at 8AM

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - July 24, 2024).)
Surveyor determined 120 actuations divided by 4 (4 sprays once a day) would equal 30 days' worth of medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 462	Continued From page 8 "After priming, each metered spray delivers a 0.137 mL mean volume containing 137 mcg of azelastine hydrochloride (equivalent to 125 mcg of azelastine base). The bottle can deliver 200 metered sprays." (Source: Food and Drug Administration (FDA) website, Astelin - azelastine hydrochloride, https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020114s023lbl.pdf (retrieval date - July 24, 2024).) Surveyor determined 200 metered sprays divided by 8 (4 sprays twice a day) would equal 25 days' worth of medication. On 07/24/2024 at 4:32 PM, Surveyor requested Resident 4's pharmacy delivery reports from House Manager A. On 07/26/2024 at 9:13 AM, Surveyor requested Resident 4's pharmacy delivery reports from House Manager A. As of 07/26/2024 at 4:00 PM, Surveyor did not receive any additional documentation. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	M 462		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The	M 466		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 466	Continued From page 9	M 466		

medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 3 of 3 residents.

Resident 1's and Resident 4's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer.

Resident 1's over-the-counter (OTC) medications were not listed on his/her MAR.

Resident 3's blister cards of sodium bicarbonate (baking soda to neutralize stomach acid) and acetazolamide (diuretic medication) were missing a dose and a rationale was not documented in the MAR.

Findings include:

On 07/22/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Example 1: Resident 1

Resident 1's July 2024 MAR documented the following medications as not administered:
Calcium/D - 07/19 8:00 PM until 07/22 8:00 AM
Clonidine, Venlafaxine - 07/19 to 07/21
Levothyroxine, Oxybutynin, Stress Formula Tab - 07/20 to 07/22
Risperidone - 07/19 2:00 PM to 07/22 8:00 AM
The MAR did not document a rationale as to why

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 466	Continued From page 10	M 466		

the medication was not documented as administered.
Surveyor observed the medications had been dispensed from the blister cards.

Surveyor observed an open bottle of 90 count Fiber Advance gummies, an open bottle of 190 count gummy vitamins, and an open bottle of 365 count allergy relief tablets. These OTC medications were not listed on Resident 1's MAR and were not documented as administered.

On 07/22/2024, at approximately 5:40 PM, Surveyor interviewed House Manager A. House Manager A stated Resident 3 received the Fiber Advance gummies and the gummy vitamins daily, and received the allergy medication when needed.

Example 2: Resident 3

On 07/22/2024, at approximately 5:30 PM, Surveyor and House Manager A reviewed Resident 3's medications in the med cabinet. Surveyor and House Manager A observed that Resident 3's blister cards of sodium bicarbonate and acetazolamide had an additional dose dispensed. Surveyor and House Manager A reviewed Resident 3's July 2024 MAR and a rationale for the extra dose of dispensed medications was not documented.

Example 3: Resident 4

Resident 4's May and June 2024 MAR, dated 05/30/2024 to 06/28/2024, documented the following medications as not administered: Azelastine (nasal spray) - Use 2 sprays in each nostril at 8AM and 8PM. 06/06 8:00 AM to 06/07 8:00 AM, 06/08 8:00 AM, 06/09 8:00 AM, 06/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 466	Continued From page 11 8:00 AM Polyethylene Glycol powder - Dissolve 1 capful in 8 ounces of water drink at 8AM. This medication was documented as administered only on 06/14, 06/18, 06/21 and 06/22. Prometh VC Syp Plain - Take one tablet by mouth at 8AM, Noon, 4PM and 8PM. This medication was documented as administered only on 05/31 at 4:00 PM and 8PM. Resident 4's June and July 2024 MAR, dated 06/29/2024 to 07/21/2024, documented the following medications as not administered: Methylphenidate - 07/06, 07/07, 07/15, 07/16, 07/20, 07/21 Polyethylene Glycol powder -This medication was documented as administered only on 07/08, 07/16, 07/17, 07/19. Prometh VC Syp Plain -This medication was not documented as administered. On 07/22/2024, at approximately 5:45 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would re-educate staff on proper medication documentation.	M 466		
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 safe and sanitary manner. Surveyor found food items in	M 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

(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 474	Continued From page 12	M 474		

the refrigerator that were not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses.

Findings include:

The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled.

On 07/22/2024, at approximately 5:30 PM, Surveyor toured the facility with House Manager A and observed the following:

Refrigerator:
-A plastic container that contained a red sauce mixture with what appeared to be a form of meat that was not dated.
-A plastic container of fresh cut fruit that was not dated.
-A plastic container with a blue lid that had a leftover that was not dated.
-A plastic container with a red lid that had a leftover that was not dated.
-A disposable aluminum pan with a plastic lid that was not securely fastened that contained what appeared to be a corn-based food with stuffing that was not dated.
-A bag of garden salad with a use-by date of 07/14/2024. The bag was inflated possible due to spoilage of salad.
-A disposable aluminum pan with a form of cling wrap to cover food product that was not securely attached to pan. The pan consisted of a leftover food that was yellow in color and was not dated.
-5 food items that were wrapped in aluminum foil that were not dated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	07/26/2024

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BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

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M 474	Continued From page 13 According to the 2017 FDA (US Food and Drug Administration) Food Code, refrigerated, ready to eat (RTE), Time/Temperature Controlled for Safety (TCS) food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of seven days. The day of preparation shall be counted as Day 1. Refrigerated, RTE/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded. The "Servsafe Coursebook - 7th Edition, documented ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower." TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables. On 07/22/2024, at approximately 5:35 PM, Surveyor interviewed House Manager A. House Manager A stated staff would be reminded that all food needs to be properly sealed and dated.	M 474		