STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016512	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUS FAMILY HOME	2634 MCKENNA BLVD MADISON, WI 53711

(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 08/29/2024, Surveyor conducted an abbreviated survey at Lu's Family Home. Four deficiencies were identified. One deficiency was a repeat violation. See Statement Of Deficiency (SOD) XU0511 dated 05/31/2022. Census: 4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on observation and interview, the licensee did not ensure standard precaution measures were followed during a morning medication administration for 1 of 2 administrations observed. Caregiver B did not wash or sanitize his/her hands prior to or during Resident 1's AM medication administration. Findings include: The U. S. OSHA's (Occupational Safety and Health Administration) website	M 235		

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

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M 235	Continued From page 1 (https://www.osha.gov) identifies standards of practice for health care workers to prevent the spread of infections and reduce worker's exposure to bloodborne pathogens known to cause disease in humans. It was documented that OSHA supports the CDC (Center of Disease Control) recommendations for standard precautions. The CDC recommends handwashing before having direct contact with residents, after contact with intact skin, after contact with non-intact skin or mucous membranes, after contact with inanimate objects in the immediate vicinity of the resident and after removing gloves. On 08/29/2024 at 8:25 AM, Surveyor observed Caregiver B administer medication to Resident 1. Prior to prepping medications Caregiver B did not wash or sanitize his/her hands. Caregiver B prepped Resident 1's medications by detaching the AM medication packet from the medication packet strip and popping 1 tablet of acetaminophen from a bubble pack directly onto the kitchen cupboard. Caregiver B laid the lid of the storage tote containing Resident 1's medication over the acetaminophen tablet and looked through the tote. After putting the lid back on the tote, Caregiver B picked up the acetaminophen tablet with his/her bare fingers and took the acetaminophen tablet and medication packet to Resident 1 and handed them to him/her. On 08/29/2024 at 9:29 AM, Surveyor discussed concern of not washing or sanitizing hands prior to or during medication administration with Manager A and Caregiver B. Manager A stated they had would use their medication cups during medication administration.	M 235		

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M 276	Continued From page 2	M 276		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was clean and well-maintained. This is a repeat deficiency. See Statement Of Deficiency (SOD) XU0511 dated 05/31/2022 Findings include: On 08/29/2024 at 9:06 AM, while touring the home with Manager A, Surveyor observed: Example 1- Bathroom 1 -Shower floor soiled with white substance and caulk where the shower floor meets shower wall soiled brown (photo 1). -Three of 4 lightbulbs above the sink were burnt out (photo 2). On 08/29/2024 at 9:06 AM, Surveyor interviewed Manager A who stated residents only used the toilet and sink because the shower was only used for rinsing out the mop. Manager A stated 3 bulbs were kept unscrewed enough to not light because it was too bright with all 4 bulbs lit. Surveyor observed the 3 unlit bulbs did not light when Manager A screwed them in tight.	M 276		

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M 276	Continued From page 3 Example 2- Bathroom 2 -Floor beside and behind the toilet was soiled with a rust-like substance and the toilet's shut-off valve and water supply line were rusty (photo 3). -Wall next to the toilet was soiled with discolored smudges and splatters, including under the grab bar (photo 4). -Light above sink was missing 4 of 5 lightbulbs (photo 5). -Vanity surface was soiled with drips and its paint was chipped. -Floorboards next to the vanity were soiled and wall paint above the floor boards was scuffed (photo 6). -Floor and floor tile grout was soiled, 1 floor tile was cracked, the floor boards were soiled and the heating vent was covered in dust (photo 7). -Wall tiles and light/socket plate to the right of the sink were soiled with a yellowish substance and the door frame was scuffed and soiled (photo 8). On 08/29/2024 at 9:14 AM, Surveyor interviewed Manager A who stated the residents used bathroom 2. Manager A stated the floor was soiled because it was rusty behind the toilet. Manager A stated the current toilet was installed approximately August 2023. Manager A stated Caregiver B cleaned all the time. Example 4- Refrigerator -Drips and splatters of a red substance observed on 3rd shelf (photo 9). -Food particles and crumbs observed in 3 of 3 drawers and 5 of 5 door bins (photo 9). -Red, brown, and yellow substances observed by bottom drawer (photo 9). On 08/29/2024 at 9:23 AM, Surveyor interviewed Manager A who stated Caregiver B deep cleaned	M 276		

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M 276	Continued From page 4 the refrigerator monthly. On 08/29/2024 at 9:29 AM, Surveyor discussed concern of bathrooms and refrigerator with Manager A and Caregiver B. Manager A stated Caregiver B cleaned daily but was not able to clean 08/29/2024 due to Surveyor's visit.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all fire extinguishers were mounted.	M 332		

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M 332	Continued From page 5 The basement's fire extinguisher was not mounted. Findings include: On 08/29/2024 at 9:20 AM while touring basement with manager A, Surveyor observed the fire extinguisher on the floor (photo 10). On 08/29/2024 at 9:20 Surveyor interviewed Manager A who stated s/he was not sure how long the fire extinguisher had been on the floor, and it may have fell off the mount when Caregiver B was cleaning. Manager A put the extinguisher back on the wall mount. On 08/29/2024 at 9:29 AM, Surveyor discussed concern of basement fire extinguisher not mounted Manager A and Caregiver B. Caregiver B stated it was on the floor for 2 days after it fell off the mount. Cross Reference: N0334 DHS 88.05(4)(b)1 Fire Safety- Smoke Detectors	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following	M 334		

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M 334	Continued From page 6 locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located on the ceiling of each sleeping room. Resident 2's smoke detector was in a drawer in his/her room. Findings include: On 08/29/2024 at approximately 9:00 AM, while touring facility with Manager A, Surveyor observed there was not smoke detector in Resident 2's bedroom. Surveyor observed a hand torch connected to a propane cylinder Resident 1's candle making supplies stored in Resident 2's room. Manager A located Resident 2's smoke detector in Resident 2's drawer and remounted it on the wall. On 08/29/2024 at approximately 9:00 AM, Surveyor interviewed Manager A and Resident 2 who stated his/her smoke detector alarmed when s/he was using a machine to melt wax to make candles. Resident 2 stated his/her smoke detector fell off the wall when s/he fanned it to quiet it. Resident 2 stated s/he was unable to remount the smoke detector so s/he put it in the drawer.	M 334		

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M 334	Continued From page 7 On 08/29/2024 at 9:29 AM, Surveyor discussed concern of Resident 2 smoke detector found in drawer, hand torch stored in Resident 2's room and Resident 2 melting wax in his/her room with Manager A and Caregiver B. Manager A stated Resident 2 did not use the torch or melt wax in his/her room but did so in the sunroom as evidenced by wax drips on sunroom floor. Manager A stated Resident 2's smoke detector was appropriately mounted when all smoke detectors were checked earlier in August 2024. Cross Reference: N0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers N0334 DHS 88.05(4)(b)1 Fire Safety- Smoke Detectors	M 334		