| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019202 | A. BUILDING: _____ B. WING _____ | 02/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| STRATHMORE HOME | 6202 STRATHMORE LANE MADISON, WI 53711 |

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| M 000 | INITIAL COMMENTS<br><br>On 02/11/2025, Surveyor conducted a standard survey at Strathmore Home, an AFH in Madison.<br><br>Four deficiencies were identified.<br><br>Census: 4 | M 000 | | |
| M 276 | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the home was well-maintained. The home's dining room flooring had a hole and tears in it. The upper-level bathroom needed repairs.<br><br>Findings include:<br><br>On 02/11/2025 at approximately 2:00 p.m., Surveyor toured the provider's home and observed the following concerns:<br><br>- The dining room laminate flooring had a hole greater than 10 inches and 2 large rips.<br>- The provider's bathroom had a broken toilet paper holder and broken towel bar.<br><br>On 02/11/2025 at approximately 3:00 p.m., Surveyor reviewed concerns with the dining room flooring and bathroom hangings with Owner A. | M 276 | | |

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

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| M 276 | Continued From page 1<br>Owner A stated s/he was unsure how long the flooring had been in need of repairs, but that the bathroom hangings had recently been broken by Resident 1. | M 276 | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>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 medication controlled by the licensee shall be kept in a locked place.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review, the provider did not ensure 2 of 2 residents reviewed had accurate records of their medication administration. Resident 1 and Resident 2's record documented that they had been administered medications that were discontinued and no longer available for administration.<br><br>Findings include:<br><br>On 02/11/2025 at approximately 2:00 p.m., Surveyor reviewed the provider's medication storage and resident records. The following concerns were identified:<br><br>Example 1 - Resident 1: | M 466 | | |

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| M 466 | Continued From page 2<br><br>Resident 1 admitted to the provider's home on 07/10/2024 with diagnoses including alcohol use disorder, bipolar disorder, anxiety, attention deficit hyperactivity disorder and suicidal ideation. Resident 1's individual service plan (ISP), dated 01/22/2025, indicated staff were responsible for his/her medication administration. Resident 1's Medication Administration Record (MAR), documented that s/he had received Olanzapine 15 mg daily from 01/01/2025 to 02/10/2025.<br><br>On 02/11/2025 at approximately 2:30 p.m., Surveyor reviewed the provider's medication supply with Licensee B. Surveyor and Licensee B were unable to locate Resident 1's Olanzapine. Surveyor observed that Resident 1's medications were packaged by date and time due and that none of the packages contained Olanzapine 15 mg. Surveyor shared concern with Owner B, who provided Surveyor with a discharge order, dated 11/20/2024, and stated the Olanzapine would not have been available for administration since that date. Owner B stated since the medication was not deleted from Resident 1's MAR, caregivers continued to document the medication as administered in error.<br><br>Example 2 - Resident 2:<br><br>Resident 2 admitted to the provider's home on 10/30/2023 with diagnoses including severe intellectual disability, autism and anxiety. Resident 2's physician orders included an order for Mupirocin 2% ointment 3 times daily to affected scabbed areas (Start Date: 05/07/2024). Resident 2's MAR, dated 01/01/2025 to 02/10/2025, documented the medication given all but 3 times when it was due from 01/01/2025 to 02/10/2025. | M 466 | | |

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| M 466 | Continued From page 3<br>On 02/11/2025 at approximately 2:30 p.m., Surveyor reviewed the provider's medication supply with Licensee B and was unable to locate Mupirocin 2% ointment. Surveyor interviewed Owner A and shared concern that Resident 1's Mupirocin 2% ointment was unavailable. Owner A stated the order was from an urgent care visit and no longer valid. Owner A stated since the medication was not deleted from Resident 2's MAR, caregivers continued to document the medication as administered in error. | M 466 | | |
| M 474 | 88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY<br><br>Food shall be prepared and stored in a sanitary manner.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored in a sanitary manner.<br><br>Findings include:<br><br>On 02/11/2025 at approximately 2:00 p.m., Surveyor toured the provider's home. Surveyor observed the following concerns with food storage:<br><br>- The provider's chest freezer, located in the kitchen, had ice build up along the side that was discolored, as if a form of liquid had been spilt and froze along the side. The freezer also contained an eggo that was completely unpackaged, a bag of tator tots open to air and a | M 474 | | |

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| M 474 | Continued From page 4 | M 474 | | |

bag of pizza rolls open to air.
- The provider's oven had brown, greasy build up covering the front and burnt food covering the bottom surface.
- The provider's refrigerator had food particles on the surface throughout the refrigerator, a half consumed onion sitting on the shelf with no packaging and a half consumed green pepper sitting on a shelf with no packaging.

"Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - March 29, 2023).)

"Keep foods covered. Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage. Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer." (Source: US Food and Drug Administration (FDA) website, Are You Storing Food Safety?, January 18, 2023, https://www.fda.gov/consumers/consumer-updates/are-you-storing-food-safely (retrieval date - June 13, 2024).)

On 02/11/2025 at approximately 3:00 p.m., Surveyor reviewed food safety and storage concerns with Owner A. Owner A stated it was the

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| M 474 | Continued From page 5<br>responsibility of caregivers to keep appliances clean and ensure food was stored properly. | M 474 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure residents were safeguarded from environmental hazards. The home's water temperature exceeded 120 degrees F.<br><br>Findings include:<br><br>On 02/11/2025 at approximately 2:00 p.m., Surveyor tested the water temperature of the provider's bathroom located on the main floor. Surveyor's thermometer read a temperature peaking at 122.5 degrees F.<br><br>Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these | M 570 | | |

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| M 570 | Continued From page 6<br><br>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 P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).<br><br>On 02/11/2025 at approximately 3:00 p.m., Surveyor reviewed concern with Owner A that the provider's water temperature exceeded 115 degrees F. Owner A stated the provider monitored water temperatures monthly, but someone may have bumped up the temperature if a resident was cold. | M 570 | | |