STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 08/08/2024, Surveyor attempted to conduct a verification visit at Midwest Adult Family Home, an AFH in Madison. Three deficiencies were identified. Census: 2	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not comply with the department's requests for information about residents, services, or operation of the home. Findings include: On 08/08/2024 at 10:40 a.m., Surveyor arrived to the provider's home to conduct a verification visit. Caregiver B answered the door and stated Surveyor must remain in the doorway until Caregiver B was able to reach Licensee A. Caregiver B's attempt to reach Licensee A via phone was unsuccessful. After repeat explanation, Caregiver B allowed Surveyor to enter the home. On 08/08/2024 at 11:11 a.m., Surveyor attempted to interview Caregiver B. Caregiver B stated English was not his/her first language. Surveyor encouraged use of a translation device if	M 204		

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
	0016671	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 204	Continued From page 1	M 204		

available; however, Caregiver B did not have access to a device. Caregiver B denied Surveyor's requests for resident or employee records stating, "They are all locked downstairs." Caregiver B was unable to provide Surveyor with the full names of residents or any employees other than Licensee A.

Surveyor remained onsite and continued to attempt to reach Licensee A via phone from approximately 10:40 a.m. to 11:21 a.m. Surveyors calls to Licensee A went unanswered.

On 08/08/2024 at 11:48 a.m., Surveyor sent Licensee A an email explaining concern that Surveyor had made multiple attempts to reach Licensee A and multiple requests to obtain information from Caregiver B to conduct a verification visit; however, attempts were unsuccessful.

On 08/08/2024 at 11:50 a.m., Licensee A walked into the home. Surveyor explained reason for presence. Licensee A replied, "Oh not today." Licensee A went onto explain that s/he was at a clinic visit and not feeling well. Surveyor explained importance of completing the verification visit while Surveyor was present. Surveyor asked if there was another individual s/he could work with to complete the verification visit if Licensee A was not feeling well. Licensee A replied, "No. Only me." Surveyor then began to list items that would be needed to conduct the verification visit. Licensee A stated s/he could not provide the records today. Surveyor stated not cooperating with the verification visit would result in a deficiency related to "Monitoring of the home." Licensee A replied, "I understand."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 230	Continued From page 2	M 230		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation and interview, the provider did not prohibit the existence of a condition in the home which placed the health, safety or welfare of residents at substantial risk or harm. The provider's home was staffed by Caregiver B, who did not have access to resident records. Findings include: On 08/08/2024 at 10:40 a.m., Surveyor arrived to the home to conduct a verification visit. Caregiver B was the only caregiver present. Surveyor requested resident records from Caregiver B. Caregiver B was unable to provide Surveyor with any resident records, including full names, and stated all records were kept locked downstairs. Surveyor asked Caregiver B to contact Licensee A or another staff member to provide assistance. Caregiver B and Surveyor attempted to contact Licensee A from 10:40 a.m. to 11:21 a.m. with no response. Caregiver B stated s/he did not have anyone else to contact. Caregiver B stated Licensee A's spouse was sleeping downstairs, but s/he would not wake him/her. On 08/08/2024 at 11:50 a.m., Licensee A arrived to the home. Licensee A stated s/he was at a medical appointment for him/herself and unavailable. Surveyor expressed concern that	M 230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 230	Continued From page 3 Caregiver B did not have access to resident records, including their full names. Licensee A confirmed all resident records were kept locked downstairs and did not believe records needed to be available to Caregiver B. Surveyor shared concern that Caregiver B would not be able to provide resident information in the event of an emergency. Licensee A did not respond to Surveyor's concern. Surveyor then requested clarification as to whether or not his/her spouse was sleeping downstairs and able to provide assistance. Licensee A replied, "No. [S/he] left when Caregiver B was not here. [Caregiver B] doesn't know." Caregiver B was responsible for the care of 2 residents at the home, but did not have access to resident information, including their full names, diagnoses or care needs. Licensee A was outside the home and unavailable from 10:40 a.m. to 11:50 a.m.	M 230		
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.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 458	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were securely stored within the home. The provider had medications unsecured in the home. Findings include: On 08/08/2024 at approximately 11:00 a.m., Surveyor observed Caregiver B remove 2 packets of medications from an unlocked drawer in the kitchen. Caregiver B crushed the medication packets and placed 1 packet into applesauce and the other packet into a syringe. Caregiver B then left the applesauce and syringe on the counter. On 08/08/2024 at approximately 11:05 a.m., Surveyor interviewed Caregiver B. Caregiver B stated the medications were left in the drawer by another caregiver at 8:00 a.m. for Caregiver B to administer at 12:00 p.m. Caregiver B stated all other medications were kept locked in the home's lower level. Caregiver B had disposed of the packets with labels and was unable to clearly identify the medications. Caregiver B did not have access to a medication administration record (MAR) for Surveyor to identify the medications.	M 458		