Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016159	A. BUILDING: _____ B. WING _____	06/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUFF POINT ADULT FAMILY HOME	7018 BLUFF POINT DR MADISON, WI 53713

(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 06/13/2024, Surveyor conducted a standard licensing survey at Bluff Point Adult Family Home, an AFH located in Madison, WI. As a result of the survey, 3 violations of Chapter DHS 88 were issued. Two violations are repeat violations from previous Statement of Deficiency (SOD) 5O2311 dated 02/14/2022. Census: 4	M 000		
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.	M 332		

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

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M 332	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that fire extinguishers were inspected annually. This is a repeat violation from previous Statement of Deficiency (SOD) 5O2311 dated 02/14/2022. Findings include: On 06/13/2024 at 9:00 AM, Surveyor toured the physical environment. Surveyor observed that 2 of 2 fire extinguishers were last inspected 04/2023. On 06/13/2024 at 9:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that fire extinguishers are to be inspected annually. Licensee A acknowledged that facility fire extinguishers had not been inspected since 04/2023.	M 332		
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 provider did not ensure that fire drills were conducted at least semi-annually. There were no documented fire drills for calendar year 2023. This is a repeat violation from previous Statement of Deficiency (SOD) 5O2311 dated 02/14/2022.	M 348		

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M 348	Continued From page 2 Findings include: On 06/13/2024, Surveyor reviewed facility documents regarding fire drills. There was no documentation indicating facility had conducted fire drills in 2023. On 06/13/2024 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A acknowledged that fire drills are to be conducted at least semi-annually. Licensee A stated that s/he had someone working for him/her previously that maintained documents and , "S/he must have not documented fire drills last year."	M 348		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain records for 3 of 3 residents reviewed. There were no documents in Resident 1, 2 or 3's medical record. Findings include: On 06/13/2024 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/30/2023. All documents in Resident 1's file were completely blank.	M 482		

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M 482	Continued From page 3 On 06/13/2024 at 9:10 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 05/30/2023. All documents in Resident 2's file were completely blank. On 06/13/2024 at 9:15 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 12/06/2023. All documents in Resident 3's file were completely blank. On 06/13/2024 at 10:00 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged the required documentation for resident records. Licensee A acknowledged that the medical records for Resident 1, 2 and 3 were blank. Licensee A stated that a former employee had maintained the records previously, but "I cannot find them at this time." I am working on completing the documents now with the staff that I have. Surveyor gave Licensee A until 06/14/2024 at noon to provide further information. As of 06/14/2024 at noon, no further information was provided.	M 482		