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 _____	R 10/29/2024

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 10/29/2024, Surveyor conducted a verification visit 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. Three violations from previous Statement of Deficiency (SOD) 9XOB11 dated 06/14/2024 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 4 of 4 residents or their legal representatives signed the service agreement. The admission agreements for Resident 1, Resident 2, Resident 3 and Resident	M 384		

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

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M 384	Continued From page 1 4 were not signed by the resident or legal representative. Findings include: On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/30/2023. Resident 1 has a legal guardian. Resident 1's service agreement was not signed by Resident 1 or his/her legal representative. On 10/29/2024, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 06/01/2021. Resident 2 is his/her own person and decision maker. Resident 2's service agreement was not signed by Resident 2. On 10/29/2024, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 12/06/2023. Resident 3 has a legal guardian. Resident 3's service agreement was not signed by Resident 3 or his/her legal representative. On 10/29/2024, Surveyor reviewed Resident 4's medical record. Resident 4 was admitted 05/30/2023. Resident 4 is his/her own person and decision maker. Resident 4's service agreement was not signed by Resident 4. On 10/29/2024 at 12:00 PM, Surveyor discussed the above concern with Manager A. Manager A acknowledged that resident service agreements must be signed by the resident and/or resident's legal representative. Manager A acknowledged that Resident 1, Resident 2, Resident 3 and Resident 4's service agreements were not signed by the resident or their legal representative. Manager A stated that residents and their legal representatives will be contacted and will sign the service agreement as soon as possible.	M 384		

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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 that 4 of 4 residents or their legal representatives signed the Individual Service Plan (ISP). The ISPs for Resident 1, Resident 2, Resident 3 and Resident 4 were not signed by the resident or legal representative. Findings include: On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/30/2023. Resident 1 has a legal guardian. Resident 1's ISP was not signed by Resident 1 or his/her legal representative. On 10/29/2024, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 06/01/2021. Resident 2 is his/her own person and decision maker. Resident 2's ISP was not signed by Resident 2. On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 3 was admitted	M 406		

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M 406	Continued From page 3 12/06/2023. Resident 3 has a legal guardian. Resident 3's ISP was not signed by Resident 3 or his/her legal representative. On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 4 was admitted 05/30/2023. Resident 4 is his/her own person and decision maker. Resident 4's ISP was not signed by Resident 4. On 10/29/2024 at 12:00 PM, Surveyor discussed the above concern with Manager A. Manager A acknowledged that resident ISP must be signed by the resident and/or resident's legal representative. Manager A acknowledged that Resident 1, Resident 2, Resident 3 and Resident 4's ISPs were not signed by the resident or their legal representative. Manager A stated that residents and their legal representatives will be contacted and will sign the ISP as soon as possible.	M 406		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 4 of 4 residents or their legal representatives provided written authorization to control resident funds. The written authorization forms to control funds for Resident 1, Resident 2, Resident 3 and Resident 4 were not signed by the resident or legal representative.	M 510		

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M 510	Continued From page 4 Findings include: On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/30/2023. Resident 1 has a legal guardian. There was no signed written authorization authorizing the facility to control Resident 1's funds. On 10/29/2024, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 06/01/2021. Resident 2 is his/her own person and decision maker. There was no signed written authorization authorizing the facility to control Resident 2's funds. 2 On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 3 was admitted 12/06/2023. Resident 3 has a legal guardian. There was no signed written authorization authorizing the facility to control Resident 3's funds. On 10/29/2024, Surveyor reviewed Resident 1's medical record. Resident 4 was admitted 05/30/2023. Resident 4 is his/her own person and decision maker. There was no signed written authorization authorizing the facility to control Resident 4's funds. On 10/29/2024 at 12:00 PM, Surveyor discussed the above concern with Manager A. Manager A confirmed that the facility does control some money for Resident 1, Resident 2, Resident 3 and Resident 4. Manager A acknowledged that the written authorization forms, authorizing the	M 510		

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M 510	Continued From page 5 facility to control funds for Resident 1, Resident 2, Resident 3 and Resident 4 were not signed by the resident or his/her legal representative. Manager A stated that all residents and/or their legal representatives would be contacted to sign the authorization forms as soon as possible.	M 510		