STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018832	A. BUILDING: _____ B. WING _____	R 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH VANIYA'S HOME	718 N BIRD STREET SUN PRAIRIE, WI 53590

(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 05/23/2024, Surveyor attempted to conduct a verification visit at Walk By Faith AFH Vaniya's Home. One deficiency was identified. Census: Unknown	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 an attempted and unsuccessful on-site visit to the home to verify the correction of past noncompliance issues, the licensee did not comply with all department and licensing agency requests for information about residents, services and the operation of the home. Findings include: Home was licensed by the department on 05/04/2022. The facility has a capacity for 4 adults and serves client groups advanced aged; developmentally disabled; traumatic brain injury; emotionally disturbed/mental illness and terminally ill. On 05/23/2024, at approximately 9:45 AM, Surveyors attempted an onsite verification visit at the AFH (adult family home). Surveyors knocked on the door and rang a doorbell and no one came to the door. At 9:52 AM, Surveyor called Licensee A at the number on file with the Department. Licensee A answered and stated	M 204		

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

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M 204	Continued From page 1	M 204		

s/he was in Milwaukee and would not be coming to the home. Surveyors asked if there was another staff member that could assist with the survey process. Licensee A stated there was no staff available. Surveyors stated they would wait up to two hours for a staff member to arrive to assist them with this survey process. Licensee A responded, "If that is what you want to do." Surveyors clarified that if Licensee A did not provide access to the home, it would be considered impeding the survey process. Licensee A asked, "What does that mean." Surveyors explained the regulations to Licensee A. Licensee A again stated, "Okay. If that is what you want to do." Surveyors asked for clarification with the response because it was unclear if staff were going to come onsite to assist with the survey process. Licensee A continued to express his/her frustrations with the process but did not inform Surveyors that any staff would come onsite to assist. Surveyors ended the phone conversation at 9:59 AM by informing Licensee A that s/he would be cited for impeding the survey process per the regulation for not allowing surveyors to enter and conduct the survey.

Prior to this visit on 05/23/2024, Surveyors had conducted a survey at another AFH that was licensed by Licensee A from approximately 9:00 AM to 9:30 AM, that was approximately .9 miles away, where two staff members assisted with the survey process. There were no residents in the facility when Surveyors left and Licensee A did not offer for a staff member to assist Surveyors.

On 05/23/2024 at 1:23 PM, Surveyor emailed Licensee A and stated, "I apologize you are frustrated with us, but I did want to provide follow up to some of your frustrations:
Biennial Reports: These reports are required to

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M 204	Continued From page 2	M 204		

be completed by licensee's every 24 months. On the report, there is a question that asks the licensee to list times of day that residents are not in the home. When it is identified that residents will be out of the home for certain hours on certain days of the week, Surveyors may try to work around that schedule but it isn't always possible. The regulations support Surveyors conducting surveys at any time, including holidays, weekends, evenings, etc.
DHS 88.03(4)(b): Every 24 months, on a schedule determined by the department, a licensed adult family home shall submit a biennial report to the licensing agency in the form and containing the information that the department requires, including payment of the fee required under sub. (2). If a complete biennial report is not timely filed, the department shall issue a warning to the licensee. If a licensed adult family home that has not filed a timely report fails to submit a complete report to the licensing agency within 60 days after the date established under the schedule determined by the department, the licensing agency may revoke the license.
DHS 88.03(8)(b): A licensing agency and service coordinator may, without notice, visit a home at any time to evaluate the status of resident health, safety or welfare or to determine if the home continues to comply with this chapter. The licensee shall permit the licensing agency and service coordinator to enter the home. and
DHS 88.05(4)(c): The first floor of the home shall have at least 2 means of exiting which provide unobstructed access to the outside.

On 05/23/2024 at 1:34 PM, Licensee A responded to Surveyor via email stating, "I'm not frustrated I'm actually in a happy place right now. I just would prefer things be told to me and help us as much as possible instead of trying to down

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M 204	Continued From page 3 us especially if we are unsure about things. That's why I ask questions how will we know what are the right things to do if we keep getting different answers and different rules from each surveyor. But anywho ... I appreciate your assistance thanks and have a wonderful day." As of 05/23/2024 at 5:00 PM, Surveyors have not received any further communication from Licensee A regarding the onsite visit that was to be conducted to verify the correction of citations issued within Statement of Deficiency M4UU11.	M 204		