STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590044	A. BUILDING: _____ B. WING _____	R-C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE VIEW	301 N MAPLE ST ELLSWORTH, WI 54011

(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 01/08/2025, Surveyor conducted a standard survey, complaint investigation and verification visit at Maple View. Data collection continued through 01/14/2025. The complaint was unsubstantiated. Three of 4 deficiencies identified in Statement of Deficiency (SOD) CE3I11, dated 05/05/2022 were corrected. Four deficiencies were identified. One of 4 deficiencies was a repeat deficiency. See SOD CE3I11, dated 05/05/2022. Census: 4	{M 000}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B and	M 232		

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

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M 232	Continued From page 1 Caregiver C was screened for communicable disease, including tuberculosis (TB) within 90 days before the start of providing service. Findings include: On 01/08/2025, Surveyor requested to review Caregiver B and Caregiver C's record. Caregiver B had a hire date of 01/31/2022. The record did not contain documentation to show a TB test had been completed. Caregiver C had a hire date of 10/31/2024. The record did not contain documentation to show s/he was screened for communicable disease when the communicable disease health screening form was not signed or dated by a physician, registered nurse, or a physician's assistant. On 01/09/2025, Surveyor emailed Program Director (PD) A and asked if Caregiver B had a TB test on file and why Caregiver C's communicable health screening form was not signed. On 01/10/2025 at 4:40 PM, PD A replied via email, "We were unable to locate a TB test for [Caregiver B]. Here is [Caregiver C]'s." Surveyor reviewed two attachments sent by PD A. The documentation showed TB test results for Caregiver C, dated 10/10/2024, but did not provide an explanation for why the communicable disease health screening form was not signed or dated by a physician, registered nurse, or a physician's assistant.	M 232		

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{M 336}	Continued From page 2	{M 336}		
{M 336}	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure smoke detectors were tested monthly. This is a repeat deficiency. See Statement of Deficiency (SOD) CE3I11, dated 05/05/2022. Findings include: On 01/08/2025, Surveyor requested to review smoke detector tests for 2023 and 2024. Documentation for November and December 2024 smoke detector checks were not initialed by staff to show completion of this task. On 01/08/2025 at approximately 11:00 AM, Surveyor interviewed Program Director (PD) A and asked if s/he was responsible for completing the checks. PD A stated s/he typically did the monthly checks and informed Surveyor that it appears s/he did not initial the check sheet and could not recall if s/he completed the checks for November or December 2024.	{M 336}		

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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 a service agreement for Resident 1 was completed prior to admission. Findings include: On 01/08/2025, Surveyor requested to review Resident 1's record. Resident 1 had an admission date of 12/26/2024. The record did not contain a service agreement. On 01/08/2025 at 6:11 PM, Surveyor received an email from Program Director (PD) A. PD A stated, "[Resident 1]'s admission packet including the auth (authorization) to administer meds (medications) has been mailed to [his/her] guardian to sign the day [s/he] (Resident 1) admitted to the facility [sic] and [s/he] has not yet returned it to us [sic] so I will check in with [him/her] about that again to see where [s/he] is at with it [sic] and will get back to you with it when [s/he] returns it."	M 384		

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M 384	Continued From page 4 The provider did not have a signed service agreement for Resident 1 who was admitted to the facility on 12/26/2024.	M 384		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written authorization from Resident 1's physician was completed prior to staff dispensing and administering prescription medications to Resident 1. Findings include: On 01/08/2025, Surveyor requested to review Resident 1's record, including the written authorization for staff to administer medications. Resident 1 had an admission date of 12/26/2024. On 01/08/2025 at 6:11 PM, Surveyor received an email from Program Director (PD) A with the medication administration record (MAR) for	M 464		

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M 464	Continued From page 5 Resident 1. PD A stated, "[Resident 1]'s admission packet including the auth (authorization) to administer meds (medications) has been mailed to [his/her] guardian to sign the day [s/he] (Resident 1) admitted to the facility [sic] and [s/he] has not yet returned it to us [sic] so I will check in with [him/her] about that again to see where [s/he] is at with it [sic] and will get back to you with it when [s/he] returns it." Surveyor reviewed the MAR for January 2025, which showed staff signatures for the administration of Resident 1's medications. The provider did not have a written authorization for staff to administer medications to Resident 1.	M 464		