STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010620	A. BUILDING: _____ B. WING _____	10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JODIS HOME	W3928 POTTERS RD ELKHORN, WI 53121

(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 10/27/2023, Surveyor conducted an abbreviated survey at Jodis Home. Three deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the licensee and each service provider completed 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which initial training was provided. Licensee A and Co-Owner B did not complete 8 hours of annual training in 2021 or 2022 including training in resident rights in 2021 or 2022. Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of advanced	M 246		

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

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M 246	Continued From page 1 age and developmentally disabled. On 10/27/2023 at approximately 10:20 AM, Surveyor interviewed Licensee A who stated Co-Owner B watched the residents on occasion when when Licensee A was not there since initial license was issued in 2005. On 10/30/2023 at 6:51 PM, Surveyor received annual training records dated 2020-2023 for Licensee A and Co-Owner B via email from Licensee A. Licensee A's annual training records included 5 hours completed in 2021 and 5 hours completed in 2022. Licensee A's annual training in 2021 and 2022 did not include training in resident rights. Co-Owner B's annual training records included 5 hours completed in 2021 and 5 hours completed in 2022. Co-Owner B's annual training in 2021 and 2022 did not include training in resident rights. On 11/01/2023 at 8:41 AM, Surveyor interviewed Licensee A who stated s/he did not know resident rights training was required every year, and "That's new." Licensee A stated they would complete 8 hours of annual training including resident rights in 2023.	M 246		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used	M 298		

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M 298	Continued From page 2 for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident sleeping room had at least one window capable of being opened and screened during appropriate times of the year. A bedroom shared by Resident 1 and Resident 2 had no windows. The French door in the bedroom did not have a screen. Findings include: On 10/27/2023 at 10:52 AM while touring the home with Licensee A, Surveyor observed Resident 1's and Resident 2's shared bedroom. There were no windows in the bedroom. There was a French door in the bedroom. The French door did not have a screen. To the right of the front door was an unopenable glass panel that matched the French door. A television stand and television were in front of the French door and glass panel (photo 1). An attached bathroom was separated from the bedroom by a pocket door. There were 3 openable and screened windows in the bathroom (photo 2). On 10/27/2023 at 10:52 AM, Surveyor interviewed Licensee A who stated the French door was kept locked otherwise it would blow open. Licensee A stated the room the set-up had not changed since the AFH was licensed (2005) and a window in the bedroom was not needed because there were windows in the bathroom. When Surveyor asked him/her if s/he had submitted a waiver for DHS 88.05(3)(g), Licensee	M 298		

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M 298	Continued From page 3 A stated "No." On 10/30/2023 at 3:00 PM, Surveyor emailed Licensee A waiver request form (F-62548). On 11/01/2023 at 8:41 AM, Surveyor discussed concern of no openable screened window in Resident 1's and Resident 2's bedroom with Licensee A who stated s/he ordered a magnetic screen for the French door.	M 298		
M 314	88.05(3)(i) BATHROOM LOCK The door of each bathroom shall have a lock which can be opened from the outside in an emergency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each bathroom door had a lock which could be opened from the outside in an emergency. The pocket door between Resident 1's and Resident 2's bedroom and bathroom did not have a lock. Findings include: On 10/27/2023 at 10:52 AM while touring the home with Licensee A, Surveyor observed Resident 1's and Resident 2's shared bedroom. A pocket door separated the bedroom from a bathroom. There was no lock on the pocket door. On 10/27/2023 at 10:52 AM, Surveyor interviewed Licensee A who stated s/he had never thought of putting a lock on the pocket door. Licensee A stated the set-up had not	M 314		

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M 314	Continued From page 4 changed since licensed (2005). On 10/31/2023 at 6:38 PM Surveyor received an email from Licensee A with attached photos of a newly installed lock on the pocket door.	M 314		