STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017520	A. BUILDING: _____ B. WING _____	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOAKHOUSE ADULT FAMILY HOME	605 MAIN ST BLUE RIVER, WI 53518

(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 08/02/2024, with information gathered through 08/06/2024, Surveyor conducted an abbreviated licensure survey. Six deficiencies were identified. Census: 3	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 obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed (Caregiver C and Caregiver D), indicating that the service provider had been screened for illness detrimental to residents before the start of providing services. Findings include: On 08/03/2024, Surveyor reviewed Caregiver C's and Caregiver D's record. Caregiver C was hired on 09/26/2022. His/her	M 232		

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

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M 232	Continued From page 1 file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 09/26/2022, was not signed by a physician, a registered nurse or a physician's assistant. His/her file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 09/20/2023, which was signed by Licensee A, who is a licensed practical nurse. Caregiver D was hired on 09/30/2022. His/her file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 09/20/2022, was not signed by a physician, a registered nurse or a physician's assistant. His/her file contained a "Communicable Disease/Tuberculosis Screening Questionnaire," dated 10/20/2023, which was signed by Licensee A, who is a licensed practical nurse. On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern. Licensee A acknowledged deficiency.	M 232		
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:	M 246		

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M 246	Continued From page 2 Based on record review and interview, the provider did not ensure 1 of 1 staff members (Caregiver B) received annual training related to medication administration in 2023. Findings include: On 08/02/2024, at approximately 4:00 PM, Surveyor arrived at the home to conduct an abbreviated licensure survey. Caregiver B assisted Surveyor who was working independently. Caregiver B stated s/he would be the caregiver through Monday. On 08/03/2024, Surveyor reviewed Caregiver B's personnel record. Caregiver B was hired in 2019. Caregiver B's record did not include annual training in medication administration in 2022 and 2023. On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern. Licensee A acknowledged deficiency.	M 246		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on observation and interview, the facility did not have a written plan for the safe evacuation for immediate and safe evacuation in event of a	M 342		

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M 342	Continued From page 3 fire that included 2 exits. Findings include: The home is licensed to serve up to 4 clients from the following client groups: traumatic brain injury, emotionally disturbed/mental illness, developmentally disabled, and alcohol/drug dependent. On 08/02/2024, at approximately 4:00 PM, Surveyor toured the home and did not observe a fire evacuation map and/or fire evacuation plan identifying the exit routes for all residents readily available. On 08/02/2024, at approximately 4:00 PM, Surveyor interviewed Caregiver B. Caregiver B stated s/he did not know where the fire evacuation plan was. On 08/02/2024 at 10:03 PM, Licensee A emailed Surveyor and stated, "They (evacuation plans) were taken down when we hired some painting to be done and apparently did not get re-posted." On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern. Licensee A acknowledged deficiency. Cross Reference: M0346 DHS 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation	M 342		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service	M 346		

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M 346	Continued From page 4 providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Findings include: On 08/02/2024, Surveyor reviewed Resident 1's, Resident 2's and Resident 3's record. Resident 1 was admitted to the home in 06/2019. Resident 1's evacuation assessment was completed 06/16/2019. Resident 2 was admitted to the home in 06/2019. Resident 2's current evacuation assessment was completed 06/20/2021. Resident 3 was admitted to the home in 08/2019. Resident 1's evacuation assessment was completed 08/12/2019. On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern. Licensee A acknowledged deficiency.	M 346		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all	M 446		

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M 446	Continued From page 5 medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a current record of all medical visits, reports, and recommendations for 2 of 2 residents (Resident 1 and Resident 2) were maintained. Findings include: On 08/02/2024, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home in 06/2019. Resident 1's record did not contain an annual medical evaluation for 2022 or 2023. Resident 2 moved into the home in 06/2019. Resident 2's record did not contain an annual medical evaluation for 2022 or 2023. On 08/02/2024 at 5:27 PM, Surveyor emailed Licensee A and requested Resident 1's and Resident 2's annual medical evaluations for 2022 and 2023. On 08/02/2024 at 6:13 PM, Licensee A emailed Surveyor and stated that s/he did not have those records on file and would reach out to guardian. On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern. Licensee A acknowledged deficiency.	M 446		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident	M 470		

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M 470	Continued From page 6 with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received a variety of food that met their individual preferences and maintained resident health. Findings include: On 08/02/2024, at approximately 4:00 PM, Surveyor toured the home and did not observe a menu readily available for residents and staff to utilize. On 08/02/2024, at approximately 4:30 PM, Surveyor interviewed Caregiver B. Caregiver B stated there wasn't a menu available. Caregiver B stated, "I know how to cook and can determine what meal I will make based on what food is available. If a staff member does not know how to cook, then [Licensee A] will probably tell them what to prepare." On 08/02/2024, at approximately 5:00 PM, Surveyor asked Resident 1 and Resident 2 what they were having for dinner. The residents did not have an answer. On 08/06/2024 at 11:59 AM, Surveyor informed Licensee A of the concern of not being able to determine if residents were receiving 3 nutritious meals a day. Licensee A acknowledged deficiency.	M 470		