STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014946	A. BUILDING: _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE & A FUTURE III INC	1115 S HIGH POINT ROAD MADISON, WI 53719

(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 10/09/2024, Surveyors conducted a standard survey at Hope & A Future III Inc, an AFH in Madison. Two deficiencies were identified. Census: 4	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed, that had resided at the provider's home for greater than 1 year, was reviewed annually for evacuation time, using the department's form. Resident 2 did not have an evacuation assessment, using the department's form, completed within the past year. Findings include: On 10/09/2024 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/29/2016. Resident 2's record included an evacuation assessment, dated 06/23/2023,	M 344		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 344	Continued From page 1 greater than 15 months ago. On 10/09/2024 at approximately 12:30 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he had completed an updated evacuation assessment for Resident 2. Licensee A replied, "No," and explained s/he had the forms on his/her desk to update but had yet to complete the update.	M 344		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 individual service plans (ISP) reviewed was updated at least once every 6 months. Resident 1's ISP had not been reviewed and updated since 12/07/2023.	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014946	A. BUILDING: _____ B. WING _____	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE & A FUTURE III INC	1115 S HIGH POINT ROAD MADISON, WI 53719

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M 424	Continued From page 2 Findings include: On 10/09/2024 at approximately 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 10/11/2023. Licensee A reported s/he believed Resident 1's Health Care Power of Attorney (HCPOA) document was activated. Resident 1's record included an ISP, dated 12/07/2023 and signed by Resident 1's designated HCPOA. On 10/09/2024 at approximately 12:30 p.m., Surveyor asked Licensee A if s/he had an updated ISP for Resident 1. Licensee A checked his/her paper documentation and online records. Licensee A then stated s/he believed the ISP was discussed with Resident 1's designated HCPOA because the home's staff had routine contact with Resident 1's designated HCPOA, but that the ISP was not formally reviewed and signed. Licensee A reported no major changes in Resident 1's care since 12/07/2023.	M 424		