STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 From 04/03/2024 to 04/04/2024, Surveyor conducted a standard survey at Midwest Adult Family Home, an AFH in Madison. Eleven deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) 2HRH11, dated 02/23/2022. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home,	M 114		

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

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M 114	Continued From page 1 the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 2 caregivers reviewed had a criminal records check completed. Licensee A did not complete a background check for Caregiver C, hired 09/02/2022. Findings include: On 04/03/2024 at approximately 12:00 p.m., Surveyor reviewed Caregiver C's record, provided by Licensee A. The record indicated Caregiver C was hired on 09/02/2022. Caregiver C's record did not include a background information disclosure, Department of Justice background check (DOJ) or a background check completed with the department of safety and professional services (IBIS). On 04/03/2024 at approximately 12:15 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he had completed a background check at the time of Caregiver C's hire. Licensee A replied, "No, I didn't do it. [S/he] has worked in other [adult family homes]." Licensee A clarified Caregiver C did not work in other homes affiliated with Licensee A and Licensee A had not requested copies of Caregiver C's background	M 114		

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M 114	Continued From page 2 checks completed by the other providers.	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 2 of 3 employees reviewed had completed at least 15 hours of training, approved by the licensing agency, related to health, safety and welfare of residents, resident rights and treatment, fire safety and first aid, prior to or within 6 months after starting to provide care. Caregiver C and Caregiver D did not receive 15 hours of initial training within 6 months of hire. Findings include: On 04/03/2024 at approximately 12:00 p.m., Surveyor reviewed employee records, which indicated the following: - Caregiver C was hired on 09/02/2022. Caregiver C's record included a "Training Exemption Form" that stated s/he had a "Minimum of 6 month full-time employment as Nursing Home, Hospital	M 244		

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M 244	Continued From page 3	M 244		

Aide, Attendant or Home Health Agency worker, or previous experience providing personal care services." The form indicated Caregiver C had experience providing personal cares, dietary tasks and medications. The record did not include documentation indicating the Department approved an exemption for Caregiver C to require 15 hours of initial training. The record did not include any documentation confirming trainings had occurred prior to employment. The record did not include any documentation of resident rights, fire safety or first aid training.
- Caregiver D was hired on 07/09/2023. Caregiver D's record included a "Training Exemption Form" that stated s/he had a "Minimum of 6 month full-time employment as Nursing Home, Hospital Aide, Attendant or Home Health Agency worker, or previous experience providing personal care services." The form indicated Caregiver D had experience providing personal cares, dietary tasks and medications. The record did not include documentation indicating the Department approved an exemption for Caregiver D to require 15 hours of initial training. The record did not include any documentation confirming trainings had occurred prior to employment. The record did not include any documentation of resident rights, fire safety or first aid training.

On 04/03/2024 at approximately 12:15 p.m., Surveyor interviewed Licensee A, who is a RN. Surveyor asked Licensee A to explain his/her training process. Licensee A stated training was "ongoing" and that s/he hired experienced caregivers, so the "Training Exemption Form" was completed based on verbal report of the caregivers' work history. Licensee A stated s/he did not obtain documentation to confirm trainings had taken place prior to employment. Surveyor shared observation that the "Training Exemption

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M 244	Continued From page 4 Form" did not address Fire Safety, First Aid or Resident Rights. Licensee A stated for First Aid training s/he verbally discussed health monitoring and skin assessments with caregivers. Licensee A stated for Fire Safety training, s/he verbally informed caregivers what to do during drills. Licensee A stated for Resident Rights training, s/he verbally explained to caregivers that all residents had the right to privacy, right to have visitors, right to not be abused, right to independence and right to refuse treatment. Licensee A did not report or provide documentation that caregivers were trained in resident rights specific to Chapter 88. Licensee A did not ensure Caregiver C and Caregiver D received 15 hours of initial training within 6 months of hire.	M 244		
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 1 of 1 employees reviewed that required continuing education, received at least 8 hours of training related to the	M 246		

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M 246	Continued From page 5 health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training was received. Caregiver B did not receive continuing education in 2023. Findings include: On 04/03/2024 at approximately 11:30 a.m., Surveyor observed Caregiver B assisting residents in the provider's home. On 04/03/2024 at approximately 12:00 p.m., Surveyor reviewed Caregiver B's record, provided by Licensee A. Caregiver B's record indicated s/he was hired on 07/12/2021. The record did not include continuing education since his/her date of hire. On 04/03/2024 at approximately 12:15 p.m., Surveyor interviewed Licensee A and asked if Caregiver B had received continuing education. Licensee A replied, "No documented training because [s/he] is just a 2nd helping hand." Licensee A stated Caregiver B was well-trained from taking care of his/her family member and worked in another adult family home in the past. Licensee A stated s/he was unable to train Caregiver B via written or oral means due to a language barrier, so everything was demonstrated.	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free of dangerous substances. The provider did not ensure toxic cleaning chemicals were secured. Findings include: The provider is licensed to serve up to 4 residents with diagnoses of advanced age, physically disabled, emotionally disturbed/mentally ill and developmental disability. On 04/03/2024 at approximately 12:00 p.m., Surveyor toured the home. Surveyor observed Lysol Disinfectant spray with a label that stated, "Precautionary Statements: Hazards to Humans and Domestic Animals," in the provider's kitchen and bathroom. Surveyor observed Pledge Enhancing Polish with a label that stated, "Keep out of reach of children and pets," in the provider's kitchen. Each cleaning item was accessible to residents. On 04/03/2024 at approximately 1:00 p.m., Surveyor interviewed Licensee A regarding cleaning substances being accessible to residents. Licensee A replied, "That's not a problem." Licensee A stated s/he was not concerned with residents accessing the cleaning chemicals.	M 278		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 7 Each resident shall be evaluated annually for evacuation time, using the departments form. All service 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 2 of 2 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1 and Resident 2 had not had an evacuation assessment, using the department's form, completed in greater than 1 year. This is a repeat deficiency - See Statement of Deficiency (SOD) 2HRH11, dated 02/23/2022. Findings include: On 04/03/2024 at approximately 1:00 p.m., Surveyor reviewed resident records and identified the following concerns: - Resident 1 admitted to the provider's home on 04/17/2021. Resident 1's record did not include an evacuation assessment. - Resident 2 was admitted to the provider's home on 10/15/2020. Resident 2's record did not include an evacuation assessment. On 04/03/2024 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1 and Resident 2's records did not include evacuation assessments. Licensee A stated s/he knew they were completed, but s/he	M 346		

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M 346	Continued From page 8 would need to find the records. Licensee A requested to follow up with Surveyor. On 04/04/2024 at approximately 12:00 a.m., Licensee A provided Surveyor with an email that indicated Resident 1 and Resident 2's evacuation assessments had not been completed in the past year.	M 346		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1 and Resident 2's ISPs did not included a signed statement of agreement with all parties invovled. Findings include: On 04/03/2024 at approximately 1:00 p.m., Surveyor reviewed resident records and identified the following concerns: - Resident 1 admitted to the provider's home on 04/17/2021. Resident 1 was funded through a managed care organization. Resident 1's ISP was not signed. - Resident 2 was admitted to the provider's home	M 420		

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M 420	Continued From page 9 on 10/15/2020. Resident 2 was funded through a managed care organization. Resident 2's record did not include an ISP. On 04/03/2024 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1 and Resident 2's records did not include an ISP with a statement of agreement. Licensee A stated s/he believed s/he had the documentation on his/her computer but would need a family member to assist with accessing it. Licensee A requested to follow up with Surveyor. On 04/04/2024 at approximately 12:00 a.m., Licensee A provided Surveyor with an email that indicated Resident 1's ISP was signed by Licensee A on 04/03/2024, date of Surveyor's visit. The ISP was not signed by Resident 1's guardian or managed care organization. Licensee A provided Surveyor with Resident 2's ISP, dated 12/01/2023, which was not signed by Resident 2's managed care organization.	M 420		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 2 residents reviewed was monitored by observing and documenting changes in his/her blood sugar. Resident 2's blood sugar was not rechecked when <70.	M 448		

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M 448	Continued From page 10 Findings include: On 04/03/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/15/2020 with diagnosis of diabetes. Resident 2's record included physician orders, dated 11/20/2023, to check Resident 2's blood sugar (BS) 3 times daily with meals and to administer Dextrose 40% oral gel if BS was <70, recheck BS in 15 minutes, repeat Dextrose administration if needed and immediately update Resident 2's physician. Surveyor reviewed Resident 2's Medication Administration Record (MAR), dated 02/01/2024 to 04/03/2024, which documented the following dates of a BS <70: 02/01/2024 6:45 a.m. BS=68, 02/04/2024 7:00 a.m. BS=66, 02/05/2024 7:10 a.m.=66, 02/10/2024 6:55 a.m. BS=60, 02/14/2024 12:45 p.m. BS=58, 02/18/2024 7:18 a.m. BS=57, 02/29/2024 6:35 a.m. BS=68 and 03/04/2024 7:00 a.m. BS=69. On 04/03/2024 at approximately 1:15 p.m., Surveyor interviewed Licensee A regarding Resident 2's diabetic management. Surveyor reviewed the dates when Resident 2's BS was <70 and asked if Resident 2 was administered Dextrose, if Resident 2's BS was rechecked and if Resident 2's physician was immediately notified. Licensee A stated Resident 2 was never administered Dextrose because s/he had staff give Resident 2 two pieces of toast with peanut butter and orange juice when his/her BS was low instead of Dextrose. Licensee A stated s/he didn't retest Resident 2's blood sugars after a blood sugar of <70 because the home was not provided enough test strips. Licensee A stated s/he did not update the physician regarding the low blood sugars.	M 448		

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M 448	Continued From page 11 Cross Reference: M0582 DHS 88.10(3)(q) Medications	M 448		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each prescription medication was securely stored and in its original container as received from the pharmacy. Resident 1's Polyethylene Glycol was not stored secured. Resident 2's glucose tabs were not in a labeled container. Findings include: The provider is licensed to serve up to 4 residents with diagnoses including advanced age, physically disabled, emotionally disturbed/mental illness and developmentally disabled. On 04/03/2024, Surveyor conducted a standard survey and identified the following concerns with	M 458		

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M 458	Continued From page 12 medication storage: - At approximately 11:15 a.m., Surveyor observed Resident 1's Polyethylene Glycol powder sitting on the kitchen counter, unsecured. At approximately 12:00 p.m., Surveyor shared observation with Licensee A that Resident 1's Polyethylene Glycol powder was not secured. Licensee A stated, "It's hard. You know you instruct staff [to put medications away], but it doesn't happen." Records indicated Resident 1's Polyethylene Glycol had last been administered at 9:00 p.m. - At approximately 1:00 p.m., Surveyor reviewed Resident 2's medications with Licensee A. Surveyor observed approximately 5 glucose tablets in an unlabeled medication container. Surveyor asked Licensee A why the container did not have a label. Licensee A stated, "We just had the tablets."	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2	M 466		

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M 466	Continued From page 13	M 466		

residents reviewed had record kept of all medication administered. Resident 2's insulin administration was not documented or inaccurately documented 8 times from 02/01/2024 to 04/03/2024.

Findings include:

On 04/03/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/15/2020 with diagnosis of diabetes. Resident 2's record included a physician order, dated 11/20/2023, to administer Insulin Aspart 3 times daily with meals via sliding scale of 141-180=2, 181-220=4, 221-260=6, 261-300=8, 301-350=10 and >350=12. Surveyor reviewed Resident 2's blood sugar (BS) and insulin administration, dated 02/01/2024 to 04/03/2024, and identified the following concerns:

- 02/10/2024 12:50 p.m. BS=310: 8 units of insulin was documented as given, but order indicated 10 units should have been administered.
- 02/11/2024 12:55 p.m. BS=141: 0 units of insulin were documented as given, but order indicated 2 units should have been administered.
- 02/19/2024 5:45 p.m. BS=210: 6 units of insulin was documented as given, but order indicated 4 units should have been administered.
- 02/22/2024 12:47 p.m. BS=215: 6 units of insulin was documented as given, but order indicated 4 units should have been administered.
- 02/24/2024 12:55 p.m. BS=172: 4 units of insulin was documented as given, but order indicated 2 units should have been administered.
- 02/25/2024 6:00 p.m. BS=155: 0 units of insulin was documented as given, but order indicated 2 units should have been administered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 466	Continued From page 14 - 03/09/20204 5:00 p.m. BS=167: 0 units of insulin was documented as given, but order indicated 2 units should have been administered. - 03/21/2024 6:55 p.m. BS=158: 0 units of insulin was documented as given, but order indicated 2 units should have been administered. Surveyor reviewed each date above with Licensee A. Licensee A reported that s/he was always present when Resident 2 received insulin, so s/he was certain Resident 2 received the correct amount of insulin and that the above dates were documentation errors. Licensee A stated the inaccurate documentation was a result of caregivers being careless.	M 466		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure written authorization to control funds was obtained and maintained for 1 of 1 residents for whom the provider managed funds. Licensee A did not ensure written authorization to control Resident 2's funds was obtained. Findings include: On 04/03/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/15/2020. Resident 2 had a legal guardian.	M 510		

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	0016671	A. BUILDING: _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 510	Continued From page 15 Resident 2's record did not include a written authorization for the provider to control Resident 2's funds. On 04/03/2024 at approximately 1:15 p.m., Surveyor interviewed Licensee A. Licensee A confirmed the provider had control of Resident 2's funds and assisted him/her with purchasing personal products with the funds. Surveyor asked Licensee A if s/he had written authorization to control Resident 2's funds. Licensee A replied, "No. Just verbal."	M 510		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 2 did not receive his/her Dextrose 40% gel when his/her blood sugar was <70. Findings include: On 04/03/2024 at approximately 1:00 p.m.,	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

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M 582	Continued From page 16 Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/15/2020 with diagnosis of diabetes. Resident 2's record included physician orders, dated 11/20/2023, to check Resident 2's blood sugar (BS) 3 times daily with meals and to administer Dextrose 40% oral gel if BS was <70, recheck BS in 15 minutes, repeat Dextrose administration if needed and immediately update Resident 2's physician. Surveyor reviewed Resident 2's Medication Administration Record (MAR), dated 02/01/2024 to 04/03/2024, which documented the following dates of a BS <70: 02/01/2024 6:45 a.m. BS=68, 02/04/2024 7:00 a.m. BS=66, 02/05/2024 7:10 a.m.=66, 02/10/2024 6:55 a.m. BS=60, 02/14/2024 12:45 p.m. BS=58, 02/18/2024 7:18 a.m. BS=57, 02/29/2024 6:35 a.m. BS=68 and 03/04/2024 7:00 a.m. BS=69. Surveyor then reviewed Resident 2's Medication Administration Record (MAR) and noted that Resident 2's Dextrose gel had not been documented as administered. On 04/03/2024 at approximately 1:15 p.m., Surveyor interviewed Licensee A regarding Resident 2's diabetic management. Surveyor reviewed the dates when Resident 2's BS was <70 and asked if Resident 2 was administered Dextrose as prescribed. Licensee A stated Resident 2 was never administered Dextrose because s/he had staff give Resident 2 two pieces of toast with peanut butter and orange juice instead of administering Dextrose as indicated in the physician order. Cross Reference: M0448 DHS 88.07(2)(b)5. Monitoring Health	M 582		