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 _____	R 09/03/2024

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 000}	INITIAL COMMENTS On 09/03/2024, Surveyor conducted verification visits at Midwest Adult Family Home, an AFH in Madison. Six deficiencies were identified. Five deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024. SOD 9G4G11, dated 08/08/2024, was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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	{M 114}		

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

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{M 114}	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, 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 3 caregivers reviewed had a criminal records check completed. Licensee A did not complete a background check for Caregiver E. This is a repeat deficiency. See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS).	{M 114}		

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{M 114}	Continued From page 2 On 09/03/2024 at approximately 12:15 p.m., Surveyor reviewed Caregiver E's record, provided by Licensee A. The record indicated Caregiver E was hired on 04/01/2024. Caregiver E's record did not include a BID or IBIS. The record included only page 1 of the DOJ. On 09/03/2024 at approximately 12:30 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he had completed a background check at the time of Caregiver E's hire. Licensee A stated s/he had given Caregiver E the BID to complete, but Caregiver E must not have given it back to Licensee A. Licensee A stated s/he did complete the full DOJ and IBIS, but only printed off page 1 to save paper.	{M 114}		
{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 2 of 2 employees reviewed that required continuing education received at least 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar	{M 246}		

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{M 246}	Continued From page 3 year after the year in which the initial training was received. Caregiver H and Caregiver I did not receive continuing education for 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024. Findings include: On 09/03/2024 at approximately 12:15 p.m., Surveyor reviewed employee records provided by Licensee A, which indicated the following: - Caregiver H was hired on 01/22/2019. Caregiver H's record indicated s/he had completed approximately 3.5 hours of continuing education for 2023. - Caregiver I was hired on 01/22/2019. Caregiver I's record indicated s/he had completed 7 hours of continuing education for 2023. On 09/03/2024 at approximately 12:30 p.m., Surveyor interviewed Licensee A regarding caregiver continuing education. Surveyor reviewed concern that neither Caregiver H, nor Caregiver I had completed the 8 hours of continuing education required for 2023. Licensee A acknowledged Surveyor's concern and replied, "They are working on it now."	{M 246}		
{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 providers who work on the premises shall be made aware of each resident having an evacuation time of more than	{M 346}		

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{M 346}	Continued From page 4 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) I0YO11, dated 04/08/2024. Findings include: On 09/03/2024 at approximately 1:00 p.m., Surveyor requested Resident 1 and Resident 2's annual evacuation assessments from Licensee A. On 09/03/2024 at approximately 1:15 p.m., Licensee A returned from his/her office with documentation s/he was able to locate. Surveyor reviewed documentation, which indicated Resident 1 admitted to the provider's home on 04/17/2021 and Resident 2 admitted to the provider's home on 10/15/2020. Neither Resident 1, nor Resident 2's record included an evacuation assessment. On 09/03/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A regarding evacuation assessments. Licensee A stated s/he thought s/he had completed the evacuation assessments but was unable to locate the forms. Licensee A then stated s/he may have completed evacuation assessments for the residents residing at his/her other home.	{M 346}		

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{M 420}	Continued From page 5	{M 420}		
{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 record did not include a signed statement of agreement by all involved parties. This is a repeat deficiency. See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024. Findings include: On 09/03/2024 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 record did not include a signed ISP. - Resident 2 was admitted to the provider's home on 10/15/2020. Resident 2 was funded through a managed care organization. Resident 2's record did not include a signed ISP. On 09/03/2024 at approximately 2:00 p.m., Surveyor reviewed concern with Licensee A that	{M 420}		

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{M 420}	Continued From page 6 Resident 1 and Resident 2's records did not include an ISP with a statement of agreement. Licensee A stated s/he was aware and still working on the ISPs. Licensee A explained that the ISPs are large documents and s/he was a slow typer, so s/he was still working on finishing the ISPs. Licensee A stated s/he did not have a date planned to meet with all involved parties to review the ISPs.	{M 420}		
{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 2 of 2 residents for whom the provider managed funds. Licensee A did not ensure written authorization to control Resident 2 and Resident 3's funds was obtained. This is a repeat deficiency. See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024. Findings include: On 09/03/2024 at approximately 1:00 p.m., Surveyor requested resident records, including authorization to control funds for any residents the home's staff controlled funds for. On 09/03/2024 at approximately 1:15 p.m., Licensee A provided Surveyor with resident	{M 510}		

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{M 510}	Continued From page 7 records. Records indicated Resident 2 and Resident 3 had a legal guardian. Records did not include authorization to control funds. On 09/03/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A and asked if the facility assisted with management of funds for any of the residents. Licensee A replied, "Yes, [Resident 2] and [Resident 3]." Surveyor asked Licensee A if s/he had written authorization to control Resident 2 and Resident 3's funds. Licensee A replied, "No. Just verbal." Licensee A explained both Resident 2 and Resident 3 had a card that was used, so Licensee A would be able to pull up the balance online at any time and then kept all resident receipts in a bag.	{M 510}		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each	Z 012		

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Z 012	Continued From page 8 bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make a good faith effort to obtain a criminal history report from all states where an employee resided within 3 years of his/her caregiver background check for 2 of 3 caregivers reviewed. Caregiver F and Caregiver G indicated they had lived outside Wisconsin within 3 years from their hire date on their background information disclosures (BID) but Licensee A did not conduct a background check from the outside state. Findings include: On 09/03/2024 at approximately 12:15 p.m., Surveyor reviewed employee records provided by Licensee A, which indicated the following: - Caregiver F was hired on 04/23/2024. Caregiver F's BID, dated 04/12/2024, indicated s/he had resided in New York from 2000 to 2022. - Caregiver G was hired on 06/04/2024. Caregiver G's BID, dated 05/14/2024, indicated s/he had resided in Belgium, Georgia and New York in the past 3 years. On 09/03/2024 at approximately 12:30 p.m., Surveyor interviewed Licensee A and asked if s/he had requested out-of-state background	Z 012		

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Z 012	Continued From page 9 checks for Caregiver F and Caregiver G upon hire since they had resided outside of Wisconsin in the past 3 years. Licensee A replied, "No". Licensee A stated s/he was unaware s/he needed to request out of state background checks and wouldn't know how to do so.	Z 012		