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 12/04/2024

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 12/03/2024 to 12/04/2024, Surveyor conducted a verification visit at Midwest Adult Family Home, an AFH in Madison. Five deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) I0YO11, dated 04/08/2024 and I0YO12, dated 09/03/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 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 and I0YO12, dated 09/03/2024.	{M 346}		

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

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{M 346}	Continued From page 1 Findings include: On 12/03/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 1 and Resident 2's records provided by Licensee A. Records documented the following: - Resident 1 admitted to the provider's home on 04/21/2017. Resident 1's evacuation assessment was dated 06/17/2023, greater than 1 year ago. - Resident 2 admitted to the provider's home on 10/15/2020. Resident 2's evacuation assessment was dated 06/17/2023, greater than 1 year ago. On 12/03/2024 at approximately 10:10 a.m., Surveyor interviewed Licensee A regarding evacuation assessments. Surveyor asked if Licensee A had updated evacuation assessments for Resident 1 and Resident 2. Licensee A stated s/he thought s/he did and went back to his/her office. Licensee A then returned and updated Surveyor that s/he was unable to locate an updated evacuation assessment for Resident 1 and Resident 2.	{M 346}		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90	M 380		

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M 380	Continued From page 2 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 was screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Findings include: On 12/03/2024 at approximately 9:00 a.m., Surveyor entered the provider's home for a verification visit. Surveyor was greeted by Resident 4, who stated s/he had recently moved into the provider's home. On 12/03/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A regarding Resident 4. Licensee A stated Resident 4 was just "staying at the home" to see how things would go. Licensee A stated Resident 4 was aging out of the foster care system, so Resident 4's managed care organization (MCO) pushed for Licensee A to accept Resident 4. Licensee A voiced frustration with the admission process and Resident 4's needs. Surveyor asked Licensee A if s/he had a communicable disease screen, including tuberculosis test, completed within 90 days prior to Resident 4's arrival or 7 days after. Licensee A provided Surveyor with a folder that contained all information Licensee A reported that s/he had. On 12/03/2024 at approximately 10:10 a.m., Surveyor reviewed Resident 4's record and was unable to locate documentation of a communicable disease screen or tuberculosis	M 380		

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M 380	Continued From page 3 test.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement was completed prior to admission for 1 of 1 residents reviewed. The provider did not have a service agreement completed prior to Resident 4's admission. Findings include: On 12/03/2024 at approximately 9:00 a.m., Surveyor entered the provider's home for a verification visit. Surveyor was greeted by Resident 4, who stated s/he had recently moved into the provider's home. On 12/03/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A regarding Resident 4. Licensee A stated Resident 4 was just "staying at the home" to see how things	M 384		

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M 384	Continued From page 4 would go. Licensee A stated Resident 4 was aging out of the foster care system, so Resident 4's managed care organization (MCO) pushed for Licensee A to accept Resident 4. Licensee A voiced frustration with the admission process and Resident 4's needs. Surveyor asked Licensee A if s/he had completed a service agreement prior to Resident 4's admission. Licensee A replied, "No," and went on to explain that s/he had no idea what daily rate s/he would be receiving from Resident 4's MCO. On 12/03/2024 at approximately 10:10 a.m., Surveyor reviewed Resident 4's record. The record indicated Resident 4 had a legal guardian. The record did not include a service agreement signed by Resident 4's legal guardian.	M 384		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order from the physician who prescribed medications was	M 464		

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M 464	Continued From page 5 received before administering medication for 1 of 1 residents reviewed. The provider did not have a written order to administer Resident 4's medications. Findings include: On 12/03/2024 at approximately 9:00 a.m., Surveyor entered the provider's home for a verification visit. Surveyor was greeted by Resident 4, who stated s/he had recently moved into the provider's home. On 12/03/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A regarding Resident 4. Licensee A stated Resident 4 was just "staying at the home" to see how things would go. Licensee A stated Resident 4 was aging out of the foster care system, so Resident 4's managed care organization (MCO) pushed for Licensee A to accept Resident 4. Licensee A voiced frustration with the admission process and Resident 4's needs. Surveyor asked Licensee A if his/her staff administered Resident 4's medications. Licensee A replied, "Yes." Surveyor asked Licensee A if s/he had obtained a physician order to administer Resident 4's medications. Licensee A replied, "No," and explained that Resident 4 did not have a local physician and all his/her care was in another county. On 12/03/2024 at approximately 10:10 a.m., Surveyor reviewed Resident 4's record. The record indicated the provider's staff administered the following medications to Resident 4: Aripiprazole, Fluoxetine, Guanfacine, Hydroxyzine, Melatonin, Oxcarbazepine, Trazadone, Ability and Olanzapine. The record did not include an order for the provider's staff to administer medications.	M 464		

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M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 4 residents were free from physical restraints. Resident 1 was observed with wrist straps that limited his/her movement. Findings include: On 12/03/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 04/21/2017 with diagnoses including intellectual disability, cerebral palsy and quadriparesis. Resident 1's individual service plan (ISP) did not include documentation of Resident 1's use of wrist straps. On 12/03/2024, at approximately 10:20 a.m., Surveyor observed Resident 1 in his/her wheelchair with wrist straps (Photo 1). Surveyor asked Resident 1 if s/he was able to "undo" the wrist straps. Resident 1 did not respond. Surveyor observed the wrist straps limited Resident 1's upper extremity movement. Chapter DHS 88 defines "Physical Restraint" as any manual method or any article, device or	M 574		

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M 574	Continued From page 7 garment interfering with the free movement of a resident or the normal functioning of a portion of the resident's body or normal access to a portion of the body, and which the individual is unable to remove easily, or confinement in a locked room. On 12/03/2024 at approximately 10:30 a.m., Surveyor asked Caregiver D why Resident 1 had wrist straps on. Caregiver D replied that the wrist straps prevented Resident 1 from scratching his/her face. On 12/03/2024 at approximately 11:00 a.m., Surveyor checked department records and was unable to locate an approved waiver regarding Resident 1's wrist straps. On 12/03/2024 at approximately 11:50 p.m., Licensee A emailed Surveyor follow up regarding Resident 1's care. Licensee A stated Resident 1's wrist straps were to prevent jerking movement of his/her hands when being transported, going through doors/hallways and to minimize scratching the facial area when Resident 1 had anxiety bouts. Licensee A stated s/he did not have waivers for Resident 1's wrist straps and was unsure how to obtain waivers.	M 574		