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	0015882	A. BUILDING: _____ B. WING _____	R-C 07/22/2025

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HANNAHS HOUSE WEST	510 N GAMMON MADISON, WI 53717

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N 000	Initial Comments On 07/22/2025, Surveyor conducted a standard survey and verification visit at Hannah's House West. Six deficiencies were identified. Three of 7 deficiencies were repeat violations. See See Statements of Deficiency (SODs) RFQT11, dated 07/24/2019, SOD RFQ12, dated 01/22/2020, SOD EZB311, dated 04/14/2023, and SOD ILRL11, dated 09/23/2024. All other deficiencies from SOD ILRL11, dated 09/23/2024 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 8	N 000		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the	N 243		

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

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N 243	Continued From page 1 client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed completed training in all employee training within 90 days after starting employment. House Manager A, Caregiver B, and Caregiver E did not have documentation for completion of training in resident rights, challenging behaviors, and client groups. This is a repeat deficiency. See Statements of	N 243		

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N 243	Continued From page 2 Deficiency (SODs) RFQT11, dated 07/24/2019, and SOD RFQ12, dated 01/22/2020. Findings include: On 07/22/2025, Surveyor conducted a review of employee files to verify compliance with all employee training requirements. Surveyor requested training records from House Manager A and Administrator C. Resident Rights: -The record for House Manager A, hired 08/17/2023, did not contain evidence of training in resident rights within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver B, hired 10/10/2023, did not contain evidence of training in resident rights within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver E, hired 09/30/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights training. Client Group: -The record for House Manager A, hired 08/17/2023, did not contain evidence of training in client groups within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver B, hired 10/10/2023, did not contain evidence of training in client groups within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver E, hired 09/30/2024, did not contain evidence of training or evidence of meeting an exemption for client groups training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: -The record for House Manager A, hired	N 243		

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N 243	Continued From page 3 08/17/2023, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver B, hired 10/10/2023, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. - The record for Caregiver E, hired 09/30/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 07/22/2025 at 11:40 AM, Surveyor interviewed Administrator C regarding staff training records. Administrator C acknowledged the above staff records did not have evidence of all employee training being completed within 90 days of hire. Administrator C reported staff read/sign the provider's handbook upon hire. Administrator C stated s/he would create a training checklist to ensure staff complete required training's within 90 days. On 07/22/2025, Administrator C provided the Surveyor with a copy of the provider's employee handbook. The handbook did not contain all employee training. Cross Reference: N0247 83.22(1)-(4) Task Specific Training	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall	N 247		

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N 247	Continued From page 4 successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on staff interview and record review, the provider did not ensure 3 of 3 employees obtained all task specific training.	N 247		

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N 247	Continued From page 5 House Manager A, Caregiver B, and Caregiver E, who perform personal care duties, did not have training in personal cares within 90 days after assuming these job duties. Findings include: On 07/22/2025, Surveyor conducted a review of 3 employees to verify compliance with task specific training requirements. Surveyor requested training records Administrator C and House Manager A. Personal Cares: On 07/22/2025 throughout the duration of the survey, Surveyor observed House Manager A provide personal cares to residents. -The record for House Manager A, hired 08/17/2023, did not contain evidence of personal cares training within 90 days after assuming these duties or evidence of meeting an exemption for the training. - The record for Caregiver B, hired 10/10/2023, did not contain evidence of personal cares training within 90 days after assuming these duties or evidence of meeting an exemption for the training. - The record for Caregiver E, hired 09/30/2024, did not contain evidence of personal cares training within 90 days after assuming these duties or evidence of meeting an exemption for the training. On 07/22/2025 at 11:40 AM, Surveyor interviewed Administrator C regarding staff training records. Administrator C acknowledged the above employee records did not contain evidence of	N 247		

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N 247	Continued From page 6 personal cares training completed within 90 days of assuming these duties. Administrator C reported staff read/sign the provider's handbook upon hire. Administrator C stated s/he would create a training checklist to ensure staff complete required training's within 90 days. On 07/22/2025, Administrator C provided the Surveyor with a copy of the provider's employee handbook. The handbook did not contain personal cares training. Cross Reference: N0243 83.21(1)-(3) All Employee Training	N 247		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. This is a repeat deficiency. See Statement of Deficiency (SOD) ILRL11, dated 09/23/2024. Findings include: On 07/22/2025, Surveyor conducted a standard survey and verification visit. The following was found: At approximately 9:07 AM, Surveyor toured the basement bathroom. Surveyor observed a spray	N 499		

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N 499	Continued From page 7 bottle of Zep foaming tub and tile cleaner stored on top of the sink. At approximately 9:13 AM, Surveyor toured a storage closet across from Resident 9's room. Surveyor observed the following toxic substances stored: OdoBan disinfectant cleaner, 2 bottles of Lysol all-purpose cleaner, Comet, window cleaner, and 1 bottle of Clorox clean up cleaner bleach. The closet was not secured. The cleaning supplies remained unsecured for the duration of the survey. Surveyor observed residents independently go into and out of the bathroom and throughout the facility. On 07/22/2025 at 11:40 AM, Surveyor interviewed Administrator C regarding the toxic substances being unsecured. Administrator C acknowledged the concern of cleaning compounds not being secured and stated s/he would remind all staff cleaning supplies should be stored in a secure area.	N 499		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping	N 525		

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N 525	Continued From page 8 hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly for 2 of 2 years reviewed (2024 and 2025). This is a repeat deficiency. See Statement of Deficiency (SOD) EZB311, dated 04/14/2023. Findings include: On 07/22/2025, Surveyor reviewed the provider's safety records and identified the following: -There was no record of quarterly fire drills completed for the 2nd quarter of 2024. -There was no record of quarterly fire drills completed for the 2nd quarter of 2025. On 07/22/2025 at 11:40 AM, Surveyor interviewed Administrator C and House Manager A regarding the above fire drills. House Manager A reported after looking through the staff office, evidence of any other fire drills could not be found. Administrator C reported staff are to conduct fire drills quarterly and keep record in the state binder. Administrator C reported s/he would remind staff about keeping better records.	N 525		

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N 612	Continued From page 9	N 612		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 public bathrooms had enclosed paper towels, cloth towel dispensing units or electric hand dryers. Findings include: On 07/22/2025 at 8:25 AM, Surveyor toured the facility and observed the following: -Inside the main floor bathroom that served 4 resident rooms, Surveyor observed an individual paper towel roll placed next to the sink. -Inside the basement bathroom that served 4 resident rooms, Surveyor observed no hand dispenser or paper towel rolls. -Both bathrooms did not have enclosed paper towels, cloth towel dispensing units, or electric hand dryers. On 07/22/2025 at 9:05 AM, Surveyor interviewed Resident 8. Resident 8 confirmed the provider used single rolls of paper towels for residents to dry their hands. Resident 8 reported s/he dried their hands using a bath towel in their room. On 07/22/2025 at 11:40 AM, Surveyor interviewed	N 612		

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N 612	Continued From page 10 Administrator C. Administrator C acknowledged the provider did not have enclosed dispensers or electric hand dryers. Administrator C stated s/he was unaware of the requirement and would get both resident bathrooms up to code. Throughout the duration of the survey, Surveyor observed residents independently using the bathrooms.	N 612		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the bath and toilet areas had a safe water temperature affecting 2 of 2 resident sinks checked. The facility is licensed to care up to 8 residents in the client groups of irreversible dementia/Alzheimer's, advanced age, emotionally disturbed/mental illness, and traumatic brain injury. Findings include: On 07/22/2025, Surveyor toured the facility.	N 617		

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N 617	Continued From page 11 Surveyors tested the water temperature in 2 community bathrooms. The following was found: -At 11:21 AM, the main floor bathroom sink temperature reading was 133 degrees Fahrenheit. At 11:24 AM, the basement bathroom sink temperature reading was 122 degrees Fahrenheit. On 07/22/2025 at 11:40 AM, Surveyor interviewed Administrator C and Caregiver B regarding the hot water reading in both resident bathrooms. Caregiver B shared s/he attempted to test the water temperature with the Surveyor, but the provider's thermometer did not work. Caregiver B stated s/he thought a resident in the basement had adjusted the water heater without telling staff. Administrator C and Caregiver B acknowledged the facilities' water temperature was too hot for resident use. Administrator C stated s/he would adjust the water heater and also add a lock to the mechanical room. Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	N 617		

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