STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018480	A. BUILDING: _____ B. WING _____	C 01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABILITIES MIDWEST	1218 STATE ST RIVER FALLS, WI 54022

(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 01/04/2024, Surveyor conducted a standard survey at Abilities Midwest. Data collection continued through 01/10/2024. Seven deficiencies were identified. Census: 4	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, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 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, the provider did not ensure 1 of 2 caregivers sampled had a complete caregiver background check. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete background check consists of: 1) A completed DHS (Department of Health Services) form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check (CBC)" letter from the DHS. On 01/04/2024 at approximately 11:00 AM, Surveyor requested to review Caregiver C's record from Licensee A. Caregiver C had a hire date of 09/09/2022 per the "Employee Training Record" received via email from Licensee A. The "Employee Training Record" was the only item received related to Caregiver C's record. On 01/07/2024 at 6:09 PM, Surveyor received an	M 114		

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M 114	Continued From page 2 email from Licensee A which read, "I know that we have onboarding information for [Caregiver C] somewhere, but I cannot find it at this time. I have already spoken to our director who was out sick last week regarding re-organizing all employee files between the two of us this week and if anything cannot be found, re-doing it. We do understand you needed to be able to review the materials within the deadline given, and I apologize that we could not do that. Do you want me to re-run [Caregiver C]'s background check & have [him/her] go to Minute Clinic for TB?" Caregiver C's record did not contain a BID form, DOJ report or CBC response letter.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees were screened for illness, including tuberculosis (TB), within 90 days before the start of providing service.	M 232		

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M 232	Continued From page 3 Findings include: On 01/04/2024, Surveyor requested to review employee records for Caregiver B and Caregiver C. Caregiver B had a hire date of 08/12/2023 per the "Employee Training Record." Caregiver C had a hire date of 09/09/2022 per the "Employee Training Record." The records did not contain documentation to show Caregiver B and Caregiver C were screened for illness, including TB, before the start of providing service. On 01/04/2024, Licensee A stated via email, "If I recall, [sic] (Caregiver B) had previous TB test from previously working at a school district prior to his employment here. I am checking our former operations mangers [sic] old email address for the evidence of that as this employee was let go a few months ago. I'll keep looking into this, and let you know!" On 01/07/2024 at 6:09 PM, Surveyor received an email from Licensee A which read, "I know that we have onboarding information for [Caregiver C] somewhere, but I cannot find it at this time. I have already spoken to our director who was out sick last week regarding re-organizing all employee files between the two of us this week and if anything cannot be found, re-doing it. We do understand you needed to be able to review the materials within the deadline given, and I apologize that we could not do that. Do you want me to re-run [Caregiver C]'s background check & have [him/her] go to Minute Clinic for TB?"	M 232		

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M 232	Continued From page 4 As of 01/10/2024, Surveyor had not received any additional documentation from Licensee A to show Caregiver B and Caregiver C were screened for illness, including TB.	M 232		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by an authorized dealer or local fire department and did not have an attached tag showing the date of the last inspection.	M 332		

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M 332	Continued From page 5 Findings include: On 01/04/2024 at approximately 10:00 AM, Surveyor observed the fire extinguisher mounted in a closet near the kitchen. The fire extinguisher did not have an annual inspection tag attached. On 01/04/2024 at 11:05 AM, Surveyor emailed Licensee A and asked if documentation was available to show when the fire extinguishers were last serviced. On 01/04/2024 at 11:20 AM, Licensee A emailed Surveyor back with an email response that read, in part, "Fire extinguishers have not been used since initial check in 2021. Do these need to be annually checked by someone other than myself? These were just checked as part of the an [sic] annual fire drills at this time. Who needs to check them, and how often?" Surveyor discussed the requirement with Licensee A. On 01/04/2024 at 11:16 PM, Surveyor received a forwarded email from Licensee A s/he had sent to the city requesting an inspection of the fire extinguishers.	M 332		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following	M 334		

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M 334	Continued From page 6 locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located on the ceiling of the living room or family room. Findings include: On 01/04/2024 at approximately 10:00 AM, Surveyor toured the home with Caregiver B. Surveyor asked Caregiver B if there was a smoke detector in the living room or family room. Caregiver B stated s/he did not see one. Caregiver B pointed to the wall of the dining room (next to the living room) to a mounting on the wall. Caregiver A stated, "There should be one there, but I think the batteries needed to be replaced." The smoke detector was missing from the wall. On 01/04/2024, Surveyor emailed Licensee A about the missing smoke detector on the living room ceiling and discussed the regulation. On 01/04/2024 at 9:35 PM, Surveyor received an email from Licensee A which read, in part, "For the smoke alarm, there was one hanging on the wall where you identified. Staff had reported it was beeping and I purchased new batteries for it which were in the kitchen. This too has always been in this spot and not called out during initial walk through or others. I'm happy to have maintenance install one on the ceiling next week	M 334		

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M 334	Continued From page 7 as well if the current one in the current location (once batteries are replaced) is not sufficient."	M 334		
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 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 2 of 2 residents reviewed were screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission, or within 7 days after admission. Findings include: On 01/04/2024 at 11:05 AM, Surveyor requested to review Resident 1 and Resident 2's records. Resident 1 had an admission date of 07/22/2023. The record did not contain documentation to show a health screen or TB test was completed. On 01/04/2024 at 1:30 PM, Licensee A stated via email, "Lastly, I cannot find the copy of [his/her] pre-admission exam (and TB info) as it was not downloaded to Synkwise (electronic charting	M 380		

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M 380	Continued From page 8 system) - but I know we have it. It may be on site in [facility city] in [his/her] folder but I am 30 minutes away. I did send [his/her] guardian a text message to see if I could obtain another copy." Resident 2 had an admission date of 08/08/2021. The record did not contain documentation to show a health screen or TB test was completed. On 01/04/2024 at 1:39 PM, Licensee A stated via email, "I am searching my computer and office for [Resident 2]'s pre-admission exam as this was before we had Synkwise. I will send once it is located!" On 01/10/2024 at approximately 9:15 AM, Surveyor emailed Licensee A and stated Resident 1 and Resident 2's record was missing a health screen and TB test. As of 01/10/2024, no documentation was received to show Resident 1 or Resident 2 were screened for communicable disease, including TB, upon admission.	M 380		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	M 570		

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M 570	Continued From page 9 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had a safe environment in which to live when semi-rigid venting was installed for dryer venting. Findings include: On 01/04/2024 at approximately 10:30 AM, Surveyor observed the dryer vent with Caregiver B. The venting was semi-rigid and flexible. On 01/04/2024 at 11:05 AM, Surveyor emailed Licensee A and informed him/her of the above findings and asked if s/he had evidence that the venting used met the UL 2158A standard, or evidence the venting used was approved for use by the dryer manufacturer. As of 01/10/2024 the provider did not provide evidence to show the semi-rigid flexible duct met the UL 2158A requirement, or evidence it was approved for use by the dryer manufacturer. On 01/10/2024 at approximately 4:00 PM, Surveyor received an email from Licensee A with photos of the new dryer vent that was purchased. Surveyor asked Licensee A if there was a tentative installation date for the new dryer vent. Licensee A stated via email, "[Maintenance Person] D will be out Saturday! [S/he] has a week day [sic] job. I can send a photo once it's in!"	M 570		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS	Z 012		

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Z 012	Continued From page 10 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 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 ensure a good faith effort was made to obtain an out of state background check for Caregiver B. Findings include: On 01/04/2024, Surveyor requested to review Caregiver B's record from Licensee A. The record did not contain a Background Information Disclosure (BID) form.	Z 012		

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Z 012	Continued From page 11 On 01/07/2024 at approximately 6:05 PM, Surveyor received an email from Licensee A with the BID attached for Caregiver B. The BID indicated in writing that Caregiver B resided in Minnesota from 2005 to 2023. On 01/09/2024 at approximately 2:30 PM, Surveyor emailed Licensee A and asked if an out of state background check was conducted for Caregiver B. On 01/10/2024 at approximately 9:14 AM, Surveyor sent an additional email to Licensee A, as no response had been received and asked if Caregiver B had an out of state background check completed. On 01/10/2024 at 2:50 PM, Licensee A replied via email, "No, an out of state background check was no [sic] preformed [sic] that I can see in [his/her] file. Just the Wisconsin one. I would not know what Wisconsin would require us to use for a different state - can you advise on this?" An out of state background check was not conducted for Caregiver B who resided in Minnesota from 2005-2023.	Z 012		