| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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<br><br>On 02/21/2024, with information gathered through 02/24/2024, Surveyor conducted a standard licensure survey at Walk By Faith AFH Vaniya's Home. Eight deficiencies were identified.<br><br>Census: 2 | M 000 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 1 service providers (Caregiver B) received 15 hours of initial training, including trainings related to first aid, fire safety and standard precautions.<br><br>Findings include:<br><br>The provider is licensed to provide cares for up to 4 residents in the client groups developmentally disabled, emotionally disturbed/mental illness, traumatic brain injury, and advanced aged.<br><br>On 02/22/2024, Surveyor reviewed Caregiver B's record. | M 244 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| M 244 | Continued From page 1<br><br>Caregiver B was hired on 07/06/2023. Caregiver B's record did not include training in first aid, fire safety and standard precautions.<br><br>On 02/22/2024 at 3:01 PM, Surveyor emailed Licensee A and stated, "[Caregiver B] has not received training in First Aid, Fire Safety or Standard Precautions. All of [his/her] initial training should have been completed by early January." Licensee A responded, "Do you have the DHS (department of health services) requirements for that one? [Caregiver B] is CBRF (community-based residential facility] Certified that's in house training in which CBRF does not expire." Surveyor informed Licensee A that s/he had reviewed the CBRF training registry and Caregiver B did not have any certified training on file.<br><br>On 02/24/2024 at 8:46 AM, Licensee A responded that s/he would put together a plan of correction to ensure staff receive the proper training every 6 months and as needed. | M 244 | | |
| M 326 | 88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE<br><br>A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 2 of 2 residents. | M 326 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| M 326 | Continued From page 2<br><br>Resident 1's bed had the appearance of being sunken down in various areas and the springs forming the mattress could be seen and easily felt through the mattress.<br><br>Resident 2's bed did not have sheets on the bed.<br><br>Findings Include:<br><br>This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups: emotionally disturbed/mental illness, advanced aged, developmentally disabled, and traumatic brain injury.<br><br>On 02/21/2024, at approximately 10:50 AM, Surveyor toured the facility with Caregiver B, Licensee A, and Resident 1 and observed the bed in Resident 1's room. Resident 1's bed mattress had the appearance of being sunken down in various areas. Surveyor could see and feel each spring forming the mattress. Surveyor stated to Licensee A that s/he could feel the springs easily through the mattress. Licensee A stated that no other Surveyor had an issue with the mattress.<br><br>Surveyor noted that a survey had not been completed at the home since licensure on 05/04/2022.<br><br>On 02/21/2024, at approximately 11:05 AM, Surveyor toured the facility with Caregiver B, Licensee A (via telephone), and Resident 2 and observed the bed in Resident 2's room. Resident 2's mattress was covered in plastic, which appeared to be the plastic the mattress was wrapped in upon purchase. The bed was not made; the sheets and blankets were piled up on | M 326 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| M 326 | Continued From page 3<br>the bed. Surveyor did not observe a pillow. Caregiver B stated, "[Resident 2] does not like to have his/her bed made, but as you can see, [s/he] has sheets available to them." Resident 2 then started to fold his/her blanket and stating to Surveyor, "I try to do what is right."<br><br>On 02/21/2024, Surveyor reviewed Resident 2's record.<br><br>Resident 2's "Individualized Service Plan," dated 01/08/2024, documented:<br>"Household Tasks: Cleaning Room - Resident Independent, Teaching, Reminders. [Resident 2] has to be reminded to clean [his/her] room properly."<br><br>On 02/22/2024, at approximately 4:00 PM, Surveyor interviewed Resident 2's managed care organization (MCO) Care Manager (CM) C. CM C stated that Resident 2 should be provided with daily cues to assist with Resident 2 with activities of daily living (ADLs), such as making his/her bed every morning.<br><br>On 02/24/2024 at 8:46 AM, Licensee A emailed Surveyor and stated, "Members did not complain about the bed, extra comfort will be added. DHS 88 does not state how thick a mattress must be for a member." | M 326 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>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 | M 380 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| M 380 | Continued From page 4<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 resident (Resident 2) received a health examination by a physician and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission.<br><br>Findings include:<br><br>On 02/21/2024, Surveyor reviewed Resident 2's record.<br><br>Resident 2 moved into the home 10/01/2023.<br><br>Resident 2's record did not contain a health examination or a TB test result.<br><br>On 02/22/2024 at 1:42 PM, Surveyor emailed Licensee A and requested Resident 2's health examination and TB test result. Licensee A submitted a diagnostic radiology report that defined that Resident 2 had chest x-rays completed on 06/24/2023. Surveyor informed Licensee A that the document was not a general health examination and did not contain a TB test result.<br><br>As of 02/24/2024 at 1:00 PM, Surveyor did not receive any additional documentation. | M 380 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 406 | 88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT<br><br>The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 out of 2 records reviewed were developed together with the placing agency, the guardian, and the provider (Resident 2). Current census was 2.<br><br>Findings include:<br><br>On 02/21/2024, Resident 2's record.<br><br>Resident 2 was admitted to the home, 10/01/2023, with a managed care organization (MCO) Care Manager, (CM) C.<br>Resident 2's ISP, dated 01/08/2024, did not contain CM C's signature.<br><br>On 02/22/2024 at 2:07 PM, Surveyor emailed Licensee A and stated Resident 2's ISP did not include CM C's signature.<br><br>On 02/22/2024, at approximately 4:00 PM, Surveyor interviewed CM C. CM C stated s/he | M 406 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 406 | Continued From page 6<br>had not signed any ISPs regarding Resident 2.<br><br>On 02/24/2024 at 8:46 AM, Licensee A emailed Surveyor and stated, "There will be a plan of correction put in place for signatures of assessments and ISP's." | M 406 | | |
| M 462 | 88.07(3)(c) MEDICATION ASSISTANCE<br><br>If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure Resident 2 received prescribed medications in the proper dosage at the scheduled time.<br><br>Resident 2 did not receive his/her Mycophenolat (medication for autoimmune disorder) as prescribed.<br><br>Findings include:<br><br>On 02/21/2024, at approximately 11:10 AM, Surveyor reviewed Resident 2's medications in the med closet with Caregiver D. Surveyor observed a blister card with 2 tablets that had not been dispensed. The blister card stated: "12/08/2023 - 12/21/2023, Take 1 tablet by mouth | M 462 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

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|---|---|---|---|---|
| M 462 | Continued From page 7 | M 462 | | |

twice daily at mealtime for 14 days." Caregiver D, who was on the phone with Licensee A, stated that the pharmacy had sent duplicates of the medication, so there was an overlap of medications, and they were waiting for the pharmacy to pick up the remaining tablets so they could be destroyed.

On 02/21/2024, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home, 10/01/2023, with diagnoses including schizophrenia and substance use disorder,

Resident 2's December 2023 Medication Administration Record (MAR) documented that the prescribed Mycophenolat was only administered 3 times between 12/08/2023 and 12/21/2023.

Resident 2's "Individualized Service Plan," dated 01/08/2024, documented:
"Medication Management: Member requires reminders to take medications. Member is administered medication by staff. Member is not to administer meds to self."
"Behavioral Intervention: When [Resident 2] does not have cigarettes [s/he] can become verbally combative with others. This is the only negative that has been noticed as of lately by staff."

On 02/22/2024 at 8:24 AM, Surveyor requested Resident 1's physician order and pharmacy delivery sheets for his/her Mycophenolat from Licensee A.

On 02/22/2024, Surveyor reviewed a pharmacy packing slip, dated 12/22/2023, that documented

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

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|---|---|---|---|---|
| M 462 | Continued From page 8<br><br>112 tablets of Mycophenolat had been delivered. Surveyor noted this was the day after the end of the blister card in the home.<br><br>On 02/22/2024 at 1:42 PM, Surveyor emailed Licensee A stating that the medications did not appear to overlap.<br><br>On 02/24/2024 at 8:46 AM, Licensee A emailed Surveyor and stated, "Stated in members ISP members does refuse medication especially Psych medication on days they are not cooperating with staff or are having trouble in other areas of life. Member does have the right to refuse medication stated in DHS 88 "Medication to receive all prescribed medication in the dosage and intervals prescribed by the residents physician and to refuse medication un less it is court ordered in which neither member has a court order to take medication's pharmacy does make mistakes in which staff caught the mistakes of sending to much medication calls were placed to guardian pharmacy to pick up medication that has been refused or that was sent in duplicates as we cannot just dispose of the medication in the garbage."<br><br>On 02/24/2024, Surveyor reviewed Resident 2's December 2023 MAR. Resident 2 was not documented as refusing any other prescribed medications 12/08/2023 and 12/21/2023. | M 462 | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>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 | M 466 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 9 | M 466 | | |

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 record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 records reviewed. Census at time of survey was 2.

Resident 1's Medication Administration Records (MAR) were missing documentation of medication administration and medication administration was documented when medication was not administered.

Findings include:

On 02/21/2024, Surveyor reviewed Resident 1's record.

Example 1:

Resident 1 moved into the home on 11/28/2023.

Resident 1's January 2024 MAR documented:
"Risperidone - Take 1 tablet by mouth every 8 hours as needed (PRN) for agitation. Start Date: 11/27/2023."
Documented as administered 4 times a day from 01/09/2024 to 01/20/2024 and 01/22/2024 to 01/31/2024.
Documented as administered 3 times a day 01/07/2024, 01/08/2024 and 01/21/2024.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

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|---|---|---|---|---|
| M 466 | Continued From page 10 | M 466 | | |

On 02/22/2024 at 7:53 AM, Surveyor requested Resident 1's physician order and pharmacy delivery reports for his/her Risperidone from Licensee A.

On 02/22/2024, Surveyor reviewed pharmacy "Packing Slips," dated 12/09/2023, 12/22/2023 and 01/22/2024. These delivery reports did not document that Risperidone had been delivered to the home.

On 02/22/2024 at 1:42 PM, Surveyor emailed Licensee A and stated Resident 1's PRN Risperidone was scheduled to be administered every 8 hours as needed. The January MAR documented that the medication had been given 4 times a day with no rationale as to why the medication would be given that often. The packing slips provided did not document that the medication has been delivered to the facility.
On 02/24/2024 at 8:46 AM, Licensee A emailed Surveyor and stated, "Plan of correction will be put in place as staff will be trained to document refusals and errors on the back of the MAR."
Example 2:
On 02/21/2024, at approximately 11:05 AM, Surveyor reviewed the med closet with Caregiver D and Licensee A (via telephone). Surveyor observed blister packs of Resident 1's medications for 01/29/2024, 01/30/2024 and 01/31/2024. The 8:00 AM blister packs contained Benztropine and Lithium Carb. The 8:00 PM blister packs contained Lithium Carb and Mirtazapine. Caregiver D, who was on the phone with Licensee A, stated that the pharmacy had sent duplicates of the medication, so there was an overlap of medications, and they were waiting for the pharmacy to pick up the remaining tablets so they could be destroyed. Caregiver D, nor Licensee A, could state when Resident 1's med

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 11 | M 466 | | |

cycle started; it depended on the medication. Surveyor observed additional blister packs of Mirtazapine that had not been administered: 12/12/2023, 12/17/2023, 12/18/2023, 12/20/2023, 12/21/2023, 12/22/2023, 12/23/2023, 12/24/2023, 12/25/2023. Surveyor noted these blister packs did not follow the same sequence of the January blister packs that had not been administered. Caregiver D stated, "[Resident 1] could have refused some of the medications."

Resident 1's December 2023 MAR documented that all medications had been administered.

Resident 1's January 2024 MAR documented that s/he had received his/her medication on 01/29/2024, 01/30/2024 and 01/31/2024.

Example 3:

Resident 1's "New Prescription Summary," dated 12/09/2023, documented:
"Mirtazapine 15 MG tablet - 31 Tablets - Take one tablet daily at bedtime - Effective Date: 12/08/2023"

On 02/22/2024 at 7:53 AM, Surveyor requested Resident 1's pharmacy delivery reports for his/her Benztropine, Lithium Carb and Mirtazapine from Licensee A.

On 02/22/2024, Surveyor reviewed pharmacy "Packing Slip," dated 12/09/2023, documented that 19 tablets of 15 MG Mirtazapine had been delivered.

Resident 1's December 2023 MAR documented:
"Mirtazapine Tab 30 MG - Take 1 tablet by mouth at bedtime"
Documented as administered 12/18/2023 to

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 12 | M 466 | | |

12/31/2023.
"Mirtazapine Tab 15 MG - Take 1 tablet by mouth at bedtime"
Documented as administered 12/01/2023 to 12/31/2023.
The "New Prescription Summary" documented that Mirtazapine 15 MG medication was to start on 12/09/2023. There was no physician order provided for Mirtazapine 30 MG.

On 02/22/2024 at 1:42 PM, Surveyor emailed Licensee A requesting clarification on the blister packs of medications that were not administered.

On 02/24/2024 at 8:46 AM, Licensee A emailed Surveyor and stated, "Stated in members ISP members does refuse medication especially Psych medication on days they are not cooperating with staff or are having trouble in other areas of life. Member does have the right to refuse medication stated in DHS 88 "Medication to receive all prescribed medication in the dosage and intervals prescribed by the residents physician and to refuse medication un less it is court ordered in which neither member has a court order to take medication's pharmacy does make mistakes in which staff caught the mistakes of sending to much medication calls were placed to guardian pharmacy to pick up medication that has been refused or that was sent in duplicates as we cannot just dispose of the medication in the garbage."

Resident 1's ISP, dated 12/06/2023, documented: "Medication Management: Member requires supervision in taking medications. Member requires medication administration by the AFH provider. Staff will monitor all medication member does not refuse medication but member may forget to take medication or misuse

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|---|---|---|---|
| | 0018832 | A. BUILDING: _____ B. WING _____ | 02/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WALK BY FAITH AFH VANIYA'S HOME | 718 N BIRD STREET SUN PRAIRIE, WI 53590 |

| (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 |
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| M 466 | Continued From page 13<br>medication. | M 466 | | |
| M 484 | 88.09(1)(b) RESIDENT RECORDS-CONFIDENTIALITY<br><br>The records of residents shall be confidential. Access to records of a resident's HIV test results shall be controlled by s. 252.15 Stats. Access to other resident records shall be restricted to the following: The resident, the resident's guardian, authorized representatives of the department, other persons or agencies with informed written consent of the resident or the resident's guardian, if applicable, persons or agencies authorized by s. 51.30, Stats., ss. 46.81 to 146.83, Stats., or 42 CFR Part 2, and persons or agencies authorized by other applicable law.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 1 of 2 resident records were kept confidential. Current census was 2.<br><br>Findings include:<br><br>On 02/21/2024, at approximately 10:40 AM, Surveyor toured the provider's home with Caregiver B and Licensee A. Surveyor requested a resident roster. Licensee A stated the list was hanging by the front door. Surveyor walked to the front door and observed a sign hanging on the closet door, next to the front door, that stated Resident 2's name, birthdate, and date of admission. Licensee A stated there should also | M 484 | | |

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| M 484 | Continued From page 14<br>be a sign for Resident 1. Surveyor stated this information should not be hanging in plain view, as it would be a HIPAA (health insurance portability and accountability act) violation. Caregiver B stated, "We do not get visitors, so nobody would see this information." Licensee A stated, "I was told by a Surveyor that this information was to be posted at the entrance of the home. I would like to discuss this concern with your manager." | M 484 | | |
| M 556 | 88.10(3)(e) Self-Direction<br><br>Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the right to freedom of choice for 1 of 2 residents in the home. The provider stated residents are to remain in their room from 9:00 PM to 7:00 AM.<br><br>Findings include:<br><br>On 02/21/2024, Surveyor reviewed Resident 1's record. | M 556 | | |

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| M 556 | Continued From page 15<br><br>Resident 1's progress notes documented:<br>"01/02/2024 - [His/Her] continue to break rules, by exiting [his/her] room throughout the night during times where [s/he] should be "in room" which is 9PM to 7AM. [Resident 1] awaoke at approx. (approximately) 4AM entering the kitchen area for a slice of cake. I advised [Resident 1] that it was not time to be in the kitchen area that it was 4AM (approx.) and that [s/he] could not and should be [sic] in the kitchen area ..."<br>"01/03/2024 - [Resident 1] awoke @ approximately 3 AM walking through the house pacing; [Resident 1] ended up in the kitchen area again stating that [s/he] wants something sweet. I informed [Resident 1] of house rules. [Resident 1] stated that [s/he] understand the rules, [s/he] apologized and returned to [his/her] appointed living space (bdrm [bedroom]).<br>"01/15/2024 - Member chose to watch music videos until the [home] scheduled "in room" time for all residents."<br>"02/11/2024 - After medication member went from [his/her] rm (room) to the common living area until in rm time @ 9PM."<br>"02/12/2024 - Member remained in room until 8:40 PM taking a cigarette smoke before mandatory in room time @ 9PM. Member continued to come out of [his/her] room (abnormal) member had to be redirected not to come outside of [his/her] rm if not to use the restroom. Member did stay in rm after 10:10 PM."<br><br>On 02/23/2024 at 4:11 PM, Surveyor emailed Licensee A and expressed a concern that residents are not allowed to leave their room between 9:00 PM and 7:00 AM.<br><br>On 02/24/2024 at 8:46 AM, Licensee A emailed | M 556 | | |

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| M 556 | Continued From page 16<br>Surveyor and stated, "Self-direction: quiet area in bedroom not allowed to be in other area of the home: per house rules at [provider] listed in the homes as well as included in the admission agreement members are to respect all member in the home by allowing quiet time during sleeping hours from 10p-7am usually members are in their rooms they are allowed In other areas of the home like living area and bathrooms of course, staff deeps cleans on 3rd shift so realistically members are usually sound asleep in their room to insure members have a safe clean environment." | M 556 | | |