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 _____	R 06/14/2024

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 On 06/14/2024, Surveyors conducted a verification visit at Walk By Faith AFH Vaniya's Home. Two deficiencies were identified. One of 2 deficiencies was a repeat violation. (see Statement of Deficiency (SOD) M4UU11. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover. This Rule is not met as evidenced by: Based on observation and interview, the provider did 4 of 4 beds had appropriate bedding and linens. Resident 1, Resident 2 and Resident 3's beds were wrapped in plastic rather than a waterproof mattress cover with a mattress pad. Resident 2 was not provided a pillow. Resident 4 did not have a fitted sheet or pillowcases on his/her bed. Findings Include: This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups:	M 328		

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

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M 328	Continued From page 1	M 328		

emotionally disturbed/mental illness, advanced aged, developmentally disabled, and traumatic brain injury.

On 06/14/2024 at approximately 8:40 a.m., Surveyor toured the provider's home and observed the following:

- Resident 1's bed was wrapped in plastic. Each time Resident 1 moved, the crinkle of the plastic was heard. Resident 1 stated s/he would like to the plastic off because the crinkle was a bother.
- Resident 2's bed was wrapped in plastic. Resident 2 did not have a pillow on his/her bed. Resident 2 stated s/he has never had a pillow and would like one.
- Resident 3's bed was wrapped in plastic. Each time Resident 3 moved, the crinkle of the plastic was heard.
- Resident 4's bed had a fitted protective cover over the mattress but did not have a mattress pad or pillow covers on the 2 pillows observed on his/her bed. Caregiver E stated s/he had washed Resident 4's sheets last week so s/he wasn't sure why they weren't on the bed. Caregiver E then found the sheets piled up in the lower level and was unsure how long the sheets had been there.

On 06/14/2024 at approximately 9:30 a.m., Caregiver F went to Resident 2's room and confirmed Resident 2 did not have a pillow. Caregiver F asked Resident 2 if s/he would like a pillow. Resident 2 replied, "Yes." Caregiver F stated s/he would follow up and get Resident 2 a pillow.

On 06/14/2024 at approximately 9:40 a.m., Surveyors discussed concern with Licensee A that 3 of 4 beds had plastic wrap on them, resulting in a crinkle sound each time resident

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M 328	Continued From page 2 moved. Surveyors discussed that if the intention of the plastic wrap was to protect the mattress, a waterproof mattress cover with a mattress pad over it should be used. Licensee A replied, "Some licensors tell you to use the plastic."	M 328		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING 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 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 observation, record review, and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 1 resident record reviewed. Resident 2's Medication Administration Record (MAR) was missing documentation of medication administration and medication administration was documented when medication was not administered. Findings include: On 06/14/2024, at approximately 9:00 AM, Surveyor observed the provider's medication closet. Surveyor observed Resident 2's 06/13/2024 12:00 PM dose of Pyridostigm	{M 466}		

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{M 466}	Continued From page 3 (medication that treats muscle weakness) sitting on a shelf. Surveyor requested Resident 2's record. On 06/14/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the home on 10/01/2023. Resident 2's June 2024 MAR documented: "Pyridostigm - Take 1 tablet by mouth four times daily. Scheduled at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM." The MAR documented that the medication had been administered on 06/13/2024 at 12:00 PM. Resident 2's June 2024 MAR documented the following morning medications: Aspirin, Famotidine, Ferrous Sulfate, Levothyroxine, Mycophenolate, Myrbetriq, Oxcarbazepine, Prednisone, Pyridostigm, Tamsulosin, Vitamin B-50, Metformin. The MAR did not document that these medications had been administered. Surveyor reviewed the med closet and determined the morning medications were not in the med closet. On 06/14/2024, at approximately 9:15 AM, Surveyor interviewed Caregiver E who informed Surveyor s/he had administered the morning medications. Resident 2's June 2024 MAR documented the following medication: SMZ/TMP ds 800-160 (medication is a combination of two antibiotics) - Take 1 tablet by mouth 3 times weekly on Mon/Wed/Fri. Scheduled at 8:00 AM. Medication was not documented as administered on 06/10, 06/12 and 06/14.	{M 466}		

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{M 466}	Continued From page 4 Oxcarbazepine - Take 2.5 tablets (25 MG) by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM. Medication was not documented as administered 06/08 to 06/13 at 8:00 PM. On 06/14/2024, at approximately 9:40 AM, Surveyors discussed concern with Licensee A and Caregiver F that the documentation of medication administration was a concern. Licensee A and Caregiver F stated they would provide additional training to staff.	{M 466}		