STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	190026	A. BUILDING: _____ B. WING _____	R 08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RABES	6915 W BUTLER RD JANESVILLE, WI 53548

(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 08/15/2023, Surveyor completed a verification visit at Rabes, an AFH in Janesville. Six deficiencies were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023, SOD 2HHP11, dated 04/13/2022, PNUC11, dated 11/03/2020 and YSEW11, dated 12/04/2017. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the home and its operation complied with all laws governing the home and its operation. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023 and SOD 2HHP11, dated 04/13/2022. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor completed a verification visit. During the survey, Surveyor noted the following environmental and resident care concerns:	{M 216}		

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

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{M 216}	Continued From page 1 Environmental: - The home had not had its well water inspected in the past year. *Repeat deficiency. - The provider did not ensure smoke detectors were tested monthly. *Repeat deficiency. - The provider did not complete semi-annual fire drills. *Repeat deficiency. Resident Care: - Resident 1 did not have his/her ability to evacuate the home assessed. *Repeat deficiency. - Resident 1 did not have a signed service agreement. *Repeat deficiency. Surveyor reviewed concern with Licensee A that multiple deficiencies identified during Surveyor's last visit remained uncorrected 4+ months later. Surveyor asked Licensee A if s/he had reviewed SOD ML4Z11, dated 03/23/2023, that was submitted to him/her electronically. Licensee A replied, "No. I never got it." Licensee A stated s/he did not recall signing up for electronic SODs, so s/he didn't have a SOD to review and couldn't remember all concerns reviewed during Surveyor's last visit. Licensee A added that s/he had fallen behind on things due to his/her health over the past year.	{M 216}		
{M 282}	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually.	{M 282}		

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{M 282}	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure their well water was tested at the state laboratory of hygiene or other laboratory approved under ch. NR 149 at least annually. Licensee a did not have record of a well water test in the past year. This is a repeat deficiency. See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023, SOD PNUC11, dated 11/03/2020 and YSEW11, dated 12/04/2017. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor conducted a verification visit. Surveyor reviewed records and was unable to locate record of a well water inspection. Surveyor requested documentation of a well water inspection, completed in the past year, from Licensee A. Licensee A replied, "I haven't done that yet. The sample is in my car." Licensee A did not ensure the home's well water was tested at least annually.	{M 282}		
{M 336}	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.	{M 336}		

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{M 336}	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure each required smoke detector was tested monthly to make sure it was in operation. Licensee A did not have documentation of smoke detector checks completed monthly. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023 and SOD YSEW11, dated 12/04/2017. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor conducted a verification visit. Surveyor reviewed records and was unable to locate documentation of monthly smoke detector checks. Surveyor requested documentation of smoke detector checks from Licensee A. Licensee A stated, "I haven't done that yet, but I changed the batteries since your last visit." Licensee A did not ensure smoke detectors were tested monthly.	{M 336}		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.	{M 344}		

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{M 344}	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure Resident 1 was evaluated, using the department's form, to determine if s/he was able to evacuate the home without any help within 2 minutes. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor conducted a verification visit. Surveyor reviewed records and was unable to locate an evacuation assessment for Resident 1. Surveyor requested Resident 1's most recent evacuation assessment from Licensee A. Licensee A stated Resident 1 did not have an evacuation assessment and added "I'll do it today." Resident 1, who admitted to the providers facility on 10/04/2022, was not evaluated, using the department's form, to determine s/he was able to evacuate the home without any help within 2 minutes.	{M 344}		
{M 348}	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, Licensee A	{M 348}		

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{M 348}	Continued From page 5 did not ensure semi-annual fire drills were conducted and documented. This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor conducted a verification visit. Surveyor reviewed provider records and was unable to locate documentation of a fire drill. Surveyor requested documentation of a fire drill conducted in 2023 from Licensee A. Licensee A replied, "I don't have any paperwork. We talked through what we would do, but didn't document."	{M 348}		
{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, Licensee A did not ensure a service agreement was completed with Resident 1.	{M 384}		

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{M 384}	Continued From page 6 This was a repeat deficiency - See Statement of Deficiency (SOD) ML4Z11, dated 03/23/2023. Findings include: On 08/15/2023 at approximately 7:45 a.m., Surveyor conducted a verification visit. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 10/04/2022 with developmental delay. Resident 1's record did not include a service agreement. Surveyor asked Licensee A if s/he had a completed service agreement on file with Resident 1. Licensee A replied, "No, I haven't done that yet."	{M 384}		