Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017376	A. BUILDING: _____ B. WING _____	C 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTER DAY AFH CARLTON	**555 CARLTON DRIVE CALEDONIA, WI 53402**

(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 11/05/2024, Surveyor conducted a standard survey and 1 complaint investigation at Brighter Day AFH. Three deficiencies were identified. One complaint was unsubstantiated. Census: 04	M 000		
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 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 functioning smoke detectors were in 4 of 6 required locations. The laundry room smoke detector was laying on the back entry way table without a battery. Resident 1's bedroom and Resident 3's bedroom smoke detectors were not working. The smoke detector at bottom of basement stairway was not working.	M 334		

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

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M 334	Continued From page 1 Findings include: On 11/05/2024, at approximately 10:00 AM, Surveyor toured the facility with Assistant Manager C. The following was observed: - The laundry room smoke detector was laying on a table near the back entry way without a battery. - Resident 1's and Resident 3's bedroom smoke detectors were not working. - The smoke detector at bottom of basement stairway was not working. On 11/05/2024 at approximately 11:50 AM, Surveyor interviewed Assistant Manager C who confirmed the smoke detectors were not working. Assistant Manager C was unsure how long the smoke detectors had needed replacement batteries but said they would all be working by the end of the day.	M 334		
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. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not test each smoke detector	M 336		

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M 336	Continued From page 2 monthly to ensure they were operational. The provider did not conduct monthly smoke detector testing for 12 months of 2023 and the first 10 months of 2024. Findings include: On 11/05/2024 at approximately 11:50 AM, Surveyor reviewed facility safety files. There was no evidence of smoke detector testing for 2023 and to date in 2024. On 11/05/2024, at approximately 11:50 AM, Surveyor interviewed Assistant Manager C. Surveyor requested documentation for 2023 and 2024 monthly smoke detector testing. Assistant Manager C was unable to locate smoke detector testing logs. Assistant Manager C confirmed they were unsure if smoke detector testing was routinely conducted but would ensure testing would be done monthly from now on.	M 336		
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 3	M 570		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a safe physical environment for 4 of 4 residents. The hot water was not kept at a safe temperature and measured 125° Fahrenheit (F) at 2 of 2 faucets tested (bathroom and kitchen).

Findings include:

The facility was licensed on 03/19/2019, to care for up to 4 residents with primary diagnoses including terminally ill, emotionally disturbed/mental illness, traumatic brain injury, irreversible dementia/Alzheimer's, advanced aged, and developmentally disabled.

On 11/05/2024 at approximately 10:00 AM, Surveyor observed the hot water temperature from the bathroom and kitchen faucets measured 125° F. Caregiver D confirmed the water temperature was 125° F at both locations.

On 11/05/2024 at approximately 11:50 AM, Surveyor interviewed Assistant Manager C about the hot water temperature. They expressed surprise it measured too high and stated they would turn the hot water temperature down and begin monitoring it monthly to ensure it was not too hot.

"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

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M 570	Continued From page 4 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).	M 570		