STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018432	A. BUILDING: _____ B. WING _____	R-C 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH CHRISTIANS HOME	412 SOUTH 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 08/08/2023, Surveyor conducted a verification visit at Walk By Faith AFH Christian Home, an AFH in Sun Prairie. Five deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{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, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023. Findings include: On 08/03/2023, Surveyor conducted a verification visit. As a result of the survey, the following repeat deficiencies and environmental/financial concerns were noted: Resident Care:	{M 216}		

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

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{M 216}	Continued From page 1 - Resident 1 did not receive 1:1 care as indicated on his/her individual service plan. *Repeat deficiency. - 1 of 2 residents reviewed did not have a signed service agreement completed at the time of admission. *Repeat deficiency. Employees: - 1 of 5 employees reviewed did not have a tuberculosis test completed. *Repeat deficiency. Environment: On 08/03/2023 from approximately 8:30 a.m. to 10:18 a.m., the home did not have electricity. During the 1.5+ hours the electricity was off, Surveyor observed Resident 3 and Resident 4 attempt to microwave their coffees, heard Resident 4 state s/he was hungry and heard Resident 4 come out of the bathroom, which didn't have windows, and state, "I couldn't see what I was doing in there." At approximately 9:30 a.m., Surveyor interviewed Licensee A and asked why the home's electricity was off. Licensee A replied, "It's personal." Surveyor asked Licensee A if s/he had a policy or procedure for staff to follow while the electricity was off, explaining that residents were hungry and the temperature would be rising. Licensee A replied, "No. I don't have a policy or procedure, but I can complete one." Licensee A then instructed Caregiver J to take the residents to a local fast food place. Surveyor then followed up with Utility Worker K, with the home's electrical company. Utility Worker K informed Surveyor the electricity to the home was turned off due to lack of payment. Utility Worker K shared the home's electricity had also been turned off on 04/28/2022 and 09/29/2022 due to lack of payment.	{M 216}		

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{M 216}	Continued From page 2 Licensee A did not ensure the home had appropriate staffing to meet resident needs, that all residents had signed service agreements, that all caregivers had been screened for tuberculosis tests and that utility bills were paid to ensure the home had electricity. Cross Reference: M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0436 DHS 88.07(2)(a) Services	{M 216}		
{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 that 1 of 5 service providers reviewed was screened for illness detrimental to residents, including for tuberculosis, within 90 days before starting to provide service. Caregiver C did not have a tuberculosis test completed.	{M 232}		

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{M 232}	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023. Findings include: On 08/03/2023 at approximately 8:00 a.m., Surveyor requested the communicable disease screen, including tuberculosis test, for Caregiver C from Licensee A. Licensee A stated all employee files were offsite and would need to be emailed to Surveyor. On 08/03/2023 at approximately 12:00 p.m., Licensee A provided Surveyor with employee records. Records did not include a tuberculosis test for Caregiver C. On 08/03/2023 at approximately 12:45 p.m., Surveyor re-requested the tuberculosis test for Caregiver C. As of 08/08/2023, Surveyor did not receive a tuberculosis test for Caregiver C.	{M 232}		
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 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each smoke detector was in working order. Findings include: On 08/03/2023 at 8:00 a.m., Surveyor conducted a verification visit. While in the home, Surveyor heard a smoke detector chirping. Surveyor asked Caregiver I if s/he heard the chirping. Caregiver I then went in the basement, came back upstairs and reported to Surveyor that a smoke detector in the basement was chirping, indicating that it needed a new battery. Caregiver I did not address the concern. On 08/03/2023 at approximately 9:55 a.m., Surveyor asked Caregiver J if s/he heard the smoke detector chirping. Caregiver J responded, "Oh I thought that was a bird." Surveyor and Caregiver J then went to the basement and observed 1 smoke detector chirping and another smoke detector hanging from the wall. Caregiver J then stated s/he had been hearing the chirping for a while. Caregiver J called Licensee A to inform of the concern.	M 336		
{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	{M 384}		

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{M 384}	Continued From page 5 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 1 of 2 residents reviewed had service agreements completed prior to admission that were signed by the resident. Resident 3 did not have a signed service agreement. This is a repeat deficiency. See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023. Findings include: On 08/03/2023 at approximately 8:00 a.m., Surveyor requested Resident 3's record, including his/her service agreement. Resident 3 was admitted to the provider's home on 06/22/2023. Resident 3 was his/her own decision maker. Resident 3's record did not include a signed service agreement. Licensee A stated some records were electronic and s/he would need to send Resident 3's service agreement to Surveyor via email. On 08/03/2023 at approximately 12:45 p.m., Surveyor re-requested documentation of Resident 3's service agreement from Licensee A. As of 08/08/2023, Surveyor did not receive a service agreement for Resident 3.	{M 384}		
{M 436}	88.07(2)(a) SERVICES The licensee shall provide or arrange	{M 436}		

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{M 436}	Continued From page 6 for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure services specified in 1 of 3 resident's individual service plans (ISP) were provided. Resident 1 did not receive the 1:1 care as indicated on his/her behavior support plan (BPS), an extension of his/her ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) OP7B11, dated 04/03/2023. Findings including: On 08/03/2023 at 8:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/16/2022 with diagnoses including Lennox-Gastaut syndrome. Resident 1 had a legal guardian. Resident 1's record included a BSP, dated 02/15/2023, that documented Resident 1 required 1:1 care for 16 hours/day, including 1:1 staffing while in his/her room to prevent falls from seizures. The BSP documented the ideal 1:1 hours were 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. Surveyor observed 1 caregiver, Caregiver I, present when s/he arrived at 8:00 a.m. On 08/03/2023 at approximately 8:10 a.m., Surveyor interviewed Caregiver I. Caregiver I stated s/he had just worked the overnight hours by him/herself. Caregiver I stated s/he had only	{M 436}		

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{M 436}	Continued From page 7 worked 1 shift in the home, but s/he checked on Resident 1 every 2 hours. On 08/03/2023 at approximately 8:55 a.m., Surveyor interviewed Caregiver F. Caregiver F stated his/her usual shift was 4:00 p.m. to 12:00 a.m. and that s/he usually worked by him/herself. Caregiver F stated s/he was unaware of Resident 1's need for 1:1 staffing and that s/he had never seen the BSP. Caregiver F stated a few nights a week 2 caregivers take over at 12:00 a.m., but other nights only 1 caregiver was present. On 08/03/2023 at approximately 9:00 a.m., Surveyor interviewed Caregiver J. Caregiver J stated s/he usually worked daytime by him/herself. Caregiver J stated none of the residents go to a day program, so they are usually with Caregiver J. On 08/03/2023 at approximately 9:25 a.m., Surveyor shared concern with Licensee A that Resident 1's BSP indicated Resident 1 required 1:1 staffing for 16 hours/day. Licensee A stated s/he had an updated BSP and had not received authorization since June 2023, so 1:1 staffing was not provided. Surveyor requested the updated BSP from Licensee A. On 08/03/2023 at approximately 10:45 a.m., Licensee A provided the BSP, dated 02/15/2023 that indicated need for 1:1 staffing. Licensee A did not ensure that 1:1 staffing was provided for 16 hours per day for Resident 1 as indicated in his/her BSP.	{M 436}		