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	0020455	A. BUILDING: _____ B. WING _____	C 01/29/2025

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ALLIANCE ADULT HOME CARE	6327 ALLISON LN MADISON, WI 53711

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M 000	INITIAL COMMENTS From 01/27/2025 to 01/29/2025, Surveyors conducted a standard survey and complaint investigation at Alliance Adult Home Care, an AFH in Madison. Seven deficiencies were identified. The complaint was unsubstantiated. Census: 3	M 000		
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 interview, the provider did not ensure monthly smoke detector testing was completed for 4 months. There was no evidence smoke detectors were checked in 2024. Findings include: On 01/27/2025 at approximately 8:00 a.m., Surveyor requested environmental records for the home from Caregiver B. Caregiver B called Licensee A to report that surveyor was in the home. Caregiver B could not provide any	M 336		

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

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M 336	Continued From page 1 environmental records. On 01/27 /2025 at 10:01 a.m., Surveyor emailed Licensee A requesting documentation of smoke detector checks since the home was licenses in August 2024. On 01/27/2025 at 2:48 p.m., Surveyor received an email from Licensee A that contained survey documents but there were no smoke detector checks. As of 9:00 a.m., on 01/28/2025, evidence of monthly smoke detector checks for 2024 were never submitted.	M 336		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were evaluated using the department's form to determine their ability to evacuate the home without any help within 2 minutes. Resident 1 and Resident 2 had not had their ability to evacuate the home evaluated since moving into the home on 08/16/2024. Findings include: On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on	M 342		

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M 342	Continued From page 2 08/16/2024. Resident 1's record included an evacuation assessment, dated 02/08/2023, when Resident 1 resided in a different home managed by Licensee A. On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 08/16/2024. Resident 2's record included an evacuation assessment, dated 12/22/2020, when Resident 2 resided in a different home managed by Licensee A. On 01/29/2024 at approximately 4:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1 and Resident 2 did not have an evacuation assessment completed when they moved into the current home. Licensee A confirmed the evacuation assessments were completed when Resident 1 and Resident 2 resided in a previous home managed by Licensee A and that new evacuation assessments needed to be completed.	M 342		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed included a statement of agreement, including signature and date, by all persons involved with developing the plan.	M 420		

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M 420	Continued From page 3 Resident 1 and Resident 2's ISPs did not include a statement of agreement. Findings include: On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed resident records and identified the following concerns: - Resident 1 was admitted to the provider's home on 08/16/2024. Resident 1's ISP on file was dated 03/20/2024 and was not signed by Resident 1 or his/her managed care organization. - Resident 2 was admitted to the provider's home on 08/16/2024. Resident 2's ISP on file was dated 03/15/2024 and was not signed by Resident 2 or his/her managed care organization. *Both ISPs were from when Resident 1 and Resident 2 resided in a previous home managed by Licensee A. On 01/27/2025 at approximately 10:00 a.m., Surveyor requested updated ISPs for Resident 1 and Resident 2. On 01/27/2025 at approximately 4:15 p.m., Surveyor received an ISP, dated 09/20/2024, for Resident 1 and an ISP, dated 09/20/2024, for Resident 2. Neither ISP included a statement of agreement, including signatures and dates. On 01/29/2025 at approximately 4:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1 and Resident 2's ISPs did not include a statement of agreement. Licensee A stated s/he would work on getting the ISPs signed.	M 420		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS	M 458		

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M 458	Continued From page 4 Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were stored secured. Resident 1 had Melatonin stored, unsecured, in his/her room. Findings include: On 01/27/2025 at approximately 8:20 a.m., Surveyor toured the home and observed Melatonin in Resident 1's room. On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed Resident 1's record, which included an individual service plan, dated 03/20/2024, that stated Resident 1's medications were to be kept in a lock box and administered by staff. On 01/29/2025 at approximately 3:45 p.m., Surveyor reviewed concern with Licensee A that Resident 1's Melatonin was kept unsecured in his/her room rather than secured with the provider's staff. Licensee A replied, "Okay."	M 458		

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M 474	Continued From page 5	M 474		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary manner. Findings include: On 01/27/2024 at approximately 8:15 a.m., Surveyor toured the provider's home with Caregiver B. Surveyor observed the following concerns: Refrigerator: - The refrigerator contained several containers of food that were not dated or labeled, including 2 pasta dishes, cheese, potato salad, and hamburger meat. Oven: - The oven door had food melted and scattered down the door. The bottom of the oven had a thick layer of burnt on food. Microwave: - The surface had food particles scattered throughout the bottom and sides.	M 474		

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M 474	Continued From page 6 "Date marking helps indicate when foods are no longer safe to eat. This helps prevent foodborne disease outbreaks. This practice is recommended in the Food and Drug Administration's (FDA) Food Code." (Source: cdc.gov/restaurant-food-safety/php/practices/date-marking.html March 22, 2024, https://www.cdc.gov/restaurant-food-safety/php/practices/date-marking.html, retrieval date 01/28/2025). On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed food safety and storage concerns with Caregiver B. Caregiver B stated that the food was from last night's dinner. Caregiver B did acknowledge that the oven and microwave needed to be cleaned.	M 474		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were safeguarded from environmental hazards. The home's water	M 570		

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M 570	Continued From page 7	M 570		

temperature exceeded 120 degrees F. The home was missing a carbon monoxide detector.

Findings include:

Example 1:

On 01/27/2025 at approximately 8:15 a.m., Surveyor tested the water temperature of the provider's bathroom located on the main floor. Surveyor's thermometer read a temperature peaking at 132.2 degrees F.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients 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 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 P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).

On 01/27/2025 at approximately 8:30 a.m., Surveyor interviewed Caregiver B. Surveyor asked if the provider routinely tested the home's water temperature to ensure safe temperatures. Caregiver B stated that the licensee did that.

On 01/29/2025 at approximately 4:00 p.m., Surveyor reviewed concern with Licensee A that the home's water temperature exceeded 120 degrees F. Licensee A stated "Okay."

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M 570	Continued From page 8 Example 2: On 01/27/2025 at approximately 8:20 a.m., Surveyor toured the provider's home. Surveyor observed a plastic mount on the hallway wall that was missing a carbon monoxide detector. Caregiver B did not know where the carbon monoxide detector was located. Surveyor was unable to locate a carbon monoxide detector located elsewhere in the home. On 01/27/2025 at 10:00 a.m., Surveyor emailed Licensee A sharing concern over the missing carbon monoxide detector. On 01/27/2025 at 2:48 p.m., Surveyor received information from Licensee A. Licensee A stated that s/he would get the carbon monoxide detector fixed right away.	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received his/her medications as prescribed.	M 582		

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M 582	Continued From page 9 Resident 1's Fluticasone 50 mcg nasal spray was not administered as prescribed. Findings include: On 01/27/2025 at approximately 8:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 08/16/2024. Resident 1's individual service plan indicated the provider's staff was responsible for administering Resident 1's medications. Resident 1's physician orders included Fluticasone 50 mcg nasal spray (Start Date: 04/27/2024) - Use 2 sprays in each nostril once daily for allergic rhinitis. Resident 1's Medication Administration Record (MAR), dated 01/01/2025 to 01/27/2025, did not document any administrations or refusals of this medication. On 01/28/2025 at approximately 9:30 a.m., Surveyor interviewed Pharmacy C, who worked for the provider's pharmacy. Pharmacy C confirmed Resident 1's Fluticasone nasal spray was prescribed to be administered daily. On 01/29/2025 at approximately 4:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1 did not receive his/her Fluticasone nasal spray as prescribed. Licensee A stated s/he reached out to Resident 1's physician to ask to have the order changed to PRN rather than daily.	M 582		