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
	0010658	A. BUILDING: _____ B. WING _____	01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEWART ADULT FAMILY HOME	**719 N FRANKLIN STANLEY, WI 54768**

(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 01/30/2024, Surveyor conducted an abbreviated survey at Stewart Adult Family Home. One deficiency was identified. The deficiency was a repeat violation. See Statement of Deficiency (SOD) UPF411, dated 08/14/2018. Census: 1	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Licensee A and Caregiver B) completed 8 hours of continuing education training related to the health, safety, welfare, rights, and treatment of residents in 2022 and 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) UPF411, dated 08/14/2018. Findings include:	M 246		

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

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M 246	Continued From page 1 On 01/30/2024 at approximately 8:45 AM, Surveyor interviewed Licensee A and Caregiver B. Licensee A stated s/he and Caregiver B were the only staff working for the provider. Licensee A could not recall exact hire dates but stated they opened the facility "many years ago." At approximately 10:00 AM, Surveyor reviewed staff training records and facility license. Licensee A was listed on the license with an issue date of 09/15/2004. At 10:15 AM, Surveyor asked Licensee A if there was any record of training for the 2 of them. Licensee A stated 2021 was when the training stopped, and they had various health issues and family events that contributed to training not being completed. Licensee A stated s/he thought nobody was coming to check on those things and stopped doing it. Licensee A stated s/he did not have record of resident rights training in 2022 or 2023, and s/he was not sure if s/he ever completed resident rights training. Licensee A stated s/he would prioritize training in 2024 and would reach out to other providers for resources.	M 246		