STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY ADULT FAMILY HOME	2925 WIMBLEDON WAY MADISON, WI 53713

(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 From 08/26/2024 to 08/29/2024, Surveyor conducted a standard survey at Trinity Adult Family Home, an AFH in Madison. Five deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) 0FXV11, dated 06/16/2022. Census: 4	M 000		
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 2 of 2 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing service. Caregiver B's tuberculosis test was completed greater than 90 days prior to his/her start of providing care and Caregiver C did not have a tuberculosis test completed. This is a repeat deficiency. See Statement of	M 232		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

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M 232	Continued From page 1 Deficiency (SOD) 0FXV11, dated 06/16/2022. Findings include: On 08/26/2024 at approximately 10:45 a.m., Surveyor reviewed employee records, provided by Licensee A. Employee records identified the following concerns: - Caregiver B was hired on 09/01/2023. Caregiver B's record did not include a communicable disease screen or tuberculosis test. - Caregiver C was hired on 11/20/2023. Caregiver C's record did not include a communicable disease screen or tuberculosis test. On 08/26/2024 at approximately 11:30 a.m., Surveyor asked Licensee A if s/he had tuberculosis tests on file for Caregiver B and Caregiver C. Licensee A stated s/he believed so, but would need to follow up with Surveyor. On 08/28/2024 at approximately 3:40 p.m., Surveyor provided documentation indicating Caregiver B had a chest x-ray/communicable disease screen on 09/07/2022, greater than 90 days prior to him/her starting to provide services at the provider's home. On 08/29/2024 at approximately 3:00 p.m., Surveyor reviewed concern with Licensee A that 2 of 2 caregivers reviewed did not have tuberculosis tests completed within 90 days prior to hire. Licensee A acknowledged concern and stated s/he was going to have all staff have a tuberculosis test completed.	M 232		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT	M 420		

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M 420	Continued From page 2 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 with the plan, dated and signed by all persons involved in developing the plan. Resident 1 and Resident 2's ISPs were not signed by their legal guardians or placing agency. Findings include: On 08/26/2024 at approximately 9:45 a.m., Surveyor reviewed resident records provided by Caregiver B and Licensee A, which indicated the following: - Resident 1 admitted to the provider's home on 06/15/2023. Resident 1's record indicated s/he had an activated Health Care Power of Attorney. Resident 1's record included an ISP, dated 02/25/2024, that was signed only by the provider's staff. - Resident 2 was admitted to the provider's home on 02/09/2024. Resident 2's record indicated s/he had a legal guardian. Resident 2's record included an ISP, dated 03/09/2024, that was signed only by the provider's staff. On 08/26/2024 at approximately 11:30 a.m., Surveyor asked Licensee A why Resident 1 and Resident 2's ISPs were not signed by their legal representatives and the placing agency. Licensee A replied, "I just learned we needed to have their	M 420		

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	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY ADULT FAMILY HOME	2925 WIMBLEDON WAY MADISON, WI 53713

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M 420	Continued From page 3 signatures."	M 420		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 2 residents was monitored with changes in his/her health documented and referrals made to a health care provider when necessary. Resident 1's physician was not notified of blood sugar readings greater than 400. Findings include: On 08/26/2024 at approximately 9:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/15/2023 with diagnoses including diabetes and mild intellectual disability. Resident 1's record included a physician order, dated 07/11/2024, for Fiasp 100 unit/ml sliding scale 3 times daily before meals with instructions to call Resident 1's physician if blood sugar reading is >400. Resident 1's log of blood sugar readings, dated 08/01/2024 to 08/26/2024, indicated the following blood sugars >400: - 08/04/2024 8:00 a.m.: 467, 12:00 p.m.: 432 and 5:00 p.m.: 468 - 08/05/2024 8:00 a.m.: "Hi" and 12:00 p.m.: "Hi" - 08/06/2024 8:00 a.m.: 451 and 5:00 p.m.: "Hi"	M 448		

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	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY ADULT FAMILY HOME	2925 WIMBLEDON WAY MADISON, WI 53713

(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 448	Continued From page 4 - 08/09/2024 8:00 a.m.: "Hi" and 12:00 p.m.: 489 - 08/10/2024 8:00 a.m.: "Hi" - 08/12/2024 12:00 p.m.: "Hi" and 5:00 p.m.: "Hi" - 08/13/2024 8:00 a.m.: "Hi" and 12:00 p.m.: 426 - 08/15/2024 8:00 a.m.: 505 - 08/16/2024 8:00 a.m.: 559 - 08/17/2024 8:00 a.m.: "Hi" - 08/20/2024 8:00 a.m.: 552 - 08/24/2024 8:00 a.m.: 515 - 08/26/2024 8:00 a.m.: 511 On 08/27/2024 at 11:35 a.m., Surveyor requested documentation from Licensee A indicating the above blood sugar readings, greater than 400, were reported to Resident 1's physician. Licensee A stated the documentation would be in Resident 1's "Daily Charting" notes. On 08/28/2024 at 3:40 p.m., Surveyor received and reviewed Resident 1's "Daily Charting Notes" and did not observe any notes that indicated Resident 1's physician was notified of blood sugar readings greater than 400. On 08/29/2024 at 3:00 p.m., Surveyor interviewed Licensee A. Surveyor stated Resident 1 had several blood sugar readings greater than 400 from 08/01/2024 to 08/26/2024 and the record did not indicate Resident 1's physician was made aware of the blood sugar readings. Licensee A confirmed Resident 1's physician was not notified. Licensee A stated often times his/her caregivers would wait 30-60 minutes and recheck the blood sugar, which would then be lower and no physician notification was needed. Licensee A confirmed follow up blood sugars were not documented, and that the physician order did not indicate the protocol of rechecking the blood sugar in 30-60 minutes before contacting the physician.	M 448		

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	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

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TRINITY ADULT FAMILY HOME	2925 WIMBLEDON WAY MADISON, WI 53713

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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 medication as prescribed. Resident 1 did not receive his/her Fiasp insulin as prescribed. Findings include: On 08/26/2024 at approximately 9:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/15/2023 with diagnoses including diabetes and mild intellectual disability. Resident 1's record included a physician order, dated 07/11/2024, for Fiasp 100 unit/ml sliding scale 3 times daily before meals (150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units, Over 400=Call physician). Resident 1's Medication Administration Record (MAR), dated 08/01/2024 to 08/26/2024, documented the incorrect amount of insulin administered based on documented blood sugar (BS) reading for the following dates: - 08/01/2024 8:00 a.m.: BS 213 - 2 units should	M 582		

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	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 582	Continued From page 6	M 582		

have been administered; 0 units documented.
- 08/01/2024 12:00 p.m.: BS 268 - 4 units should have been administered; 0 units documented.
- 08/02/2024 8:00 a.m.: BS 191 - 2 units should have been administered; 0 units documented.
- 08/02/2024 12:00 p.m.: BS 297 - 6 units should have been administered; 0 units documented.
- 08/03/2024 8:00 a.m.: BS 191 - 2 units should have been administered; 0 units documented.
- 08/03/2024 12:00 p.m.: BS 183 - 2 units should have been administered; 0 units documented.
- 08/03/2024 5:00 p.m.: BS 244 - 4 units should have been administered; 2 units documented.
- 08/04/2024 8:00 a.m.: BS 467 - Physician should have been called; 4 units documented as administered.
- 08/04/2024 12:00 p.m.: BS 431 - Physician should have been called; 0 units documented as administered.
- 08/04/2024 5:00 p.m.: BS 468 - Physician should have been called; 0 units documented as administered.
- 08/05/2024 8:00 a.m.: BS "Hi" - Physician should have been called; 6 units documented as administered.
- 08/05/2024 12:00 p.m.: BS "Hi" - Physician should have been called; 10 units documented as administered.
- 08/05/2024 5:00 p.m.: BS 316 - 8 units should have been administered; 0 units documented.
- 08/06/2024 8:00 a.m.: BS 451 - Physician should have been called; 8 units documented as administered.
- 08/06/2024 5:00 p.m.: BS "Hi" - Physician should have been called; 0 units documented as administered.
- 08/07/2024 5:00 p.m.: BS 169 - 2 units should have been administered; 0 units documented.
- 08/08/2024 12:00 p.m.: BS 162 - 2 units should have been administered; 0 units documented.

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	0016165	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 582	Continued From page 7 - 08/08/2024 5:00 p.m.: BS 201 - 4 units should have been administered; 0 units documented. - 08/09/2024 8:00 a.m.: BS "Hi" - Physician should have been called; 8 units documented as administered. - 08/09/2024 12:00 p.m.: BS "Hi" - Physician should have been called; 8 units documented as administered. - 08/10/2024 8:00 a.m.: BS "Hi" - Physician should have been called; 8 units documented as administered. - 08/10/2024 12:00 p.m.: BS 238 - 4 units should have been administered; 0 units documented. - 08/10/2024 5:00 p.m.: BS 317 - 8 units should have been administered; 0 units documented. - 08/11/2024 8:00 a.m.: BS 182 - 2 units should have been administered; 0 units documented. - 08/11/2024 12:00 p.m.: BS 182 - 2 units should have been administered; 0 units documented. - 08/12/2024 8:00 a.m.: BS 155 - 2 units should have been administered; 0 units documented. - 08/12/2024 12:00 p.m.: BS "Hi" - Physician should have been called; 0 units documented as administered. - 08/12/2024 5:00 p.m.: BS "Hi" - Physician should have been called; 0 units documented as administered. - 08/13/2024 8:00 a.m.: BS "Hi" - Physician should have been called; 8 units documented as administered. - 08/13/2024 12:00 p.m.: BS 426 - Physician should have been called; 10 units documented as administered. - 08/14/2024 5:00 p.m.: BS 171 - 2 units should have been administered; 0 units documented. - 08/15/2024 8:00 a.m.: BS 505 - Physician should have been called; 10 units documented as administered. - 08/15/2024 12:00 p.m.: BS 171 - 2 units should have been administered; 0 units documented.	M 582		

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M 582	Continued From page 8 - 08/15/2024 5:00 p.m.: BS 317 - 8 units should have been administered; 0 units documented. - 08/16/2024 8:00 a.m.: BS 559 - Physician should have been called; 10 units documented as administered. - 08/16/2024 12:00 p.m.: BS 248 - 4 units should have been administered; 0 units documented. - 08/16/2024 5:00 p.m.: BS 216 - 4 units should have been administered; 0 units documented. - 08/17/2024 8:00 a.m.: BS "Hi" - Physician should have been called; 10 units documented as administered. - 08/17/2024 12:00 p.m.: BS 366 - 10 units should have been administered; 0 units documented. - 08/18/2024 5:00 p.m.: BS 282 - 6 units should have been administered; 0 units documented. - 08/20/2024 8:00 a.m.: BS 552 - Physician should have been called; 10 units documented as administered. - 08/20/2024 12:00 p.m.: BS 307 - 8 units should have been administered; 0 units documented. - 08/20/2024 5:00 p.m.: BS 219 - 4 units should have been administered; 0 units documented. - 08/21/2024 8:00 a.m.: BS 184 - 2 units should have been administered; 0 units documented. - 08/21/2024 12:00 p.m.: BS 304 - 8 units should have been administered; 0 units documented. - 08/21/2024 5:00 p.m.: BS 218 - 4 units should have been administered; 0 units documented. - 08/22/2024 8:00 a.m.: BS 330 - 8 units should have been administered; 6 units documented. - 08/22/2024 12:00 p.m.: BS 186 - 2 units should have been administered; 0 units documented. - 08/23/2024 12:00 p.m.: BS 157 - 2 units should have been administered; 0 units documented. - 08/23/2024 5:00 p.m.: BS 211 - 4 units should have been administered; 0 units documented. - 08/24/2024 8:00 a.m.: BS 515 - Physician should have been called; 10 units documented as administered.	M 582		

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M 582	Continued From page 9 - 08/24/2024 12:00 p.m.: BS 494 - Physician should have been called; 0 units documented as administered. - 08/24/2024 5:00 p.m.: BS 217 - 4 units should have been administered; 0 units documented. - 08/25/2024 5:00 p.m.: BS 308 - 8 units should have been administered; 0 units documented. - 08/26/2024 8:00 a.m.: BS 511 - Physician should have been called; 0 units documented as administered. On 08/29/2024 at 3:00 p.m., Surveyor interviewed Licensee A regarding Resident 1's insulin administration not following the prescribed insulin orders. Licensee A stated it was due to "carelessness." Licensee A stated often caregivers would recheck Resident 1's blood sugar in 30-60 minutes and s/he would no longer require insulin. Licensee A stated there were also times there was a disconnect between orders, administration and documentation due to language barriers. Licensee A stated s/he would now be paying closer attention to Resident 1's insulin administration.	M 582		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule.	Z 014		

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Z 014	Continued From page 10	Z 014		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure all background information obtained on a caregiver was maintained. The provider did not maintain records for 2 of 3 caregivers reviewed. The provider did not have a Background Information Disclosure (BID) on file for Caregiver B or Caregiver C.

Findings include:

According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of:

1) A completed DHS form F-82064, Background Information Disclosure (BID).
2) A response from the Department of Justice (DOJ).
3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS).

On 08/26/2024 at approximately 10:45 a.m., Surveyor reviewed employee records, provided by Licensee A. Employee records identified the following concerns:

- Caregiver B, hired 09/01/2023, did not have a BID on file.
- Caregiver C, hired 11/20/2023, did not have a BID on file.

On 08/26/2024 at approximately 11:00 a.m., Surveyor asked Licensee A if s/he had documentation of completed BIDs for Caregiver B and Caregiver C. Licensee A replied, "No."

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Z 014	Continued From page 11 Licensee A went on to explain that s/he shredded the BIDs because s/he had just printed off blank BID forms for all employees to complete new forms since it was his/her protocol to have BIDs completed annually. Licensee A stated s/he would maintain records and not shred documents in the future.	Z 014		