STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013946	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHEIDLER ADULT FAMILY HOME	30898-130TH AVE BOYD, WI 54726

(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 06/23/2023, Surveyor conducted an abbreviated survey at Scheidler Adult Family Home. Eight deficiencies were identified. Census: 4	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 provide 8 hours of training approved by the department related to the health, safety, welfare, rights and treatment of residents in 2021 and 2022, for 4 of 4 staff records reviewed. Findings include: The provider is licensed to serve up to 4 residents in the client groups advanced aged and developmentally disabled. On 06/23/2023 at 11:00 AM, Surveyor reviewed staff training records for Licensee A, Licensee B,	M 246		

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

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M 246	Continued From page 1 Caregiver C, and Caregiver D. Licensee A, Licensee B, and Caregiver C were hired on 09/10/2012. Caregiver D was hired on 01/05/2022. The training records for Licensee A, Licensee B, Caregiver C, and Caregiver D contained about 6 to 8 trainings each for 2021 and 2022 but did not contain the hours each training took to complete. Each training was a pamphlet with information for staff to read and take a quiz at the end. At 11:20 AM, Surveyor interviewed Licensee A. Licensee A stated that each pamphlet could take staff about 20 minutes to complete, depending on how fast staff read through them. Licensee A confirmed s/he did not write down the amount of time a training pamphlet took to compete. Licensee A stated each staff also completed an annual fire safety course that took about 1 hour to complete. Licensee A stated there was no other trainings for staff in 2021 and 2022. Even with the pamphlets and fire safety course, staff would still not have completed the required 8 hours of annual training in 2021 and 2022.	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 278		

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M 278	Continued From page 2 did not ensure the home was free from hazards and kept uncluttered. Findings include: The provider serves up to 4 residents within one of the following client groups: developmentally disabled and advanced aged. On 06/23/2023, at approximately 9:30 AM, Surveyor toured the environment. A gas furnace and gas water heater were in the lower floor of the facility locked in a storage room. Surveyor observed a few Tupperware containers, paper bag, plastic bags of combustible items, cardboard box, tissue paper, manilla envelopes, and a few other combustibles near the water heater. Surveyor observed a wooden basket and wooden shelf near the furnace. At 9:35 AM, Surveyor interviewed Licensee A. Due to the flammable nature of the items placed too close to the hot water heater, Surveyor shared these concerns with Licensee A. Licensee A stated some of the items were for his/her family member to pick up and this was his/her only storage area downstairs other than the office. Licensee A understood the concerns and said s/he would have the items removed.	M 278		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.	M 348		

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M 348	Continued From page 3 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure fire drills were conducted a least semi-annually. Findings include: On 06/23/2023 at 9:45 AM, Surveyor reviewed the facility's semi-annual fire drills for 2022 and 2023. For 2022, there was only 1 fire drill documented (on 06/28/2022). For 2023, there were no fire drills documented yet. At 9:50 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had not done a fire drill with the residents for 2023. Licensee stated s/he did not know why only 1 fire drill was done in 2022. Licensee A stated fire drills had been something s/he was behind getting done and the residents did not like to do them. Licensee A stated the residents did know where their safe place was in case of an actual fire.	M 348		
M 378	88.06(1)(e) INFORMATION TO DETERMINE SERVICES The licensee shall obtain information from a prospective resident necessary to determine whether the person's needs can be met with the services identified in the home's program statement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a pre-admission assessment for 4 of 4 residents reviewed. Findings include:	M 378		

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M 378	Continued From page 4 On 06/23/2023 at 11:00 AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 04/22/2022. Resident 1's record did not contain a pre-admission assessment. -Resident 2 was admitted to the facility on 09/25/2020. Resident 2's record did not contain a pre-admission assessment. -Resident 3 was admitted to the facility on 09/29/2020. Resident 3's record did not contain a pre-admission assessment. -Resident 4 was admitted to the facility on 08/24/2021. Resident 4's record did not contain a pre-admission assessment. At 11:00 AM, Surveyor interviewed Licensee A about missing pre-admission assessments from resident records. Licensee A stated s/he usually had the potential resident come for a visit for the day to see if they would be a good fit but no formal assessment was completed. Licensee A confirmed s/he did not complete an assessment to determine whether a person's needs can be met with the services identified in the home's program statement.	M 378		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a	M 406		

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M 406	Continued From page 5 manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's and Resident 2's Individual Service Plan (ISP) was developed by the placing agency, the licensee, the resident, and the resident's guardian. Findings include: On 06/23/2023 at 11:00 AM, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 1 was admitted to the provider on 04/22/2022. Resident 1's ISP was dated 09/01/2022. There was no signed signature page found in the record. Resident 2 was admitted to the provider on 09/25/2020. Resident 2's ISP was undated, and the signature page was not signed by the new managed care organization care team. Resident 3 was admitted to the provider on 09/29/2020. Resident 3's ISP was dated 07/13/2021, with no signed signature page found in record. At 12:14 PM, Surveyor interviewed Licensee A. Surveyor asked if Resident 1's, Resident 2's, and Resident 3's ISPs were developed and reviewed with the residents, their guardians, and the placing agencies. Licensee A stated the ISP was completed by the provider and s/he does meet with the care teams every 6 months. Licensee A	M 406		

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M 406	Continued From page 6 stated Resident 1's care team last met on 02/21/2023 and s/he may have forgotten to have them sign the signature page. Licensee A stated Resident 2's care team last met on 01/03/2023 and s/he may have forgotten to have them sign the signature page as well. Licensee A stated s/he did not know where Resident 1's ISP signature page was from the last care team meeting. Licensee A stated sometimes it was difficult to get the ISP signature page signed by the care team. Surveyor asked Licensee A if there was another method s/he could use to send the ISP signature page to the care team. Licensee A stated his/her computer recently had not worked and s/he is waiting for it to get set up. Licensee A stated s/he would make sure the ISP signature pages are signed at the care team meetings.	M 406		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have an assessment that identified residents' needs and abilities in the areas of activities of daily living, medications,	M 408		

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M 408	Continued From page 7	M 408		

health, level of supervision required in the home and community, vocational, recreational, social, and transportation, for 2 of 4 residents residing at the facility.

Resident 1's Individualized Service Plan (ISP) did not identify Resident 1's behavior of taking items from other residents' bedrooms.

Resident 4's ISP did not identify Resident 4's ability to self-supervise for up to 3 hours at a time.

Findings include:

At 10:30 AM, Surveyor observed 2 cameras in the kitchen of the facility by the entrance.

On 06/23/2023 at 10:45 AM, Surveyor interviewed Licensee A. Licensee A discussed Resident 1's behavior of taking items from other residents' bedrooms. Licensee A stated they recently installed 2 cameras downstairs and 2 cameras upstairs in response to Resident 1's behavior. Licensee A stated they have not been able to meet with Resident 1's care team yet to discuss this behavior and how to properly address it. Surveyor asked Licensee A if this behavior was in Resident 1's ISP. Licensee A stated it was not. Licensee A stated s/he hoped Resident 1's care team could meet soon to make a behavioral support plan (BSP). Licensee A stated it was approved by the managed care organization case manager that Resident 4 could be left to self-supervise for up to 3 hours at a time. Licensee A stated Resident 4 was his/her own decision-maker.

On 06/23/2023 at 11:00 AM, Surveyor reviewed Resident 1's and Resident 4's record.

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M 408	Continued From page 8 Resident 1 was admitted to the facility on 04/22/2022. The ISP did not address Resident 1's behavior of taking items from other residents' bedrooms. The ISP did not indicate caregiver methods of intervention when Resident 1 engaged in this behavior and did not include the cameras being used in the facility to monitor Resident 1's behavior. Resident 4 was admitted to the facility on 08/24/2021. The ISP did not address Resident 4's ability to self-supervise for up to 3 hours at one time. Surveyor discussed Resident 1's and Resident 4's ISP with Licensee A. Surveyor stated the behaviors of Resident 1 were not indicated in the ISP. Surveyor also stated the behaviors of Resident 1 needed to be captured in the ISP and be comprehensive to the needs, level of supervision and the overall care for Resident 1 provided by caregivers. Surveyor stated the self-supervision of Resident 4 was not indicated in the ISP. Licensee A agreed the ISPs were not comprehensive and stated they would re-write the ISPs to capture both these needs.	M 408		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the	M 550		

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M 550	Continued From page 9	M 550		

resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 4 of 4 residents had privacy in their home. The provider installed 4 cameras in the home monitoring common living areas downstairs and upstairs.

Findings include:

On 06/23/2023 at 10:30 AM, Surveyor observed 2 cameras in the kitchen of the facility by the entrance.

Surveyor asked Licensee A about the cameras. Licensee A stated they recently installed 2 cameras downstairs and 2 cameras upstairs in response to Resident 1's behavior of taking other residents' items out of their bedrooms. Licensee A stated Resident 1 was admitted in April 2022. Licensee A stated they have not been able to meet with Resident 1's care team yet to discuss this behavior and how to properly address it. Licensee A stated that Resident 1's behavior of taking items from other resident's bedrooms had decreased since the installation of cameras.

Surveyor observed the camera monitor in the kitchen. Surveyor observed 1 camera downstairs was pointing down the hallway with the residents' bedrooms in view. The 2nd camera downstairs was pointing toward the common living area and walk-out patio exit. Surveyor observed 1 camera upstairs was pointing at the kitchen island,

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M 550	Continued From page 10 refrigerator, and dining room area. The 2nd camera upstairs was pointing toward the stairway to the downstairs and garage entrance. Surveyor questioned Licensee A about residents' privacy being violated when video monitoring was being used in common areas. Surveyor noted the provider did not post signs indicating that monitoring or filming was taking place. Licensee A stated s/he thought it was okay since it was not in the residents' bedrooms. Licensee A stated s/he hoped Resident 1's care team could meet soon to make a behavioral support plan (BSP).	M 550		
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 safeguard residents from environmental hazards. The provider's water temperature exceeded 120° Fahrenheit (F) at 3 of 3 sink faucets. The hot water temperatures at the kitchen faucet and two resident bathroom faucets exceeded 120° F.	M 570		

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M 570	Continued From page 11 Findings include: The provider serves up to 4 residents within the client groups of advanced age and developmentally disabled. On 06/23/2023, at approximately 9:30 AM, Surveyor toured the environment. Surveyor tested the hot water temperatures at the following locations within the home: Downstairs bathroom sink - 126.5 °F Upstairs bathroom sink - 130.8 °F Kitchen sink - 131.8°F "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 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." (Source: Publication DHS P-01942 - 08/2017). At 10:00 AM, Surveyor reviewed the water temperature log. All the temperatures were under 115°F and taken at the kitchen sink. Surveyor asked Licensee A to demonstrate how s/he took temperatures at the kitchen sink. Surveyor observed Licensee A hold the manual thermometer tip perpendicular to the water and the water temperature did not go over 115°F. Surveyor demonstrated to Licensee A holding the	M 570		

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M 570	Continued From page 12 thermometer tip down in the water. The temperature read over 130°F. At 12:14 PM, Surveyor interviewed Licensee A. Licensee A stated they had a mixing valve and it had last been adjusted a couple of years ago. Licensee A stated s/he would get someone out to look at the water heater.	M 570		