STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017145	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BISCHEL ADULT FAMILY HOME LLC	214 N MAIN ST CADOTT, WI 54727

(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 08/15/2024, the department conducted a licensure survey at Bischel Adult Family Home. Data collected through 08/16/2024. Four deficiencies were identified. Census: 3	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 facility did not ensure every service provider had been screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing services. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled. On 8/15/2024 at approximately 9:00 AM, Surveyor reviewed staff records and discovered	M 232		

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

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M 232	Continued From page 1 the following: Caregiver C had a hire date of 12/19/2022. Caregiver C's employee record did not contain documentation indicating Caregiver C was screened for communicable disease and did not have a completed TB (tuberculosis) skin test prior to working in the facility. On 8/15/2024, at approximately 10:38 AM Surveyor interviewed Licensee A. Licensee A stated that Caregiver C did not have a health screen completed. S/he thought Caregiver C might have had one completed at her prior place of employment. Licensee A stated s/he will make sure Caregiver C gets one done right away.	M 232		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an evacuation assessment was completed for Resident 1 within 3 days of admission Findings include:	M 344		

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M 344	Continued From page 2 The provider is licensed to care for 4 residents in the client group developmentally disabled. On 8/15/2024 at approximately 8:22 AM, Surveyor reviewed the record of Resident 1. Resident 1 was admitted on 2/14/2020. Resident 1's initial evacuation assessment was dated 3/15/2020, a month after admission. On 8/15/2024 at approximately 10:45 AM, Surveyor interviewed Licensee A and Licensee B. Licensee A acknowledged that evacuation assessments need to be completed within 3 days following placement. S/he will ensure the evacuation assessments are completed timely. The provider did not ensure Resident 1's initial evacuation assessment was completed in a timely manner.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents' ability to evacuate in an emergency was evaluated annually. Findings include:	M 346		

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M 346	Continued From page 3 The provider is licensed to care for 4 residents in the client group developmentally disabled. On 8/15/2024 at approximately 8:22 AM, Surveyor reviewed the records of Resident 1, Resident 2, and Resident 3. Resident 1 was admitted to the facility on 2/14/2020. Resident 1's record indicated Resident 1's emergency evacuation needs were last assessed on 3/15/2020. Resident 2 was admitted to the facility on 12/2017 . Resident 2's record indicated Resident 2's emergency evacuation needs were last assessed on 1/1/2019. Resident 3 was admitted to the facility on 1/1/2018. Resident 3's record indicated Resident 3's emergency evacuation needs were last assessed on 1/1/2019. On 8/15/2024 at approximately 8:30 AM, Surveyor interviewed Licensee A. Licensee A stated she had not updated the evacuation assessments since the initial assessment. Licensee A acknowledged evacuation assessments need to be completed annually or upon change in condition.	M 346		
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	M 378		

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M 378	Continued From page 4 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 3 of 3 residents reviewed. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled. On 8/15/2024 at approximately 8:20AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 2/14/2020. Resident 1's record did not contain a preadmission assessment. -Resident 2 was admitted to the facility on 12/2017. Resident 2's record did not contain a preadmission assessment. -Resident 3 was admitted to the facility on 1/1/2018. Resident 3's record did not contain a preadmission assessment. On 8/15/2024, at 10:48AM, Surveyor interviewed Licensee A and Licensee B about missing preadmission assessments. 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 acknowledged s/he needed to complete an assessment prior to admission and document it.	M 378		