STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016062	A. BUILDING: _____ B. WING _____	R-C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORD ADULT FAMILY HOME	1111 GAMMON LN MADISON, WI 53719

(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 01/29/2024 to 02/01/2024, Surveyor conducted a verification visit and standard survey at Concord Adult Family Home, an AFH in Madison. Two deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. One of two emergency exits were obstructed. Findings include: On 01/29/2024 at approximately 1:30 p.m., Surveyor toured the provider's home with Caregiver B and asked Caregiver B to identify the emergency exits. Caregiver B identified the front door and the door leading to the home's garage as the emergency exits. Surveyor observed Caregiver B unlock the door leading to the garage with a key in order to open the door. Surveyor	M 338		

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
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M 338	Continued From page 1 asked Caregiver B why the door was locked. Caregiver B stated the door was locked because Resident 1 had a history of elopement, so s/he locked the door at night and had forgotten to unlock the door. Surveyor shared concern that locking the door to the garage obstructed an emergency exit. Licensee A then replied, "How else are we supposed to keep [Resident 1] safe? We cannot be up with [him/her] all night."	M 338		
M 356	88.05(6)(a) HOUSEHOLD PETS Pets may be allowed on the premises of an adult family home. Cats, dogs and other pets vulnerable to rabies which are owned by any resident or household member shall be vaccinated as required under local ordinance. A pet suspected of being ill or infected shall be treated immediately for its condition or removed from the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the dog that resided in the home was vaccinated as required. Findings include: On 01/29/2024 at approximately 1:30 p.m., Surveyor toured the provider's home. Surveyor observed a dog, named Bishop, in the home. Surveyor requested the vaccination record for Bishop from Caregiver B, who was a live-in caregiver and owner of the dog. Caregiver B stated s/he needed to follow up with the veterinary clinic. On 01/31/2024 at approximately 2:15 p.m.,	M 356		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016062	A. BUILDING: _____ B. WING _____	R-C 02/01/2024

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M 356	Continued From page 2 Surveyor received documentation from Licensee A that indicated Bishop's rabies vaccation expired 05/16/2023. On 02/01/2024 at approximately 4:15 p.m., Surveyor followed up with Caregiver B. Surveyor discussed that records indicated Bishop was overdue for a rabies vaccination. Caregiver B replied, "Oh. Okay."	M 356		