STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017592	A. BUILDING: _____ B. WING _____	R-C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CREATIVE CARE LLC	2908 TURBOT DRIVE 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 10/10/2023 to 10/11/2023, Surveyor conducted a verification visit at Madison Creative Care LLC, an AFH in Madison. Five deficiencies were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) SPZV11, 09/08/2021, SOD SPZV12, dated 04/08/2022, SOD SPZV13, dated 10/17/2022 and YCIG11, dated 07/24/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 1	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) SPZV12, dated 04/08/2022, SOD SPZV13, dated 10/17/2022 and SOD YCIG11, dated 07/24/2023. Findings include: On 08/10/2023, the provider received a "Notice of Special Orders" from the department that stated,	{M 216}		

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

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{M 216}	Continued From page 1 "Pursuant to Wis. Admin Code DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code DHS 88.04(2)(a), and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. The licensee will correct the deficiencies specified under Wis. Admin. Code DHS 88.04(2)(a) identified in SOD YCIG11 in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis Admin. Code ch.88, Wis. Stat. ch. 50) and knowledge of the client groups served by [provider]. The licensee will provide the consultant with a copy of the SOD YCIG11, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures to address: Individual Service Plan/Assessment ... Health Monitoring ... Medication Management." From 10/10/2023 to 10/11/2023, Surveyor conducted a verification visit, which resulted in 6 deficiencies. The following concerns were identified: Environment: - The home was not clean. One of 2 bathrooms had a thick layer of dust along the trim and a soiled rag, paper products and food particles on the floor. - The home smelt strongly of urine, resulting in staff leaving an exterior door open to "air out" the home. The temperature inside the home was 62 degrees. - Toxic chemicals were accessible.	{M 216}		

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{M 216}	Continued From page 2 - The freezer in the kitchen had food particles on the surface and a bag of fries unsecured. *Environmental concerns are a repeat deficiency. Employees: - Caregiver G's record was not maintained. The record was missing a page of his/her Background Information Disclosure. Resident Care: - Resident 3's ISP did not include his/her level of supervision required. - Resident 3's blood sugar level was not monitored 2 times daily as ordered. *Repeat deficiency. On 10/10/2023 at approximately 9:00 a.m., Surveyor interviewed Resident Coordinator A. Surveyor asked if the provider worked with a consultant following the receipt of SOD YCIG11. Resident Care Coordinator A stated the facility had completed some trainings but did not develop or revise any procedures with a consultant due to the expense. Surveyor asked if a consultant was provided SOD YCIG11, dated 07/24/2023. Resident Coordinator A replied, "No, but staff did complete some trainings." Surveyor reviewed employee records that indicated caregivers received training in medication management and assessments; however, no records did not include documentation of health monitoring. Cross Reference: M0514 DHS 88.09(2)(a) Service Provider Record M0276 DHS 88.05(3)(a) Home Environment M0424 DHS 88.06(3)(f) Review Of ISP M0448 DHS 88.07(2)(b)5. Monitoring Health	{M 216}		

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{M 276}	Continued From page 3	{M 276}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean and well-maintained to provide a homelike environment. This is a repeat deficiency. See Statement of Deficiency (SOD) SPZV11, dated 09/08/2021, SPZV12, dated 04/08/2022 and SOD YCIG11, dated 07/24/2023. Findings include: On 10/10/2023 at approximately 8:15 a.m., Surveyor toured the provider's home. Surveyor observed the following: - One of 2 bathrooms had visible dust along the trim and food crumbs, a soiled rag and paper product on the floor. There was a soiled depend in the garbage causing the bathroom to smell strongly of urine. - The home smelt strongly of urine. Manager F stated the odor was due to Resident 3's incontinence. Manager F went on to explain that Resident 3 had been incontinent on the sofa in the living room and the provider was having the couch removed later that day. Manager F stated to "air out" the home, they left the home's door	{M 276}		

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{M 276}	Continued From page 4 open after Resident 3 left for work. Surveyor observed the door open and the home's temperature was 62 degrees. Manager F stated staff would turn the heat on prior to Resident 3's return to the home. - Toxic chemicals, including Lysol and toilet bowl cleaner, were on counters and accessible in the home. These chemicals were accessible while Resident 3 was home, waiting for his/her ride to day program, when Surveyor first entered the home. - The freezer in the kitchen had food particles on the surface and a bag of fries unsecured. On 10/10/2023 at approximately 9:00 a.m., Surveyor reviewed environmental concerns with Resident Coordinator A. Resident Coordinator A responded, "Okay."	{M 276}		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 individual service plans (ISP) reviewed identified the level of supervision required in the home and in the community. Resident 3's ISP, dated 08/11/2023, did not include his/her need for 1:1 supervision. Findings include:	M 410		

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M 410	Continued From page 5 On 10/10/2023 at approximately 8:15 a.m., Surveyor conducted a verification visit. Surveyor asked Manager F what level of supervision Resident 3 required. Manager F stated Resident 3 required 1:1 supervision and showed Surveyor an email, dated 03/23/2022, that indicated Resident 3's [managed care organization] proposed Resident 3 receive 68 hours per week of enhanced staffing - 10 hours [Monday-Friday] and 14 hours [Saturday-Sunday]." Manager F stated Resident 3 required the 68 hours of 1:1 staffing. On 10/10/2023 at approximately 8:45 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 08/08/2022. Resident 3 had a legal guardian. Resident 3's ISP, dated 08/11/2023, did not identify his/her need for 1:1 supervision. On 10/10/2023 at approximately 9:00 a.m., Surveyor reviewed concern with Resident Coordinator A that Resident 3's ISP did not include his/her need for 1:1 supervision. Resident Coordinator A replied, "Okay."	M 410		
{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 1 residents reviewed was monitored. Resident 3's	{M 448}		

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{M 448}	Continued From page 6 blood sugar was not monitored 2 times daily as ordered. This is a repeat deficiency. See Statement of Deficiency (SOD) SPZV13, dated 10/17/2022 and YCIG11, dated 07/24/2023. Findings include: On 10/10/2023 at approximately 8:15 a.m., Surveyor conducted a verification visit. On 10/10/2023 at approximately 8:45 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 08/08/2022 with diagnoses of dementia. Resident 3 had a legal guardian. Resident 3's physician orders included "Test blood glucose twice daily (Start Date: 08/06/2021)." Surveyor observed the "Blood Sugar Log," dated 10/01/2023 to 10/10/2023, documented 1 blood sugar per day, taken in the morning. Surveyor asked Manager F if staff checked Resident 3's blood sugar 2 times daily. Manager F replied, "No. I thought [blood sugar checks] were 1 time per day." On 10/10/2023 at approximately 9:00 a.m., Surveyor reviewed concern with Resident Coordinator A that Resident 3's blood sugar was not monitored 2 times daily as ordered. On 10/11/2023 at approximately 3:00 p.m., Resident Coordinator A provided Surveyor with a physician order, dated 10/11/2023, for blood sugar checks 1 time per day. Resident Coordinator A stated s/he understood blood sugars should have been checked 2 times daily prior to receiving the 10/11/2023 order and that Surveyor's finding was a learning experience for the provider.	{M 448}		

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M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 1 of 3 service provider records was maintained. Caregiver G's background check was incomplete. Findings include: On 10/10/2023 at approximately 8:30 a.m., Surveyor reviewed employee records with Manager F. Manager F informed Surveyor Caregiver G's date of hire was 08/19/2023. Surveyor reviewed Caregiver G's record and was only able to locate page 1 of the background information disclosure (BID). Surveyor asked Manager F if s/he had a complete BID for Caregiver G. Manager F reviewed his/her records and was unable to locate the second page of Caregiver G's BID.	M 514		