Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009927	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOPPNOW ADULT FAMILY HOME	**2426 N APPLETON ST APPLETON, WI 54911**

(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 10/05/2023, Surveyor conducted a complaint investigation and standard survey. Complaint was unsubstantiated. 2 deficiencies were identified.	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure each smoke detector was tested monthly to ensure operation. Findings include: On 10/05/2023 at approximately 9:50 AM, Surveyor requested smoke detector test documentation. On 10/05/2023 at approximately 10:20 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he was not doing monthly smoke detector testing as typically s/he just changes the batteries when the clocks are set ahead or behind for daylight savings time. Licensee A stated s/he was not aware that the smoke detectors had to	M 336		

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

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M 336	Continued From page 1 be tested monthly.	M 336		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Resident 1 had an individual service plan developed within 30 days after placement. Findings include: On 10/05/2023 at approximately 10:00 AM, Surveyor requested Resident 1's facility file. Surveyor reviewed Resident 1's facility filed and noted there was not an individual service plan located in the facility file. Resident 1 was admitted to the facility on 02/01/2023. On 10/05/2023 at approximately 10:15 AM, Surveyor interviewed Licensee A. Licensee A stated there was not an individual service plan for Resident 1. Licensee A stated s/he had gotten behind on some of the required paperwork due to health reasons. Licensee A stated s/he would make sure it got done immediately.	M 404		