STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013525	A. BUILDING: _____ B. WING _____	R 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED FAMILY HOME	1717 SOUTHERN RIDGE TRL 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 On 05/02/2025, with information gathered through 05/07/2025, Surveyor conducted a verification visit at Advanced Family Home. Nine deficiencies were identified. Eight of 9 deficiencies were repeat violations (see Statement of Deficiencies (SOD) ZV0Q11, SOD QSL411, SOD PNH412, SOD PNH411. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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, record review, and interview, the provider did not maintain a safe, clean, and homelike environment. This deficiency is being cited for a fifth time. See Statement of Deficiency (SOD) ZV0Q11, dated 09/11/2024, QSL411, dated 09/23/2022, SOD PNH412, dated 04/24/2019, and SOD PNH411, dated 07/06/2018. Findings include: The provider is licensed to serve up to 4 residents	{M 276}		

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

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{M 276}	Continued From page 1 within the client groups: physically disabled, developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, terminally ill, and traumatic brain injury. On 05/02/2025, at approximately 4:15 PM, Surveyor toured the home and observed the following: Resident 2's Bedroom and Bathroom: -Bedroom floor, appeared to be a linoleum material, showed signs of built-up dirt and appeared to need mopping. -Bathroom floor had the appearance of dirt build up and needed to be mopped -White shower chair was covered in a brownish dried on substance throughout the chair. -Bathroom sink basin showed dried on streaks from numerous uses. -Bathroom vanity had various spilled on substances. A roll of white toilet paper was sitting on vanity that appeared to have a brownish tint. -Toilet seat had feces like substance smeared around. -Toilet bowl had a brown ring along with brownish dried on streaks. Surveyor interviewed Resident 2 and asked if s/he was responsible for the housekeeping of his/her room. Resident 2 stated s/he was but also received assistance from Licensee A. Kitchen: -Microwaves had what appeared to be food crumbs lying on the glass turntable. There appeared to be dried on food covering the interior of the microwave. -Countertops were cluttered with clean and dirty dishes, food items, appliances. -Dishes and pans are stacked up on the floor between stove and island.	{M 276}		

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{M 276}	Continued From page 2 - Kitchen floor where the floor met the cupboards was soiled with food particles and other debris. -Range hood was covered with grease and dark particles. -Kitchen's garbage can exterior was soiled with splatters. Bathroom located off Kitchen: -Cobwebs were hanging from the ceiling and on the walls. -Toilet had dirt debris buildup along foot of toilet. -Flooring around toilet appeared to have a yellowish color build up along with dirt and hair. -Bathroom sink basin showed dried on streaks from numerous uses. -Bathroom vanity had various spilled on substances. -Cleaning compounds were stacked up along the wall, on the floor. -Flooring throughout bathroom appeared to have a dirt grease like buildup and appeared to need mopping. Common Area: -Flooring along the patio doors displayed what appeared to be foot traffic dirt build up. On 05/02/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 02/2021. Resident 2's individual service plan, dated 04/01/2024, documented: "Hygiene: Member can participate I household chores such as sweeping and cleaning the bathroom if [s/he] is cued through the process." On 05/02/2025, at approximately 4:45 PM, Surveyor interviewed Co-Licensee B.	{M 276}		

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{M 276}	Continued From page 3 Co-Licensee B thanked Surveyor for his/her assistance. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments.	{M 276}		
{M 326}	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 1 of 2 resident (Resident 2). This is a repeat deficiency. See Statement of Deficiency (SOD) ZV0Q11, dated 09/11/2024. Findings Include: The provider is licensed to serve up to 4 residents within the client groups: physically disabled, developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, terminally ill, and traumatic brain injury. On 05/02/2025, at approximately 4:10 PM, Surveyor observed Resident 2 in his/her room. When Surveyor walked into his/her room, Surveyor observed Resident 2's bed to be sunken	{M 326}		

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{M 326}	Continued From page 4 in the middle. Resident 2 explained that his/her bedframe used to broke but [Licensee A] fixed it. Surveyor observed a piece of particle board placed between the box spring and the mattress. On 05/02/2025, at approximately 4:45 PM, Surveyor interviewed Co-Licensee B. Co-Licensee B thanked Surveyor for his/her assistance. On 05/07/2025, at approximately 9:10 AM, Surveyor interviewed managed care organization (MCO) Care Manager (CM) F. CM F stated the provider was responsible for providing an adequate bed. CM F stated Resident 2's current bed was unacceptable. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments.	{M 326}		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's (Resident 2) bed linen was maintained in a clean condition.	M 328		

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M 328	Continued From page 5 Findings include: The provider is licensed to serve up to 4 residents within the client groups: physically disabled, developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, terminally ill, and traumatic brain injury. On 05/02/2025, at approximately 4:10 PM, Surveyor observed Resident 2 in his/her room. Resident 2's mattress was covered with a loose-fitting sheet that appeared to be once be white but now was a solid brownish cream color. Resident 2's bed did not contain a top sheet. Resident 2's blanket was rolled up in a ball onto the middle of the bed and smelled strongly of body odor. The laundry baskets were overflowing with laundry giving the room a body odor like scent. Surveyor interviewed Resident 2 and asked if s/he was responsible for his/her laundry. Resident 2 stated s/he was but also received assistance from Licensee A. On 05/02/2025, Surveyor reviewed Resident 2's record. Resident 2's individual service plan, dated 04/01/2024, documented: "Hygiene: Staff assist with laundry tasks to ensure the member has access to clean clothing and bedding." On 05/02/2025, at approximately 4:45 PM, Surveyor interviewed Co-Licensee B. Co-Licensee B thanked Surveyor for his/her assistance. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings.	M 328		

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M 328	Continued From page 6 On 05/07/2025, at approximately 9:10 AM, Surveyor interviewed managed care organization (MCO) Care Manager (CM) F. CM F stated s/he would follow up with Resident 2 and the provider to determine who was responsible for his linens and bedding. CM F stated Resident 2's bedding was unacceptable. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments from Licensee A.	M 328		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident records reviewed had an admission agreement completed, dated and signed by the resident, guardian or designated representative and provider prior to admission. Resident 4's admission agreement was not signed by the provider.	M 384		

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M 384	Continued From page 7 Findings include: On 05/02/2025, Surveyor reviewed Resident 6's record. Resident 6 moved into the home, 11/04/2024, and was represented by Guardian D. Resident 6's "Pre-Admission" form documented that s/he had the cognition of a 3 year old. Resident 6's record contained an admission agreement that was signed by Resident 6 on 11/04/2024. The provider and Guardian D did not sign the admission agreement. On 05/02/2025, at approximately 4:50 PM, Surveyor interviewed Co-Licensee B. Co-Licensee B stated Resident 6 was capable of signing his/her documentation. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. On 05/05/2025, at approximately 5:00 PM, Surveyor interviewed managed care organization (MCO) Care Manager (CM) E. CM E stated Resident 6 had the mentality of a 3 to 5 year old and would not understand an admission agreement. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments from Licensee A.	M 384		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and	M 406		

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M 406	Continued From page 8	M 406		

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 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 the Individual Service Plan (ISP) for 2 of 2 residents (Resident 5 and Resident 6) were developed together with the placing agency and the provider.

Findings include:

On 05/02/2025, Surveyor reviewed Resident 5's and Resident 6's record.

Example 1: Resident 5

Resident 5 moved into the home 10/29/2024 and was represented by Power of Attorney (POA) I and managed care organization (MCO) Care Manager (CM) H.

Resident 5's ISP, dated 11/01/2024, was not signed by CM H or POA I.

Example 2: Resident 6

Resident 6 moved into the home 11/01/2024 and was represented by Guardian G and MCO CM E

Resident 6's ISP, dated 11/01/2024, was not

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M 406	Continued From page 9 signed by Guardian G or CM E. On 05/02/2025, at approximately 4:50 PM, Surveyor interviewed Co-Licensee B. Surveyor asked if these were the current ISPs for the residents. Co-Licensee B said, "Yes," and pointed to the documents. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. On 05/05/2025, at approximately 5:00 PM, Surveyor interviewed CM E. CM E stated s/he did not have a current ISP for Resident 6. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments from Licensee A.	M 406		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	{M 424}		

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{M 424}	Continued From page 10	{M 424}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 2) Individual Service Plans (ISP) was reviewed at least once every six months by the licensee, the resident and/or resident's guardian, and the placing agency.

This is a repeat deficiency. See Statement of Deficiency (SOD) ZV0Q12.

Findings include:

On 05/02/2025, at approximately 4:20 PM, Surveyor and Co-Licensee B reviewed Resident 2's record.

Resident 2 moved into the home in 02/2021 and is his/her own person. Resident 2 had a managed care organization (MCO) Care Manager (CM) F.
Resident 2's record contained an ISP dated 04/01/2024 and was not signed by the provider or CM F.
Resident 2's ISP was due to be reviewed in 08/2024, and 02/2025.

Surveyor asked Co-Licensee B if Resident 2's current ISP was in the provided binder.
Co-Licensee B stated "Yes," and pointed to the binder.

On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings.

On 05/07/2025, at approximately 9:10 AM, Surveyor interviewed CM F. CM F stated s/he did

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{M 424}	Continued From page 11 not have a current ISP for Resident 2. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments from Licensee A.	{M 424}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not securely store medications or store medications as specified by the pharmacist for 1 of 1 resident. This is a repeat violation. See Statement of Deficiencies (SOD) PNH411, dated 07/06/2018, SOD PNH412, dated 04/24/2019, and SOD QSL411, dated 09/23/2022. Resident 5 had a bag of Ondansetron with an expiration date of 11/28/2024, a blister card of Ondansetron with an expiration date of 03/04/2025, and a blister card of Loperamide with an expiration date of 03/06/2025 stored with	M 458		

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M 458	Continued From page 12 his/her current medications. Findings include: On 05/02/2025, at approximately 4:20 PM, Surveyor and Co-Licensee B observed Resident 5's medications in the med closet. Resident 5's medications were kept in a box on a shelf. Surveyor observed a bag of Ondansetron with an expiration date of 11/28/2024, a blister card of Ondansetron with an expiration date of 03/04/2025, and a blister card of Loperamide with an expiration date of 03/06/2025 stored with his/her current medications. Surveyor commented to Co-Licensee B that these medications were expired and should not be stored with the current medications. Co-Licensee B stated, "Yes." On 05/02/2025, Surveyor reviewed Resident 5's record. Resident 5 moved into the home 10/29/2024. Resident 5's April Medication Administration Record (MAR) which documented: Loperamide - Take 2 capsules after first loose stool, then take 1 capsule after each next loose stool. Ondansetron - Take 1 tablet orally every eight hours as needed for nausea or vomiting. On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments.	M 458		

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{M 474}	Continued From page 13	{M 474}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator that were not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) QSL411, dated 09/23/2022, and SOD ZV0Q11, dated 09/11/2024. Findings include: The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's, terminally ill, physically disabled and developmentally disabled. On 05/07/2025, at approximately 4:30 PM, Surveyor toured the kitchen and observed the following: Refrigerator: -A plastic container of strawberries that showed signs of spoilage -An individual cup of mangos that was not sealed or dated. Freezer:	{M 474}		

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ADVANCED FAMILY HOME	1717 SOUTHERN RIDGE TRL MADISON, WI 53719

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{M 474}	Continued From page 14 -A package of breakfast sausages that were not sealed. Surveyor noted when s/he opened the refrigerator and freezer doors, the refrigerator and freezer were so packed with food and food containers, that it appeared items would fall out if the stacking was disturbed. The refrigerator's 2 bottom drawers and 3 top shelves were over filled with food. On 05/02/2025, at approximately 4:45 PM, Surveyor interviewed Co-Licensee B. Surveyor asked what was for the evening meal. Co-Licensee B did not have a response. Surveyor walked over to the refrigerator and commented that the refrigerator was so packed that s/he was unable to determine what food was available for dinner except bread and eggs. Co-Licensee B did not respond. On 05/05/2025, at approximately 5:00 PM, Surveyor interviewed managed care organization (MCO) Care Manager (CM) E. CM E stated s/he had discussed the meals with Resident 6, who stated s/he is served a lot of rice. "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013525	A. BUILDING: _____ B. WING _____	R 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED FAMILY HOME	1717 SOUTHERN RIDGE TRL MADISON, WI 53719

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{M 474}	Continued From page 15 held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17) "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3) On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings. As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments. On 05/07/2025 at 4:01 PM, Resident 6's managed care organization (MCO) Care Manager (CM) E emailed Surveyor and stated that s/he had been out to the home on 05/06/2025 and confirmed what the Surveyor had saw. The refrigerator and freezer were "stuffed" with food making it difficult to determine what food was inside. Cross Reference: M0276 88.05(3)(a) Home Environment	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013525	A. BUILDING: _____ B. WING _____	R 05/07/2025

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M 582	Continued From page 16	M 582		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received prescribed medications. Resident 5 did not receive his/her scheduled Gabapentin (anticonvulsant and nerve pain medication)and Celecoxib (anti-inflammatory medication) as prescribed. Findings include: On 05/02/2025, at approximately 4:20 PM, Surveyor and Co-Licensee B observed Resident 5's medications in the med closet. Resident 5's medications were kept in a box on a shelf. Surveyor observed loose packs of medication blister bubbles of Gabapentin for 02/26/2025 (8:00 AM, 2:00 PM, 8:00 PM) and the 8:00 PM 02/22/2025 dose in the box. Surveyor observed loose packs of medication blister bubbles of Celecoxib 5:00 PM dose for 01/11/2025 and 02/28/2025. Surveyor observed several other loose blister bubbles of medications. Surveyor asked	M 582		

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 582	Continued From page 17	M 582		

Co-Licensee B why these medications were lying loose in the box of medications; why were the medications not administered. Co-Licensee B showered Surveyor the Medication Administration (MAR) logs and stated Licensee A documented med administration.

On 05/02/2025, Surveyor reviewed Resident 5's record.

Resident 5 moved into the home 10/29/2024.

Resident 5's January and February MARs which documented:
"Celecoxib 200 MG (milligram) capsule - Take 1 capsule orally twice daily. Scheduled at 8:00 AM and 5:00 PM. Start Date: 10/21/2024."
The MARs documented all med opportunities were administered.
"Gabapentin 100 MG capsule - Take 1 capsule orally once daily at bedtime.
The MARs documented all med opportunities were administered.

On 05/04/2025 at 4:54 PM, Surveyor emailed Licensee A with a summary of findings.

As of 05/07/2025 at 1:00 PM, Surveyor did not receive any additional comments.