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 08/01/2025

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 08/01/2025, Surveyor conducted a verification visit at Advanced Family Home. Six deficiencies were identified. Five of 6 deficiencies were repeat violations (see Statement of Deficiencies (SOD) ZV0Q12, SOD ZV0Q11 and QSL411). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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, and SOD ZV0Q12, dated 05/07/2025. 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.	{M 326}		

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

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{M 326}	Continued From page 1 On 08/01/2025, at approximately 2:30 PM, Surveyor and Co-Licensee B observed Resident 2 in his/her room. When Surveyor walked into his/her room, Surveyor observed Resident 2's bed to be sunken in the middle and leaning towards the wall. Surveyor pulled the blanket back and noted the springs in the mattress, that was stacked on top of another mattress, could be seen. Surveyor pressed down on the mattress and could feel each spring. Co-License B also touched the mattress. Co-Licensee B stated, "Yes, it is a mattress, not a box spring." Surveyor asked Co-Licensee B if the springs should be detectable when touching the mattress, which was not a box spring. Co-Licensee B stated it was a mattress.	{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. This is a repeat deficiency. See Statement of Deficiency (SOD) ZV0Q12, dated 05/07/2025. Findings include:	{M 328}		

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{M 328}	Continued From page 2 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 08/01/2025, at approximately 2:30 PM, Surveyor and Co-Licensee B observed Resident 2 in his/her room. When Surveyor walked into Resident 2's room, Surveyor could smell a strong body odor like scent. Resident 2's bed was made. Surveyor had pulled back his/her covers to observe the bed linens. The bedsheet had a black crumbly material, that looked like coffee grounds, lying throughout on top of the sheet. The sheets and comfortor contained a strong body odor like scent and did not feel clean to the touch. Surveyor asked for clarification on why Resident 2's bedding did not appear to be clean. Co-Licensee B informed Resident 2 that s/he needed to keep his/her room clean. On 08/01/2025, Surveyor reviewed Resident 2's record. Resident 2's ISP, dated 06/02/2025, documented: "Laundry - Full Care" "Household Tasks - Cleaning Room - Full Care" On 08/02/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Surveyor discussed the concerns regarding the cleanliness of the resident rooms and that the room had the scent of body odor and the bedding did not appear to be clean. Licensee A stated s/he was always cleaning and Resident 2 had a history of body odor. Licensee A stated s/he would continue to improve and thanked Surveyor for his/her teaching.	{M 328}		

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{M 328}	Continued From page 3 Cross Reference: M0326 DHS 88.05(3)(n)1. Bed-Clean, Good Condition, Proper Size	{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. This is a repeat deficiency. See Statement of Deficiency (SOD) ZV0Q12, dated 05/07/2025. Guardian G did not sign Resident 6's admission agreement. Findings include: On 08/01/2025, Surveyor reviewed Resident 6's record.	{M 384}		

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{M 384}	Continued From page 4 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. Guardian D did not sign the admission agreement. On 08/01/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Surveyor stated Resident 6's admission agreement had not been updated to include Guardian D's signature. Licensee A stated s/he would review Resident 6's record.	{M 384}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and 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 1 of 2 residents (Resident 2) was developed together with the placing agency and	{M 406}		

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{M 406}	Continued From page 5 the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) ZV0Q12, dated 05/07/2025. Findings include: On 08/01/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home in 02/2021 and was his/her own person. Resident 2 had a managed care organization (MCO) Care Manager (CM) F. Resident 2's record contained an ISP dated 06/02/2025 and was not signed by CM F. Surveyor observed a handwritten first name on the document and Licensee A stated that was Resident 2's new CM signature. Licensee A then stated s/he did not know the name of Resident 2's new CM. Surveyor reviewed Resident 2's record and located a business card that listed CM J's contact information, which did not match the printed first name on the ISP.	{M 406}		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, record review and	M 436		

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M 436	Continued From page 6	M 436		

interview, the provider did not ensure provisions of services as specified in the Individual Service Plan (ISP) for 2 of 2 residents reviewed.

Resident 2's and Resident 5's rooms were not provided housekeeping as identified in their ISP. Resident 2 was not provided laundry services as identified in his/her ISP.

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 08/01/2025, at approximately 2:30 PM, Surveyor arrived at the home and upon entrance detected a strong stale body odor like scent emanating throughout the home. Surveyor toured the home with Co-Licensee B and observed:

Example 1: Resident 2

Resident 2's Bedroom and Bathroom:
-Bedroom and bathroom floor, appeared to be a linoleum material, showed signs of built-up dirt and appeared to need mopping.
-Bathroom sink basin showed dried on what appeared to be soap streaks from numerous uses. Coffee grounds sprinkled throughout the sink. (Automatic coffee maker was sitting on the sink vanity).
-Bathroom vanity had various spilled on substances.
-Toilet seat had feces like substance smeared around.
-Toilet bowl had a brown ring along with brownish

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dried on streaks.
-Soiled laundry stacked on the bathroom floor and an overflowing laundry basket of soiled clothing in the bedroom.
-The room had a strong body odor like scent emanating throughout.
Co-Licensee B spoke to Resident 2 and stated s/he needed to keep his/her room clean.
Surveyor asked Co-Licensee B if s/he was to provide guidance/cueing to assist Resident 2 with cleaning his/her room. Co-Licensee B stated Resident 2 can keep his/her room clean.

On 08/01/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 02/2021.

Resident 2's ISP, dated 06/02/2025, documented:
"Laundry - Full Care"
"Household Tasks - Cleaning Room - Full Care"

Example 2: Resident 5

Resident 5's Bedroom and Bathroom:
-Garbage can contained several soiled disposable undergarments.
-Toilet seat had feces like substance smeared around.
-Toilet bowl had a brown ring along with brownish dried on streaks.
-Bedroom and bathroom floor, appeared to be a linoleum material, showed signs of built-up dirt and appeared to need mopping.

Co-Licensee B stated that Resident 5 cannot do anything his/herself.

On 08/01/2025, Surveyor reviewed Resident 5's record.

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M 436	Continued From page 8 Resident 5 moved into the home 10/29/2024. Resident 5's ISP, dated 06/25/2025, documented: "Household Tasks - Cleaning Room - Full Care" On 08/02/2025, at approximately 3:30 PM, Surveyor interviewed Licensee A and Co-Licensee B. Surveyor discussed the concerns regarding the cleanliness of the resident rooms. Licensee A stated s/he would continue to improve and thanked Surveyor for his/her teaching.	M 436		
{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 and freezer 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, SOD ZV0Q11, dated 09/11/2024, and SOD ZV0Q12, dated 05/07/2025. Findings include:	{M 474}		

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{M 474}	Continued From page 9 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 08/01/2025, at approximately 3:30 PM, Surveyor and Licensee A observed the refrigerator and freezer which displayed: 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. The freezer shelves were packed solid, and it was difficult to remove items to determine what was in the freezer. Surveyor asked Licensee A if s/he was able to determine what food should have been disposed of. Licensee A stated s/he struggled to throw out food but s/he would clean out the refrigerator and freezer before the Surveyors next visit. Surveyor and Licensee A attempted to review food items in the freezer: -An unsealed bag of what appeared to be sausage links, with a package date of 02/24/2025 -An unsealed bag of turkey slices, with a sell-by date of 05/15/2025 -An unsealed bag of pepperoni slices -An unsealed bag of pepperoni slices with onions and black olives -An unsealed bag of cheese -An unsealed bag of uncured soppressata Licensee A stated s/he would clean out the refrigerator and freezer and ensure the food was	{M 474}		

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{M 474}	Continued From page 10	{M 474}		

dated and packaged appropriately. Licensee A stated it would be ready for Surveyor's next visit.

"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 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)

"Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the

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{M 474}	Continued From page 11 freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - August 2, 2025).)	{M 474}		