STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019412	A. BUILDING: _____ B. WING _____	C 09/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAAB HOME CARE LLC	5906 MEADOWOOD DRIVE MADISON, WI 53711

(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 09/08/2023, Surveyor conducted a complaint investigation at Saab Home Care LLC. Two deficiencies were identified. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not report to the Department within 24 hours, a significant change in Resident 1's condition when s/he had a change in condition resulting in hospitalization. Findings include: On 08/29/2023, the Department received a complaint alleging a resident had experienced a change in condition and there was a delay in medical treatment. On 09/08/2023, at approximately 9:30 AM, Surveyor observed staff assist Resident 1 to the dining room table. Resident 1 was unsteady with	M 134		

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

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M 134	Continued From page 1 his/her ambulation. Surveyor spoke with Resident 1 and Resident 1 did not communicate. Licensee A stated that Resident 1 had suffered a stroke and was still weak from the incident. On 09/08/2023, Surveyor reviewed Resident 1's record. Resident 1's record contained an email, dated 07/11/2023, to Resident 1's Power of Attorney B and managed care organization care manager that stated: "[Resident 1] woke up, [s/he] had trouble getting out of the bed. We helped [him/her] up to [his/her] feet and assisted [him/her] to the kitchen table. While we're walking there, [s/he] said [his/her] left leg was hurting and felt numb. We took [him/her] to the emergency room ..." Resident 1's record contained an "After Hospital Care Plan," dated 07/12/2023, which documented: "You were hospitalized for a stroke." On 09/08/2023, Surveyor reviewed the Department file and did not find any written report that Resident 1 had experienced a medical emergency.	M 134		
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.	M 404		

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M 404	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement (Resident 1, Resident 2, and Resident 3). Current census is 3. Findings include: On 09/08/2023, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 was admitted to the facility 03/31/2023. Resident 1's record did not contain an ISP. Resident 1's record contained a managed care organization (MCO) "Behavioral Support Plan," dated 06/29/2023. Surveyor noted the MCO plan did not identify the level of supervision required in the home and community, description of services provided by outside agencies, identification of who will monitor the plan, and a statement of agreement with the plan, dated and signed by all persons involved in developing the plan. Resident 2 was admitted to the facility 06/17/2023. Resident 2's record did not contain an ISP. Resident 2's record contained a MCO "Member Centered Plan," dated 12/01/2022. Surveyor noted the MCO plan did not identify the level of supervision required in the home and community, description of services provided by outside agencies, identification of who will monitor the plan, and a statement of agreement with the plan, dated and signed by all persons involved in developing the plan.	M 404		

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M 404	Continued From page 3 Resident 3 was admitted to the facility 03/30/2023. Resident 3's record did not contain an ISP. Resident 3's record contained a MCO "Service Plan," undated. Surveyor noted the MCO plan did not identify the level of supervision required in the home and community, description of services provided by outside agencies, identification of who will monitor the plan, and a statement of agreement with the plan, dated and signed by all persons involved in developing the plan. On 09/08/2023, at approximately 9:15 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had utilized the MCO documentation as the residents ISP. Surveyor and Licensee A discussed the requirements of an ISP. Licensee A stated s/he would create individualized service plans for the residents.	M 404		