STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019520	A. BUILDING: _____ B. WING _____	C 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEMPE FACILITY	7111 TEMPE DR 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 05/07/2025, Surveyor conducted a complaint investigation and standard survey at Tempe Facility, an AFH in Madison. Five deficiencies were identified. The complaint was unsubstantiated. Census: 2	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 and interview, the provider did not ensure the home was well-maintained and provided a homelike environment. A resident's room had plywood walls, a closet had a hole in it, a toilet paper holder was broken off and missing and kitchen cabinetry was broken. Findings include: On 05/07/2025 at approximately 10:30 a.m., Surveyor toured the provider's home. The following concerns were identified: - Resident 1's walls were covered in plywood boards. *Resident 1's individual service plan (ISP) did not address the need for plywood walls. - The provider's linen closet door on the 2nd floor	M 276		

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

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M 276	Continued From page 1 had a hole, approximately 2 inches x 2 inches. - The provider's toilet paper dispenser on the 2nd floor was broken off and missing. - Two drawers and two cabinets in the provider's kitchen were broken and did not have the ability to close. On 05/07/2025 at approximately 11:00 a.m., Surveyor shared the above environmental concerns with Licensee A. Licensee A stated Resident 1's room had plywood rather than drywall due to his/her behaviors. Licensee A stated s/he could paint the wood to make the room more homelike. Licensee A stated the hole in the linen closet was due to resident behaviors. Licensee A stated Resident 2, who discharged the week prior, broke the toilet paper holder. Licensee A stated the kitchen cabinets and drawers had recently broke and s/he was going to repair them.	M 276		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 3 residents reviewed were immediately evaluated, using the	M 344		

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M 344	Continued From page 2 department's form, upon admission to the home to determine whether they could evacuate the home without any help within 2 months. Resident 1 had not had his/her ability to evacuate the home evaluated using the department's form. Resident 2 did not have his/her ability to evacuate the home using the department's form evaluated until greater than 3 months after his/her admission. Findings include: On 05/07/2025 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns with evacuation assessments: - Resident 1 was admitted to the provider's home on 11/11/2024. Resident 1's record did not include an evacuation evaluation using the department's form. - Resident 2 was admitted to the provider's home on 06/16/2024. Resident 2's evacuation evaluation was dated 09/27/2024, greater than 3 months after his/her admission. On 05/07/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that Resident 1 and Resident 2 did not have their ability to evacuate the home immediately evaluated upon admission. Licensee A acknowledged Surveyor's concern and stated s/he thought the evaluation needed to be completed within the first 6 months.	M 344		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home	M 380		

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M 380	Continued From page 3 receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 1 of 3 residents reviewed was screened for communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission. Resident 2 did not have a tuberculosis test completed until greater than 6 months after his/her admission to the provider's home. Findings include: On 05/07/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 06/16/2024. Resident 2's communicable disease screen, including tuberculosis test, was completed 01/17/2025, greater than 6 months after his/her admission. On 05/07/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that Resident 2's communicable disease screen, including tuberculosis test, was not completed within 90 days prior to admission or 7 days after admission. Licensee A acknowledged concern and stated Resident 2 was emergently placed at	M 380		

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M 380	Continued From page 4 the home and his/her communicable disease screen was delayed.	M 380		
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 2 of 3 residents reviewed had a service agreement completed prior to admission. Resident 1 and Resident 2's service agreements were completed after they had admitted to the provider's home. Findings include: On 05/07/2025 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns with admission agreements: - Resident 1 was admitted to the provider's home on 11/11/2024. Resident 1 had a legal guardian. Resident 1's admission agreement was signed and dated 12/05/2024.	M 384		

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M 384	Continued From page 5 - Resident 2 was admitted to the provider's home on 06/16/2024. Resident 2 was his/her own decision maker. Resident 2's admission agreement was signed and dated 12/03/2024. On 05/07/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that Resident 1 and Resident 2's service agreements were not completed prior to admission. Licensee A acknowledged Surveyor's concern and stated Resident 1's was "a little late" and Resident 2's was delayed due to a change with his/her case manager.	M 384		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 3 residents reviewed had a written order from their physician permitting the provider's staff to administer medications. The provider's staff administered medications to Resident 1 and Resident 2 prior to receiving a written physician order permitting the provider's	M 464		

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M 464	Continued From page 6 staff to administer medications. Findings include: On 05/07/2025 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns with physician orders: - Resident 1 was admitted to the provider's home on 11/11/2024. Resident 1's record indicated the provider's staff was responsible for administering medications. Resident 1's physician order permitting the provider's staff to administer medications was dated 12/09/2024, 28 days after his/her admission to the home. - Resident 2 was admitted to the provider's home on 06/16/2024 and discharged 04/30/2025. Resident 2's record indicated the provider's staff was responsible for administering medications. Resident 2's physician order permitting the provider's staff to administer medications was dated 01/17/2025, greater than 6 months after his/her admission to the home. On 05/07/2025 at approximately 11:00 a.m., Surveyor shared concern with Licensee A that Resident 1 and Resident 2's physician orders permitting the provider's staff to administer medications were received after the provider's staff had already been administering medications. Licensee A acknowledged Surveyor's concern and stated the orders were a bit delayed.	M 464		