STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018521	A. BUILDING: _____ B. WING _____	08/26/2024

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RANDLES HOMECARE	626 BURDETTE CT MADISON, WI 53713

(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 From 08/22/2024 to 08/26/2024, Surveyor conducted a standard survey at Randles Homecare, an AFH in Madison. Nine deficiencies of DHS Chapter 88 and one deficiency of DHS Chapter 50 were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) U6O511, dated 05/16/2022. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or	M 114		

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

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M 114	Continued From page 1 activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed at the time of hire for 1 of 3 caregivers reviewed. The provider did not conduct a complete background check for Caregiver D at the time of hire. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor requested employee records from Administrator A. Administrator A stated s/he was out of town and had the employee records at his/her home. Administrator A stated all employee records would need to be provided later that evening. Administrator A was only able to provide Surveyor with employee names at that time. On 08/22/2024 at approximately 3:45 p.m., Surveyor requested Caregiver D's record, including background checks. According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of:	M 114		

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M 114	Continued From page 2 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 08/23/2024 at approximately 3:45 p.m., Surveyor received Caregiver D's record, which documented s/he was hired on 12/09/2023. Caregiver D's record included a BID, dated 10/01/2021, a DOJ, dated 01/23/2022, that was missing pages and an IBIS, dated 01/23/2022. On 08/26/2024 at approximately 10:40 a.m., Administrator A followed up with Surveyor and acknowledged Caregiver D's background checks were completed prior to his/her date of hire on 12/09/2023. Administrator A stated Caregiver D was a re-hire, so the background checks were from Caregiver D's initial hire.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.	M 232		

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M 232	Continued From page 3	M 232		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed was screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing service. Caregiver B's tuberculosis test was not completed for greater than 1 month after his/her date of hire.

This is a repeat deficiency. See Statement of Deficiency (SOD) U6O511, dated 05/16/2022.

Findings include:

On 08/22/2024 at approximately 2:00 p.m., Surveyor requested employee records from Administrator A. Administrator A stated s/he was out of town and had the employee records at his/her home. Administrator A stated all employee records would need to be provided later that evening. Administrator A was only able to provide Surveyor with employee names at that time.

On 08/22/2024 at approximately 3:45 p.m., Surveyor requested Caregiver B's communicable disease screen, including tuberculosis test, from his/her hire.

On 08/23/2024 at approximately 3:45 p.m., Surveyor received Caregiver B's record, which indicated s/he was hired on 06/15/2024. Caregiver B's tuberculosis test was dated 07/29/2024, 44 days after his/her date of hire.

On 08/26/2024 at approximately 10:40 a.m., Administrator A followed up with Surveyor and acknowledged Caregiver B's tuberculosis test

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M 232	Continued From page 4 was completed after Caregiver B had begun providing services. Administrator A stated, "No excuse," and explained s/he allowed Caregiver B to begin working and instructed Caregiver B to go in for the tuberculosis test, but Caregiver B didn't follow through.	M 232		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed completed at least 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents annually. Caregiver C did not complete 8 hours of continuing education in 2023 . Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor requested employee records from Administrator A. Administrator A stated s/he was out of town and had the employee records at his/her home. Administrator A stated all employee records would need to be provided later that	M 246		

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M 246	Continued From page 5 evening. Administrator A was only able to provide Surveyor with employee names at that time. On 08/22/2024 at approximately 3:45 p.m., Surveyor requested Caregiver C's continuing education for 2023. On 08/23/2024 at approximately 3:45 p.m., Surveyor received Caregiver C's record, which indicated s/he was hired on 08/25/2021. Caregiver C's record included documentation of 3 hours of continuing education completed in 2023, all completed in December 2023. On 08/26/2024 at approximately 10:40 a.m., Administrator A followed up with Surveyor and acknowledged Caregiver C did not complete 8 hours of continuing education in 2023. Administrator A stated Caregiver C had foot surgery in February 2023 and took medical leave.	M 246		
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 1 of 1 residents reviewed that had been admitted within the past 2 years	M 344		

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M 344	Continued From page 6 was evaluated, using the department's form, immediately following placement to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1's ability to evacuate the home was not evaluated immediately following placement using the department's form. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 03/08/2023. Resident 1's record did not include an evacuation assessment. On 08/23/2024 at approximately 3:45 p.m., Administrator A followed up with Surveyor and stated the provider reviewed the evacuation process and conducted drills but did not use the department's form for the evaluation.	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that had resided at the home greater than 1 year, was evaluated, using the department's form,	M 346		

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M 346	Continued From page 7 annually to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 2's ability to evacuate the home was not evaluated annually using the department's form. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/17/2021. Resident 2's record did not include an evacuation assessment. On 08/23/2024 at approximately 3:45 p.m., Administrator A followed up with Surveyor and stated the provider reviewed the evacuation process and conducted drills but did not use the department's form for the evaluation.	M 346		
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 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	M 380		

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M 380	Continued From page 8 provider did not ensure 1 of 1 residents reviewed had been screened for communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission. The provider did not have documentation indicating Resident 1 was screened for communicable disease, including tuberculosis. This is a repeat deficiency. See Statement of Deficiency (SOD) U6O511, dated 05/16/2022. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 03/08/2023. Resident 1's record did not include documentation of a communicable diseases screen, including a tuberculosis test. On 08/23/2024 at approximately 3:45 p.m., Administrator A followed up with Surveyor and stated s/he was unable to locate a communicable disease screen, including tuberculosis test for Resident 1.	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	M 384		

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M 384	Continued From page 9 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 1 residents reviewed had a service agreement with each person admitted to the home prior to admission. Resident 1 did not have a service agreement completed prior to admission. This is a repeat deficiency. See Statement of Deficiency (SOD) U6O511, dated 05/16/2022. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 03/08/2023. Resident 1's record did not include a service agreement. On 08/23/2024 at approximately 3:45 p.m., Administrator A provided Surveyor with a service agreement signed by Resident 1 on 08/23/2024. On 08/26/2023 at 10:45 a.m., Administrator A followed up with Surveyor and stated the provider has a contract with Resident 1's managed care organization, so a service agreement was never signed with Resident 1 until after Surveyor's visit.	M 384		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.	M 420		

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M 420	Continued From page 10	M 420		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved in the development of it. Resident 1 and Resident 2's ISPs were not signed by themselves and/or the legal representative.

Findings include:

On 08/22/2024 at approximately 2:00 p.m., Surveyor reviewed resident records, which documented the following:

- Resident 1 was admitted to the provider's home on 03/08/2023. Resident 1's ISP was dated 02/27/2024. Resident 1's ISP did not include a statement of agreement.
- Resident 2 was admitted to the provider's home on 10/17/2021. Resident 2's record included an ISP, not dated, created by the provider and an ISP, created by the managed care organization, dated 06/18/2024. The ISP created by the provider did not include a statement of agreement. The ISP created by the managed care organization was not signed by Resident 2 and/or his/her Health Care Power of Attorney.

On 08/26/2024 at 10:45 a.m., Administrator A followed up with Surveyor and stated Resident 1's family member was named Resident 1's Health Care Power of Attorney during a hospitalization in July 2024, but the provider had not had contact with this family member. Administrator A was unclear whether Resident 1's family member was

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M 420	Continued From page 11 designated as the Health Care Power of Attorney or if Resident 1's Health Care Power of Attorney was activated.	M 420		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff. The provider did not maintain accurate records of all medications administered to Resident 1 and Resident 2. Findings include: On 08/22/2024 at approximately 2:15 p.m., Surveyor reviewed resident MARs and identified the following medications had blank entries: Example 1 - Resident 2: - Benztropine 2 mg at 8:00 a.m.: 2 of 22 entries were blank. - Divalproex 500 mg at 8:00 a.m., 12:00 p.m. and 8:00 p.m.: 10 of 65 entries were blank.	M 466		

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M 466	Continued From page 12 - Famotidine 20 mg at 8:00 p.m.: 8 of 21 entries were blank. - Levothyroxine 75 mcg at 6:00 a.m.: 1 of 22 entries were blank. - Metoprolol 25 mg at 8:00 a.m.: 1 of 22 entries were blank. - Mirtazapine 7.5 mg at 8:00 p.m.: 7 of 21 entries were blank. - Quetiapine 300 mg at 8:00 p.m.: 9 of 21 entries were blank. - Sucralfate 1 gm at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.: 16 of 86 entries were blank. - Venlafaxine 75 mg 2 times at 8:00 a.m. and 8:00 p.m.: 9 of 43 entries were blank. - Ziprasidone 60 mg at 8:00 a.m. and 4:00 p.m.: 9 of 43 entries were blank. - Clonazepam .5 mg at 8:00 a.m. and 8:00 p.m.: 9 of 43 entries were blank. - Refresh Tears .5% at 8:00 a.m., 2:00 p.m. and 8:00 p.m.: 19 of 65 entries were blank. - Anoro Ellipta 62.5-25 daily at 8:00 a.m.: 2 of 22 entries were blank. - Fluticasone 50 mcg daily at 8:00 p.m.: 17 of 22 entries were blank. Example 2 - Resident 1: - Docusate 100 mg at 8:00 a.m. and 8:00 p.m.: 9 of 43 entries were blank. - Esomeprazole 20 mg at 8:00 a.m. and 5:00 p.m.: 9 of 43 entries were blank. - Loratadine 10 mg at 8:00 a.m.: 2 of 22 entries were blank. - Montelukast 10 mg at 8:00 a.m.: 2 of 22 entries were blank. - Myrbetriq Er 50 mg at 8:00 a.m.: 2 of 22 entries were blank. - Paroxetine 30 mg at 8:00 a.m.: 2 of 22 entries were blank. - Propranolol 10 mg at 8:00 a.m. and 8:00 p.m.: 9	M 466		

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M 466	Continued From page 13 of 43 entries were blank. - Methylphenid 20 mg at 8:00 a.m.: 2 of 22 entries were blank. - Budesonide .5 mg/2 at 8:00 a.m. and 5:00 p.m.: 13 of 43 entries were blank. On 08/22/2024 at approximately 2:40 p.m., Surveyor reviewed the provider's medication supply and did not observe medications "left over." Surveyor asked Caregiver D about the blank entries in the MARs. Caregiver D stated the medications always received their medications as prescribed, but caregivers forgot to document in the MAR on occasion. On 08/23/2024 at approximately 3:45 p.m., Administrator A followed up with Surveyor and reiterated that medications were given as prescribed, but that caregivers forgot to document at times. Administrator A stated documentation would be addressed in an in-service scheduled within the next 2 weeks.	M 466		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule.	Z 014		

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(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
Z 014	Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all background information obtained on a caregiver was maintained. The provider did not maintain records of Caregiver B's complete background check. Findings include: On 08/22/2024 at approximately 2:00 p.m., Surveyor requested employee records from Administrator A. Administrator A stated s/he was out of town and had the employee records at his/her home. Administrator A stated all employee records would need to be provided later that evening. Administrator A was only able to provide Surveyor with employee names at that time. On 08/22/2024 at approximately 3:45 p.m., Surveyor requested Caregiver B's record, including background checks. According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 08/23/2024 at approximately 3:45 p.m., Surveyor received Caregiver B's record, which documented s/he was hired on 06/15/2024. Caregiver B's record included a BID, dated 06/15/2024. Administrator A stated Caregiver B's	Z 014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018521	A. BUILDING: _____ B. WING _____	08/26/2024

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Z 014	Continued From page 15 DOJ and IBIS background check pulled up Caregiver B's twin siblings record, so s/he did not save or print the record at the time of the check.	Z 014		