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 _____	R 12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 12/04/2024 to 12/05/2024, Surveyors conducted a verification visit at Randles Homecare, an AFH in Madison. Five deficiencies of DHS Chapter 88 and one deficiency of DHS Chapter 50 were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) U6O511, dated 05/16/2022 and SOD 2HH911, dated 08/26/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed Census: 3	M 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed was screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing service.	M 232		

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

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M 232	Continued From page 1 Caregiver E's tuberculosis test did not confirm a negative test result. This is a repeat deficiency. See Statement of Deficiency (SOD) U6O511, dated 05/16/2022 and SOD 2HH911, dated 08/26/2024. Findings include: On 12/04/2024 at approximately 12:45 p.m., Surveyor requested Caregiver E's communicable disease screen, including tuberculosis test, from his/her hire. On 12/04/2024 at approximately 1:30 p.m., Surveyor received Caregiver E's record, which indicated s/he was hired on 09/22/2024. Caregiver E's tuberculosis test, dated 08/22/2024, showed a result of 5mm induration of TB with no negative indication. Surveyor asked for clarification of a negative test result. Administrator A contacted Caregiver E to clarify tuberculosis results. According to the CDC, "an induration of 5 millimeters or more is considered positive in: people with HIV, Recent contacts of people with infectious TB disease, People with chest x-ray findings suggestive of previous TB disease, People with organ transplants, Other immunosuppressed people (e.g., patients on prolonged therapy with corticosteroids equivalent to/greater that 15 mg per day of prednisone or those taking TNF-a antagonists.) (Source: CDC Clinical Testing Guidance for Tuberculosis: Tuberculin Skin Test, May 14, 2024, ttps://cdc.gov/tb/hcp/testing -diagnosis/tuberculin-skin-test.html (retrieval date -December 09, 2024).)	M 232		

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M 232	Continued From page 2 On 12/05/2024 at 11:47 a.m., Administrator A followed up with Surveyor and acknowledged that Caregiver E had not provided clarification of his/her negative tuberculosis test.	M 232		
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 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. This is a repeat deficiency. See Statement of Deficiency (SOD) 2HH911, dated 08/26/2024. Findings include: On 12/04/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on	M 344		

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M 344	Continued From page 3 03/08/2023. Resident 1's record did not include an evacuation assessment. On 12/04/2024 at approximately 2:00 p.m., Caregiver F stated that it was his/her responsibility to complete the evacuation assessments and s/he had not completed the assessments as of 12/04/2024.	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, 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. This is a repeat deficiency. See Statement of Deficiency (SOD) 2HH911, dated 08/26/2024. Findings include: On 12/04/2024 at approximately 1:00 p.m., Surveyor reviewed Resident 2's record. Resident	M 346		

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M 346	Continued From page 4 2 was admitted to the provider's home on 10/12/2021. Resident 2's record did not include an evacuation assessment. On 12/04/2024 at approximately 2:00 p.m., Caregiver F stated that it was his/her responsibility to complete the evacuation assessments and s/he had not completed the assessments as of 12/04/2024.	M 346		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 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, Resident 2, and Resident 3's ISPs were not signed by themselves and/or the legal representative. This is a repeat deficiency. See Statement of Deficiency (SOD) 2HH911, dated 08/26/2024. Findings include: On 12/04/2024 at approximately 1:30 p.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted to the provider's home	M 420		

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M 420	Continued From page 5 on 03/08/2023. Resident 1's record indicated that Resident 1 was his/her own decisions maker. Resident 1's record included an ISP, not dated, created by the provider and an ISP, created by the managed care organization, dated 02/27/2024. The ISP created by the provider did not include any signatures to indicate a statement of agreement. The ISP created by the managed care organization was not signed by Resident 1. - Resident 2 was admitted to the provider's home on 10/17/2021. Resident 2's record indicated that s/he had an activated Health Care Power of Attorney. 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 any signatures to indicate 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. -Resident 3 was admitted to the providers home on 12/10/2022. Resident 3's record indicated that his/her family member was legal guardian. Resident 3's record included an ISP, dated 11/20/2024. Resident 3's ISP did not include a statement of agreement signed by Resident 3 or his/her legal guardian. On 12/04/2024 at 2:00 p.m., Administrator A stated that the provider used the ISP created by the managed care organization and the provider ISP together. Administrator A acknowledged that the provider had not obtained signed statements of agreements from all persons involved in development of the plan.	M 420		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of	M 466		

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M 466	Continued From page 6 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 2. Findings include: On 12/04/2024 at approximately 2:00 p.m., Surveyor reviewed resident Medication Administration Record (MARs) from 11/14/2024 to 12/03/2024 and identified the following medications had blank entries: - Benztropine 2 mg at 8:00 a.m.: 1 of 20 entries were blank. - Divalproex 500 mg at 8:00 a.m., 12:00 p.m. and 8:00 p.m.: 3 of 60 entries were blank. - Famotidine 20 mg at 8:00 p.m.: 1 of 20 entries were blank. - Mirtazapine 7.5 mg at 8:00 p.m.: 1 of 20 entries were blank. - Quetiapine 300 mg at 8:00 p.m.: 1 of 20 entries were blank. - Sucralfate 1 gm at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.: 3 of 60 entries were blank.	M 466		

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M 466	Continued From page 7 - Venlafaxine 75 mg 2 times at 8:00 a.m. and 8:00 p.m.: 1 of 40 entries were blank. - Ziprasidone 60 mg at 8:00 a.m. and 4:00 p.m.: 9 of 40 entries were blank. - Clonazepam .5 mg at 8:00 a.m. and 8:00 p.m.: 2 of 40 entries were blank. - Refresh Tears .5% at 8:00 a.m., 2:00 p.m. and 8:00 p.m.: 7 of 60 entries were blank. - Fluticasone 50 mcg daily at 8:00 p.m.: 4 of 20 entries were blank. -Hysept .25% Solution every Monday/Wednesday/Friday: 7 of 20 entries were blank. -Diclofenac Sodium 1% Gel at 8:00 a.m., 4:00 p.m., and 8:00 p.m.: 6 of 60 entries were blank On 12/04/2024 at approximately 2:00 p.m., Surveyor asked Caregiver F and Administrator A about the blank entries in the MARs. Caregiver F and Administrator A stated that medications were given as prescribed, but that caregivers forgot to document at times.	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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Z 014	Continued From page 8 This Rule is not met as evidenced by: On 12/04/2024 at approximately 1:00 p.m., Surveyor requested employee records, including background checks from Administrator A. 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 12/04/2024 at approximately 2:00 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 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. Administrator A acknowledged that s/he needed to obtain a DOJ and IBIS but was waiting for Caregiver B to follow up with the Department of Justice to resolve the issue of his/her twin sibling's record.	Z 014		