| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018728 | A. BUILDING: _____ B. WING _____ | 10/16/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DAHL ADULT FAMILY HOME | 385 W HERON DR BELOIT, WI 53511 |

| (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<br><br>On 10/16/2024, Surveyor conducted a standard survey at Dahl Adult Family Home.<br><br>Three deficiencies were identified.<br><br>Census: 3 | M 000 | | |
| M 282 | 88.05(3)(d) ANNUAL WELL WATER INSPECTIONS<br><br>Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a water sample was taken from the well and tested at a laboratory approved under ch. NR 149 at least annually. The home's water had not been tested in 2022 or 2023.<br><br>Findings include:<br><br>On 10/16/2024 at 4:00 PM, Surveyor reviewed records and was unable to locate a record of a well water inspection. Licensee A reported s/he had just picked up the water testing kit but was unaware this was an annual requirement. Licensee A stated s/he would get the testing completed right away. | M 282 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated | M 346 | | |

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

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| M 346 | Continued From page 1<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1 and Resident 2 had not had an evacuation assessment, using the department's form, completed in 2022 or 2023.<br><br>Findings include:<br><br>On 10/16/2024, Surveyor reviewed resident records and identified the following:<br><br>Resident 1 was admitted to the facility on 10/05/2021. Resident 1's record did not contain an evacuation assessment for 2022 or 2023.<br><br>Resident 2 was admitted to the facility on 10/05/2021. Resident 2's record did not contain an evacuation assessment for 2022 or 2023.<br><br>On 10/16/2024 at 4:59 PM, Surveyor interviewed Licensee A. Licensee A reported s/he conducts evacuation assessments at time of admission but unaware it was an annual requirement. Licensee A stated s/he would complete updated assessments today. | M 346 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment | M 570 | | |

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|---|---|---|---|---|
| M 570 | Continued From page 2<br><br>Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer vent was made of rigid venting.<br><br>Findings include:<br><br>On 10/16/2024 at 3:37 PM, Surveyor toured the provider's home with Licensee A. Surveyor observed the venting to the home's dryer was made of semi-rigid material, creating a safety hazard. Surveyor shared observation with Licensee A the provider's dryer vent was not made out of rigid material. Licensee A stated s/he thought the semi-rigid vent duct met the requirement but would talk to his/her husband/wife to get the vent changed out. | M 570 | | |