STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019236	A. BUILDING: _____ B. WING _____	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTOVER HOME	12 WESTOVER CT 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 From 04/21/2025 to 04/22/2025, Surveyor conducted a standard survey at Westover Home, an AFH in Madison. Six deficiencies were identified. Census: 3	M 000		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. One of two emergency exits were located in a resident bedroom. Findings include: On 04/21/2025 at approximately 10:30 a.m., Surveyor toured the provider's home with Caregiver B and asked Caregiver B to identify the emergency exits. Caregiver B stated the front door and the 2 exit doors in Resident 3's bedroom were the emergency exits. Caregiver B showed Surveyor to Resident 3's bedroom and identified the sliding glass door and garage door that were located inside the bedroom as the emergency exits. Surveyor asked Caregiver B why Resident 3 was not in one of the bedrooms upstairs. Caregiver B stated that Resident 3 had	M 338		

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

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M 338	Continued From page 1 an easier time getting around on the 1st floor of the home. Surveyor shared concern that an emergency exit should not be in a resident bedroom. On 04/21/2025 at approximately 12:00 p.m., Surveyor shared concern with Owner A regarding the exit being in Resident 3's bedroom. Owner A stated that it was, "no problem to move Resident 3 upstairs."	M 338		
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 Resident 1 and Resident 2's ability to evacuate the home was evaluated immediately following placement using the department's form. Findings include: On 04/21/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 12/04/2023. Resident 1's record did not include an evacuation assessment.	M 344		

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M 344	Continued From page 2 At approximately 11:15 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 04/18/2024. Resident 2's record did not include and evacuation assessment. On 04/21/2025 at approximately 12:00 p.m., Owner A stated that the residents had completed fire drills. Surveyor asked Owner A if the evacuation form had been filled out when Resident 1 and Resident 2 were admitted. Owner A acknowledged Resident 1 and Resident 2 did not have evacuation records.	M 344		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider's service agreement for 3 of 3 resident's did not include the necessary elements required within the service agreement. Resident 1, Resident 2 and Resident 3 did not have a service agreements. Findings include: On 04/21/2025, Surveyor reviewed Resident records and reviewed the following: -Resident 1 was admitted on 12/04/2023.	M 386		

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M 386	Continued From page 3 Resident 1 did not have a service agreement in his/her record. -Resident 2 was admitted on 04/1/2024. Resident 2 did not have a service agreement in his/her record. -Resident 3 was admitted on 04/14/2024. Resident 3 did not have a service agreement in his/her record. On 04/21/2025 at approximately 12:00 p.m., Surveyor shared concern with Owner A regarding the service agreement not being in the records for Resident 1, Resident 2 and Resident 3. Owner A stated that s/he read the agreement to each resident at admission. Owner A stated s/he was unaware that each resident needed a signed agreement. Owner A said, "I will get those completed as soon as possible."	M 386		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 4 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had record of their individual service plan (ISP) reviewed at least once every 6 months by the licensee, resident or resident's legal representative and the placing agency. Resident 1's ISP should have been reviewed in June and December 2024. Resident 2's ISP should have been reviewed in October 2024. Findings include: On 04/21/2025 at approximately 10:30 a.m., Surveyor requested resident records. Owner A stated that s/he would have to email the ISPs over later in the day. Surveyor requested that all resident documentation be emailed by 2:00 p.m. on 04/22/2025. On 04/22/2205 at approximately 3:00 p.m., Surveyor reviewed resident records and identified the following concerns: -Resident 1 was admitted to the provider's home on 12/04/2023. Resident 1 had a guardian and was enrolled in a managed care organization. Resident 1's ISP was dated 05/30/2023 and had not been updated since 05/30/2023. -Resident 2 was admitted to the providers home on 04/18/2024. Resident 1 was enrolled in a managed care organization. Resident 2's ISP was dated 04/01/2024 and had not been updated at	M 424		

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M 424	Continued From page 5 the 6-month review. On 04/2/2025 at approximately 3:00 p.m., Surveyor reviewed concern with Owner A that Resident 1 and Resident 2's ISP had not been updated in 6 months. Owner A stated s/he would handle it and get the signature sheets for the 6-month reviews.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored. The provider had insulin stored unsecured. This had the potential to affect 3 of 3 residents. Findings include: On 04/21/2025 at approximately 10:00 a.m., Surveyor toured the provider's home. Surveyor observed 2 boxes of Lantus insulin, 1 box of Ozempic, 1 box of Epinephrine Injection, and 1	M 458		

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M 458	Continued From page 6 box of Trulicity stored in the home's refrigerator, unsecured. On 04/21/2025 at approximately 10:15 a.m., Surveyor discussed concern with Caregiver B that diabetic medications and Epinephrine was stored unsecured within the home. Caregiver B stated that s/he knew that the medication needed to be refrigerated. Caregiver B stated that s/he did not know it need to be stored in a secured box. On 04/21/2025 at approximately 12:00 p.m., Surveyor discussed concern with Owner A that there were unsecured medications within the home. Surveyor observed the medications with Owner A. Owner A acknowledged that the medications were mixed in with food containers. Owner A said, "I will get a secured lock box."	M 458		
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 a written order from the	M 464		

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M 464	Continued From page 7 resident's physician permitting the provider's staff to administer medications was received before administering medications for 3 of 3 residents reviewed. The provider did not have a written order to administer medications to Resident 1, Resident 2 or Resident 3. Findings include: On 04/21/2025 at approximately 10:15 a.m., Surveyor interviewed Caregiver B regarding administering medication. Caregiver B confirmed s/he did administer medications for Resident 1, 2 and 3. On 04/21/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 1, Resident 2, and Resident 3's records, provided by Caregiver B. Resident 1, Resident 2 and Resident 3's records at the home did not indicate written orders from the resident's physician permitting provider's staff to administer medications. The resident records indicated the following: - Resident 1 admitted to the provider's home on 12/04/2023. Resident 1's record indicated the provider's staff administered Resident 1's medication. Resident 1's record did not include a physician order to administer medications. - Resident 2 admitted to the provider's home on 04/18/2024. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's record did not include a physician order to administer medications. - Resident 3 admitted to the provider's home on 04/14/2024. Resident 3's record indicated the provider's staff administered Resident 3's medications. Resident 3's record did not include a physician order to administer medications.	M 464		

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M 464	Continued From page 8 On 04/21/2025 at 12:00 p.m., Surveyor shared concern with Owner A regarding no physician order permitting the provider's staff to administer medications to Resident 1, Resident 2 and Resident 3. Owner A reviewed documents on his/her phone. Owner A showed Surveyor a blank document that was intended to be signed by the physician. Owner A stated that s/he would get that taken care of as soon as possible.	M 464		