STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019629	A. BUILDING: _____ B. WING _____	C 07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATTHIAS ACADEMY ATHENA HOUSE	**9617 84TH PLACE PLEASANT PRAIRIE, WI 53158**

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M 000	INITIAL COMMENTS On 07/10/2024, Surveyors conducted a complaint investigation at Matthias Academy Athena House, an Adult Family Home (AFH) in Pleasant Prairie, WI. Six deficiencies identified. Complaint substantiated. Census: 4	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 2 of 2 employees (Caregiver D and Caregiver E) reviewed received tuberculosis (TB) skin tests. Caregiver D did not have a communicable disease screen or TB skin test completed within 90 days prior to the start of service. Caregiver E did not have a TB skin test within 90 days prior to start of service. Findings include:	M 232		

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

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M 232	Continued From page 1 On 07/10/2024, Surveyors reviewed Caregiver D's record. Caregiver D was hired on 02/12/2024. Caregiver D's record did not contain evidence of a communicable disease screen or TB skin test within 90 days prior to start of service. On 07/10/2024, Surveyors reviewed Caregiver E's record. Caregiver E was hired on 01/17/2024. Caregiver E's record did not contain evidence of a TB skin test within 90 days prior to start of service. On 07/10/2024 at 5:04 PM, Surveyors interviewed Licensee A. Licensee A confirmed Caregiver D did not have a communicable disease screen or TB skin test. Licensee A confirmed Caregiver E did not have a TB skin test. Licensee A stated s/he was aware of the requirement and moving forward s/he would ensure all staff had a communicable disease screen and TB skin test within 90 days prior to start of service.	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	M 344		

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M 344	Continued From page 2 provider did not review the fire safety evacuation plan with 2 of 2 residents (Resident 1 and Resident 2) reviewed immediately following his/her placement. Resident 1 and Resident 2 did not have a fire evacuation plan within 3 days of admission. Findings include: On 07/10/2024 at 09:30 AM, Surveyors reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the facility on 10/02/2023. Resident 1 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. -Resident 2 was admitted to the facility on 10/02/2023. Resident 2 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 07/10/2024 at 11:00 AM, Surveyor interviewed Licensee A, Managing Director B and House Manager C. Managing Director B reported s/he did not review the fire safety evacuation plan with Resident 1 or Resident 2. Licensee A and Managing Director B stated they were aware of the requirement and moving forward they would ensure all residents had a fire evacuation plan within 3 days of admission.	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 receives a health examination by a physician to identify health problems	M 380		

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M 380	Continued From page 3	M 380		

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 2 of 2 residents (Resident 1 and Resident 2) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission.

Findings include:

On 07/10/2024 at approximately 09:30 AM, Surveyors reviewed Resident 1's and 2's records, including their communicable disease screens and admission health exam. The following was identified:

-Resident 1 was admitted to the facility on 10/02/2023. Resident 1's record did not include evidence of a communicable disease screening, including a TB skin test. Resident 1's record did not include an admission health exam.
-Resident 2 was admitted to the facility on 10/02/2023. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test. Resident 2's record did not include an admission health exam.

On 07/10/2024 at approximately 11:00 AM, Surveyors interviewed Licensee A, Managing

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M 380	Continued From page 4 Director B, and House Manager C. Managing Director B reported s/he did not get a screening completed or TB skin test for Resident 1 and Resident 2. Managing Director B stated s/he did not get an admission health exam for Resident 1 and Resident 2. Licensee A and Managing Director B stated they were aware of the requirement and moving forward they would ensure all residents had TB skin tests completed upon admission and an admission health exam.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) had a written assessment and individual service plan (ISP) completed and developed within 30 days after admission. Findings include: On 07/10/2024 at 09:30 AM, Surveyors reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted on 10/02/2023. Resident 1's record did not contain a written assessment and individual service plan (ISP). The assessment and individual service plan (ISP)	M 404		

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M 404	Continued From page 5 was not completed and developed within 30 days after admission. -Resident 2 was admitted on 10/02/2023. Resident 2's record did not contain a written assessment and individual service plan (ISP). The assessment and individual service plan (ISP) was not completed and developed within 30 days after admission. On 07/10/2024 at approximately 11:00 AM, Surveyors interviewed Licensee A, Managing Director B and House Manager C. Managing Director B reported s/he did not complete a written assessment and ISP for Resident 1 and Resident 2. Licensee A and Managing Director B stated they were aware of the requirement and moving forward they would ensure all residents have a written assessment and ISP within 30 days after admission.	M 404		
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	M 464		

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M 464	Continued From page 6 provider did not obtain a written order from the physician for 2 of 2 residents (Resident 1 and Resident 2) reviewed who required staff to administer their medications. Resident 1 and Resident 2 did not have a written order permitting the provider staff to administer medications. Findings include: On 07/10/2024 at 09:30 AM, Surveyors reviewed Resident 1's and Resident 2's record and identified the following: -Resident 1 was admitted to the facility on 10/02/2023. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 2 was admitted to the facility on 10/02/2023. Resident 2 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 07/10/2024 at 11:00 AM, Surveyors interviewed Licensee A, Managing Director B, and House Manager C. Managing Director B reported Resident 1 and Resident 2 required provider staff to administer their medication. Managing Director B and House Manager C reported they were responsible for new admission paperwork and it was not completed. Licensee A stated moving forward, s/he would ensure each resident in the home had a written order from his/her physician permitting the provider staff to administer the medications.	M 464		
M 510	88.09(1)(d)11 RESIDENT FUNDS	M 510		

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M 510	Continued From page 7 Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) records had evidence of written authorization from the legal guardian to control the resident's funds. Findings include: The provider is licensed to care for up to 4 residents who may have developmental disabilities. On 07/10/2024 at 09:30 AM, Surveyors reviewed Resident 1's and 2's records. Resident 1 and Resident 2 were admitted to the provider's home on 10/02/2023. Resident 1 and Resident 2 had a legal guardian. Resident 1's and Resident 2's records did not indicate who managed their funds or contained written authorization from the guardian for the provider to control their funds.. On 07/10/2024 at 11:00 AM, Surveyors interviewed Managing Director B asking if the provider controlled any resident funds. Managing B stated the provider managed funds for Resident 1 and Resident 2. Surveyors requested written authorization documentation for the provider to control funds for Resident 1 and Resident 2 from Managing Director B. Managing Director B acknowledged s/he did not have written authorization documentation for Resident 1 or Resident 2, for the provider to control Resident 1's and Resident 2's funds.	M 510		

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