STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018317	A. BUILDING: _____ B. WING _____	R 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACIOUS ANGELIC CARE	3411 KESWICK COURT 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 On 07/25/2023, Surveyor completed a verification visit at Gracious Angelic Care, an AFH in Madison. Two deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 8AOC11, dated 02/20/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 244}	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 employees received 15 hours of training related to health, safety and welfare of residents, resident rights and treatment, first aid and fire safety prior to or within 6 months after starting to provide care. Caregiver E did not receive 15 hours of training. This is a repeat deficiency. See Statement of	{M 244}		

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

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{M 244}	Continued From page 1 Deficiency (SOD) 8AOC11, dated 02/20/2023. Findings include: On 07/24/2023 at approximately 8:30 a.m., Surveyor requested employee records from Licensee A. Surveyor noted that Caregiver E, hired 01/21/2022, had 13.25 hours of training documented in his/her record. Dates of his/her training ranged from 02/20/2021 to 04/19/2023. Surveyor asked Licensee A if s/he had additional documentation to ensure Caregiver E had received 15 hours of initial training. Licensee A stated s/he was sure that Caregiver E had received adequate training because s/he was a live-in caregiver for another organization. Licensee E stated s/he would reach out to Caregiver E for additional trainings and follow up with Surveyor. On 07/24/2023 at approximately 9:00 p.m., Surveyor received documentation that documented 13.25 hours of training with dates ranging from 02/20/2021 to 04/19/2023 (same as reviewed prior). On 07/25/2023 at approximately 2:45 p.m., Surveyor interviewed Licensee A. Surveyor shared concern that documentation did not confirm that Caregiver E had received 15 hours of training. Licensee A replied, "I have no excuse for that other than [Caregiver E] has been doing [his/her] job for a very long time." Licensee A added that up until recently, s/he was only familiar with 1 organization's continuing education offerings and those were deferred during the pandemic.	{M 244}		

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{M 466}	Continued From page 2	{M 466}		
{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 of all prescription medications controlled, dispensed, and administered by the licensee to Resident 2, Resident 3 and Resident 4 were recorded. This is a repeat deficiency. See Statement of Deficiency (SOD) 8AOC11, dated 02/20/2023. Findings include: On 07/24/2023 at approximately 8:00 a.m., Surveyor reviewed resident records, including their Medication Administration Records (MAR) dated 07/01/2023 to 07/24/2023, which documented the following concerns: - Resident 2 was admitted to the provider's facility on 08/18/2022. The provider's staff administered Resident 2's medications. Resident 2's medications included Larin 1/20 tablet 1 time daily at 8:00 a.m., Quetiapine 300 mg 1 time daily at 8:00 p.m., Trazodone 150 mg 1 tablet daily at 8:00 p.m., Metformin 500 mg 1 tablet daily at 8:00	{M 466}		

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{M 466}	Continued From page 3	{M 466}		

a.m., Azelastine nasal spray 1 time daily at 8:00 a.m., Fluticasone 50 mcg nasal spray 1 times daily at 8:00 a.m., Benztropine .5 mg 3 times daily at 8:00 a.m., 2:00 p.m. and 8:00 p.m., Cetirizine 10 mg 1 tablet daily at 8:00 a.m., Escitalopram 20 mg 1 tablet daily at 8:00 a.m., Guanfacine 1 mg 1 tablet daily at 8:00 a.m., Haloperidol 5 mg ½ tablet 2 times daily at 8:00 a.m. and 3:00 p.m. and Haloperidol 5 mg 1 tablet daily at 8:00 p.m. Resident 2's MAR did not document administration of his/her medications on 07/23/2023 at 8:00 a.m. or 8:00 p.m.

- Resident 3 was admitted to the provider's home on 10/10/2022. The provider's staff administered Resident 3's medications. Resident 3's medications included Sertraline 50 mg 1 tablet daily at 8:00 a.m. and Concentra 54 mg 1 tablet daily at 8:00 a.m. Resident 3's MAR did not document administration of his/her medications on 07/23/2023 at 8:00 a.m.
- Resident 4 was admitted to the provider's home on 10/30/2021. The provider's staff administered Resident 4's medications. Resident 4's medications included Multivitamin 1 tablet daily at 12:00 p.m., Vitamin B-6 100 mg 1 tablet daily at 5:00 p.m., Clobazam 10 mg 1 tablet daily at 8:00 p.m., and Lacosamide 200 mg 1 tablet twice daily at 8:00 a.m. and 8:00 p.m. Resident 4's MAR did not document administration of his/her medications on 07/23/2023 at 8:00 a.m. or 8:00 p.m.

On 07/24/2023 at approximately 9:00 a.m., Surveyor reviewed concern with Licensee A that Resident 2, Resident 3 and Resident 4's 07/23/2023 8:00 a.m. and 8:00 p.m. medications were not documented as administered. Licensee A replied, "That's my bad." Licensee A stated s/he was the one that should have signed out the 07/23/2023 medications, but didn't.

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