STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018985	A. BUILDING: _____ B. WING _____	01/24/2025

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FAITHFUL CARE ADULT FAMILY HOME LLC	101 GRANDVIEW DR SUN PRAIRIE, WI 53590

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M 000	INITIAL COMMENTS On 01/22/2025, with information obtained through 01/24/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Faithful Care Adult Family Home LLC, an adult family home (AFH) located in Sun Prairie, WI. As a result of the survey, 6 deficiencies were identified. Census: 3	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 262		

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

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M 262	Continued From page 1 did not ensure that 1 of 2 exits from the home were ramped to grade with a hard surfaced pathway. Findings include: The provider is licensed to serve up to 3 nonambulatory individuals within the client groups of correctional, emotionally disturbed/mental illness, developmentally disabled, alcohol/drug-dependent, traumatic brain injury, irreversible dementia/Alzheimer's, advanced aged, and physically disabled. While touring the home from approximately 9:15 a.m. - 10:15 a.m. with Licensee A, Surveyor observed the following: - A manual wheelchair in Resident 1's room. Licensee A confirmed that Resident 1 was nonambulatory and used the wheelchair for staff to assist him/her in getting around. - Resident 2 using his/her power wheelchair to navigate throughout the house - Resident 3 seated in a manual wheelchair in the kitchen. Staff were observed to propel Resident 3 in his/her wheelchair from the kitchen to the living room. While touring the home, Surveyor observed the service door exit leading out of the garage, which was identified as one of the provider's emergency exits. The service door led to a concrete landing, approximately 4' x 4', with a small approximate 2.5' wide concrete walkway leading several feet along the home. The landing and walkway were raised approximately 2-3" above the remaining of the patio (Photos 1, 2, and 3). At approximately 10:15 a.m., Surveyor	M 262		

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M 262	Continued From page 2 interviewed Licensee A. Licensee A acknowledged Surveyor's concern that the landing and walkway were not ramped to grade. Licensee A reported s/he would look into solutions to ensure the exit was graded.	M 262		
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 2 of 2 residents reviewed were evaluated annually for evacuation time using the Department's form. Findings include: Example 1 - Resident 1 (2024 evacuation evaluation) On 01/22/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 07/12/2023 with diagnoses including cerebral palsy, seizure disorder, and bilateral blindness. Resident 1's most recent evacuation assessment located within his/her record was dated 07/22/2023. At approximately 10:55 a.m., Surveyor interviewed Licensee A. Licensee A denied that a	M 346		

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M 346	Continued From page 3 more recent evacuation assessment had been completed for Resident 1 than upon his/her admission. Example 2 - Resident 2 (2023 and 2024 evacuation evaluations) On 01/22/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 05/21/2022 with diagnoses including paraplegia (secondary to spinal cord injury) and spasticity. Resident 2's most recent evacuation assessment located within his/her record was dated 05/22/2022. At approximately 10:55 a.m., Surveyor interviewed Licensee A. Licensee A denied that a more recent evacuation assessment had been completed for Resident 1 than upon his/her admission.	M 346		
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 the individual service plan (ISP) for 1 of 2 residents reviewed, Resident 2, was reviewed at least once every 6 months by the licensee, Resident 2 him/herself, and his/her placing agency. There was no evidence to confirm that Resident 2's ISP was reviewed since 11/14/2023. Findings include: On 01/22/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 05/21/2022 with diagnoses including paraplegia (secondary to spinal cord injury), spasticity, depression, and type II diabetes mellitus. Resident 2 was documented as being his/her own legal representative. Resident 2's most recent ISP located within his/her record was dated 11/14/2023 (over 1 year prior to the survey). There was no evidence the ISP was reviewed by Resident 2 on that date. There was no evidence of a more recent ISP having been reviewed for Resident 2. At approximately 11:33 a.m., Surveyor interviewed Licensee A. Licensee A reported that the ISP from Resident 2's record was reviewed with him/her during an ISP meeting that occurred that same day but reported s/he was unaware s/he needed to retain evidence that the ISP was reviewed with him/her. Licensee A reported s/he believed another ISP review was done with	M 424		

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M 424	Continued From page 5 Resident 2 sometime in July 2024 (over 6 months from when it would have been last reviewed on 11/14/2023) and that s/he had one scheduled later in the coming week. After looking through Resident 2's record, Licensee A confirmed s/he was unable to find any evidence of Resident 2's ISP having been reviewed since 11/14/2023. Licensee A reported the review document was maybe located in his/her office. Surveyor gave a deadline of 5:00 p.m. to receive evidence of a more recently reviewed ISP for Resident 2. Nothing further was received. On 01/24/2025, at approximately 8:26 a.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he was unable to find evidence of Resident 2's ISP having been more recently reviewed since 11/14/2023.	M 424		
M 502	88.09(1)(d)7 RESIDENT RECORD-MEDICAL EXAMINATIONS The report of the medical examination required under s. HSS 88.06(2)(a). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that resident records for 1 of 2 residents reviewed, Resident 1, included the report of his/her health examination by his/her physician within 90 days prior to or within 7 days after his/her admission. Findings include: On 01/22/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider	M 502		

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M 502	Continued From page 6 on 07/12/2023 with diagnoses including cerebral palsy, seizure disorder, and bilateral blindness. Resident 1 was documented as having a legal guardian. There was no evidence of a health examination completed for Resident 1 by his/her physician within 90 days prior to or within 7 days after his/her admission. At approximately 10:59 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he believed Resident 1's guardian took Resident 1 to get a physical examination by his/her doctor prior to his/her admission. Licensee A reported s/he requested the record of the health exam around the time Resident 1 was admitted but had never received it.	M 502		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the records for 2 of 3 service providers reviewed contained documentation of successful completion of initial training requirements. Findings include: Example 1 - Caregiver B On 01/24/2025, Surveyor reviewed the training records for Caregiver B, who was hired on 01/02/2023. The training records consisted of a spreadsheet which documented training completed on and after 05/04/2024 (over 1 year	M 530		

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M 530	Continued From page 7	M 530		

after hire) as well as a document titled, "New Employee Training Checklist" which documented a list of several topics. A line at the bottom of the document documented, "I HAVE BEEN TRAINED IN THE AREA NOTED ABOVE." The document contained Caregiver B's name and was dated 01/02/2023 (day of hire). There was no information that documented the number of hours spent in training for Surveyor to verify that 15 hours of training was completed between the topics listed.

At approximately 8:26 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he him/herself conducted the training from the initial training checklist document based on policies and procedures that s/he developed as well as an employee handbook. Licensee A confirmed s/he did not know the exact number of hours spent in training and that it wasn't documented in Caregiver B's record. Licensee A reported that since 2024 s/he has used an online training company for training which documented the number of training hours in employees' training records.

Example 2 - Caregiver C

On 01/24/2025, Surveyor reviewed the training records for Caregiver C, who was hired on 09/28/2023. The training records consisted of a spreadsheet which documented training completed on and after 05/04/2024 (over 7 months after hire) as well as a document titled, "New Employee Training Checklist" which documented a list of several topics. A line at the bottom of the document documented, "I HAVE BEEN TRAINED IN THE AREA NOTED ABOVE." The document contained Caregiver C's name and was dated 09/28/2023 (day of hire). There was no

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M 530	Continued From page 8 information that documented the number of hours spent in training for Surveyor to verify that 15 hours of training was completed between the topics listed. At approximately 8:26 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he him/herself conducted the training from the initial training checklist document based on policies and procedures that s/he developed as well as an employee handbook. Licensee A confirmed s/he did not know the exact number of hours spent in training and that it wasn't documented in Caregiver C's record. Licensee A reported that since 2024 s/he has used an online training company for training which documented the number of training hours in employees' training records.	M 530		
M 570	88.10(3)(l) Safe Physical Environment 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment with	M 570		

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M 570	Continued From page 9 residents safeguarded from environmental hazards from which they were likely to be exposed. The faucet water temperature of the sole resident bathroom sink reached 144.7° Fahrenheit (F). Findings include: The provider is licensed to serve up to 3 adults in the client groups of correctional, emotionally disturbed/mental illness, developmentally disabled, alcohol/drug-dependent, traumatic brain injury, irreversible dementia/Alzheimer's, advanced aged, and physically disabled. On 01/22/2025, at approximately 9:38 a.m., Surveyor tested the water temperature of the sink in the sole resident bathroom which reached 144.7° F. According to the Wisconsin Department of Health Services, "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." Sustained contact with water at or above 140° F can result in second or third-degree burns in approximately 6 seconds (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017).	M 570		

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M 570	Continued From page 10 On 01/22/2025, at approximately 10:15 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the sink water temperature concern because staff tested the water temperature monthly and had not previously documented any high temperatures.	M 570		