

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
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July 10, 2024

ELECTRONIC MAIL
SOD #CM2011

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Abdirashid Hussein
5906 Meadowood Drive
Madison, WI 53711

C/O Licensee: Saab Home Care LLC

Re: Saab Home Care LLC (0019412)
5906 Meadowood Drive
Madison, WI 53711

Dear Abdirashid Hussein:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Saab Home Care LLC, located at 5906 Meadowood Drive, Madison, WI 53711, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On May 9, 2024, a standard survey was concluded for Saab Home Care LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #CM2011 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #CM2011 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a \$200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southern Regional Office, at DHSDQABALSRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Saab Home Care LLC**:

1. . Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., **EFFECTIVE IMMEDIATELY**, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall provide employees in sufficient numbers on a 24-hour basis to meet the personal care needs of residents, to ensure needed supervision, and to provide needed services (e.g., toileting, bathing, medication management, activities, meals).

WITHIN 45 DAYS of receipt of this notice, the licensee shall:

- Review each current resident to identify the person's behavior patterns that are or may be harmful to the resident or others, including wandering and elopement.
- Develop or revise, as necessary, the resident's individualized service plan (ISP) to comprehensively document the level and frequency of services needed, including the level of supervision required in the home and community.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:

- Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a); and
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.

Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

ADDITIONALLY,

WITHIN 45 DAYS of receipt of this notice, the licensee shall hold a separate care conference for Resident 1 and Resident 2 with their legal representative and case manager (if any), for the purpose of developing (or revising) the resident's individual service plan. The ISPs will include individualized services, approaches, and interventions to address the resident's potentially harmful behaviors (e.g., aggression, elopement, self-injuries behaviors, sexual aggression, or other behavioral safety risks).

The licensee will obtain a statement of agreement with the plan, dated and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISPs and will provide services in accordance with the plan.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., **WITHIN 7 days** of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency CM2011 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

A handwritten signature in black ink, appearing to read "Hillary Holman", with a stylized flourish extending from the bottom left.

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Saab Home Care LLC

July 10, 2024

Kenneth Brotheridge, Assisted Living Director

Bureau of Assisted Living

Division of Quality Assurance

Enclosure

KB/MSE