STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019412	A. BUILDING: _____ B. WING _____	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAAB HOME CARE LLC	5906 MEADOWOOD DRIVE MADISON, WI 53711

(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 05/06/2024 to 05/09/2024, Surveyor conducted a standard survey at Saab Home Care LLC, an AFH in Madison. Fourteen deficiencies were identified. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a background check was completed for 2 of 3 caregivers reviewed. Caregiver B and Caregiver C did not have a complete background check on file. Findings include: From 05/06/2024 to 05/08/2024, Surveyor reviewed employee records provided onsite by Caregiver B and via email by Licensee A. Records indicated the following: - Caregiver B was hired on 12/21/2023. Caregiver B's record did not include a background check completed by Department of Safety and Professional Services (IBIS). - Caregiver C was hired on 04/21/2023. Caregiver C's Department of Justice (DOJ) check was not completed until 07/31/2023, greater than 60 days after his/her hire. Caregiver C's record did not include an IBIS. Caregiver C indicated on his/her BID that s/he had resided in Ohio in the past 3 years. Caregiver C's background check with Ohio was dated 06/28/2023. On 05/09/2024 at approximately 1:00 p.m., Surveyor reviewed concern with Manager E and Caregiver C. Manager E stated, "We need to work on our paperwork."	M 114		

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M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the home and its operation complied with all laws governing the home and its operation. Findings include: From 05/06/2024 to 05/09/2024, Surveyor completed a standard survey. The following concerns were identified: Environment: - The home's water temperature exceeded 120 degrees. - The home's fire extinguishers had not been inspected in greater than 1 year. - The home's fire drills did not include evacuation times. Employees: - Employee records were not maintained and accessible to the department. - Caregiver background checks were not complete at the time of hire. - A caregiver's communicable disease screen, including tuberculosis test, was not completed at the time of hire. - An employee had not completed 15 hours of training prior to or within the first 6 months of hire. Residents:	M 216		

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M 216	Continued From page 3 - Health and safety risks were not prohibited within the home. The provider did not provide the level of supervision needed by residents. - A resident was not evaluated for his/her ability to evacuate the home. - Two of 2 ISPs reviewed did not include the level of supervision the resident required. - Two of 2 ISPs reviewed were not signed by all parities involved. - The provider administered medications to 2 of 2 residents reviewed without obtaining a physician order to administer medications. - One of 2 service agreements reviewed was not signed prior to or at the time of the resident's admission. On 05/09/2024 at approximately 7:00 a.m., Surveyor reached out to Licensee A to arrange a phone call to review Surveyor's findings. Licensee A requested Surveyor exit with Manager E and Caregiver C because Licensee A was out of the country and had been for 2 months. On 05/09/2024 at approximately 1:00 p.m., Surveyor reviewed the environmental, employee and resident related concerns with Manager E and Caregiver C. Manager E replied, "We need to work on our paperwork." Cross Reference: M0114 DHS 88.03(3)(b) Criminal Records Check M0230 DHS 88.04(2)(f) Condition Which Represents Risk or Harm M0232 DHS 88.04(2)(g)1. Health Screening For Staff M244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months M0332 DHS 88.05(4)(a) Fire Safety - Fire Extinguisher M0344 DHS 88.05(4)(d)2.a. Fire Safety	M 216		

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M 216	Continued From page 4 Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities M0424 DHS 88.06(3)(f) Review of ISP M0458 DHS 88.07(3)(d) Medication - Written Order M0514 DHS 88.09(2)(a) Service Provider Record M0570 DHS 88.10(3)(l) Safe Physical Environment	M 216		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the existence of a condition in the home that placed the safety of residents at substantial risk of harm was prohibited. The provider did not ensure 1:1 dedicated staffing was provided as required. Findings include: On 05/06/2024 at approximately 9:00 a.m., Surveyor arrived to the provider's home. Surveyor observed Caregiver B was the only caregiver present. Three residents were in the home.	M 230		

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M 230	Continued From page 5 On 05/06/2024 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B and interviewed Caregiver B. Record review and interview concluded the following: - Resident 2 was admitted to the provider's home on 12/26/2023 with diagnoses of schizophrenia, cognitive impairment, history of suicidal behavior and post traumatic stress disorder. Resident 2 had a legal guardian. Resident 2's individual service plan (ISP) did not clearly identify supervision needs. Caregiver B stated Resident 2 required 1:1 dedicated staffing, but s/he was unsure of the hours. - Resident 1 was admitted to the provider's home on 06/17/2023 with diagnosis of Alzheimer's disease. Resident 1's ISP did not clearly identify supervision needs. Caregiver B stated Resident 1 required 16 hours of 1:1 dedicated staffing each day. On 05/06/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A. Licensee A stated Resident 1 required 1:1 dedicated staffing 24 hours/day and Resident 2 required 8 hours of 1:1 dedicated staffing per day from the hours of 8:00 a.m. to 4:00 p.m. Surveyor shared observation that only 1 caregiver was present at 9:00 a.m. Licensee A did not comment on Surveyor's observation. On 05/08/2024 at approximately 9:30 a.m., Surveyor interviewed Case Manager F. Case Manager F stated both Resident 1 and Resident 2 required 1:1 dedicated staffing 24 hours per day and that the provider was being reimbursed to provide such level of supervision. Case Manager F shared that on 05/02/2024 s/he visited the home and observed only 1 caregiver present. Case Manager F stated the provider not providing	M 230		

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M 230	Continued From page 6 24 hour 1:1 dedicated staffing was a safety concern to residents and the public. Case Manager F stated Resident 2 had a history of behaviors included sexually inappropriate behaviors, elopements, making threats and aggression. Case Manager F was concerned Resident 2 could endanger individuals inside and outside the home without supervision. On 05/09/2024 at approximately 1:00 p.m., Surveyor reviewed concern with Manager E and Caregiver C that the provider did not meet the staffing needs of residents which placed the health and safety of residents at risk. Manager E stated the 2nd caregiver on schedule on 05/06/2024 had gone to an affiliated house to provide assistance when Surveyor arrived. Manager E stated s/he was unsure why there was only 1 caregiver present during Case Manager F's visit on 05/02/2024.	M 230		
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:	M 232		

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M 232	Continued From page 7 Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed was screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Caregiver C was not tested for tuberculosis until greater than 1 month after his/her employment. Findings include: On 05/06/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Caregiver B. Caregiver C's record indicated s/he was hired on 04/21/2023. The record included a tuberculosis test, dated 05/26/2023, greater than 1 month after Caregiver C's hire date. On 05/06/2024 at approximately 8:30 p.m., Licensee A followed up with Surveyor and acknowledged Caregiver C had a delay with his/her tuberculosis test. Licensee A stated Caregiver C did not return for testing within 48 hours so s/he had to redo the test.	M 232		
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.	M 244		

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M 244	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had completed 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. Caregiver C did not complete 15 hours of training. Findings include: On 05/06/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Caregiver B. Records indicated Caregiver C was hired on 04/21/2023. Caregiver C's record included first aid training, completed on 03/20/2023 and medication training, completed on 07/26/2023. The record did not include any documentation of additional trainings. On 05/06/2024 at approximately 9:10 a.m., Licensee A followed up with Surveyor and acknowledged some caregivers had not completed 15 hours of training. Licensee A stated the provider was actively working on ensuring training was completed as soon as possible. On 05/08/2024 at approximately 4:00 p.m., Licensee A provided Surveyor with documentation that indicated Caregiver C had completed an additional 9.5 hours of training. Training did not include standard precautions.	M 244		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS	M 332		

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M 332	Continued From page 9 Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers in the home were inspected annually by an authorized dealer or the local fire department and had an attached tag showing the date of the last inspection. The provider's fire extinguishers had not been inspected since December 2022. Findings include: On 05/06/2024 at approximately 9:45 a.m., Surveyor toured the provider's home with Manager E. Surveyor observed 2 of 2 fire extinguishers in the home had not been inspected since December 2022. Manager E nodded his/her	M 332		

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M 332	Continued From page 10 head in agreement that the extinguishers had not been inspected in the past year and stated s/he would follow up on having an inspection completed.	M 332		
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 1 of 2 residents reviewed were evaluated, using the department form, to determine whether s/he was able to evacuate the home without any help within 2 minutes. The provider did not complete an evacuation assessment for Resident 1. Findings include: On 05/06/2024 at approximately 8:30 a.m., Surveyor reviewed resident records provided by Caregiver B. Resident 1's record indicated s/he was admitted to the provider's home on 06/07/2023 with diagnosis of Alzheimer's. Resident 1's record did not include an evacuation assessment. On 05/06/2024 at approximately 9:30 a.m.,	M 344		

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M 344	Continued From page 11 Surveyor reviewed concern with Manager E that Resident 1's record did not include an evacuation assessment. Manager E went through Resident 1's records and confirmed an evacuation assessment was not completed.	M 344		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure semi-annual fire drills were conducted with written documentation of the evacuation time. The provider did not document evacuation times. Findings include: On 05/06/2024 at approximately 9:45 a.m., Surveyor reviewed the provider's environmental records. Surveyor was unable to locate documentation of fire drills. Surveyor requested documentation of fire drills from Manager E. Manager E stated s/he would have to follow up with Surveyor. On 05/06/2024 at approximately 8:30 p.m., Surveyor received documentation that indicated the following: - Fire Drill on 01/15/2024 from 10:00 a.m. to 10:15 a.m. - Fire Drill on 02/25/2024 from 11:00 a.m. to 11:20 a.m.	M 348		

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M 348	Continued From page 12 - Fire Drill on 03/30/2024 from 10:00 a.m. to 10:10 a.m. On 05/08/2024 at approximately 7:00 a.m., Surveyor followed up with Licensee A and asked for clarification regarding the evacuation time. On 05/08/2024 at approximately 4:00 p.m., Licensee A followed up with Surveyor and stated the fire drills documented the time started to the time residents returned inside the home. Licensee A stated in the future s/he would document the evacuation time.	M 348		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had a service agreement signed prior to or at the time of admission. Resident 1's service agreement was not signed by his/her activated HCPOA.	M 384		

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M 384	Continued From page 13 Findings include: On 05/06/2024 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Resident 1's record indicated s/he was admitted to the provider's home on 06/17/2023. Resident 1's service agreement was signed by Licensee A, but not Resident 1's activated Health Care Power of Attorney (HCPOA). On 05/08/2024 at approximately 4:00 p.m., Surveyor received documentation indicating Resident 1's Service Agreement had been signed and backdated by Resident 1's HCPOA since Surveyor's visit on 05/06/2024. On 05/09/2024 at approximately 1:00 p.m., Manager E confirmed Resident 1's service agreement was signed after Surveyor's visit.	M 384		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on interview and record review, the	M 408		

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provider did not ensure 2 of 2 individual service plans (ISPs) reviewed identified the residents needs in the areas of activities of daily living and level of supervision required in the home. Resident 1 and Resident 2's record did not identify their need for the provider's staff to administer medications and provide 1:1 dedicated staffing.

Findings include:

On 05/06/2024 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records indicated the following:

- Resident 2 was admitted to the provider's home on 12/26/2023. Resident 2's ISP, dated 12/27/2023, stated s/he could administer his/her own medications. The ISP stated s/he could spend 8 hours unsupervised and required 8 hours with dedicated staff.
- Resident 1 was admitted to the provider's home on 06/17/2023. Resident 1's ISP, dated 11/01/2023, stated s/he self-administered medications, but also that the home's staff administered medications. Resident 1's ISP stated s/he could spend up to 16 hours unsupervised.

On 05/06/2024 at approximately 9:30 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed caregivers administer all Resident 1 and Resident 2's medications. Caregiver B stated Resident 2 required 1:1 dedicated staffing, but s/he was unsure of what time of day. Caregiver B stated Resident 1 required 1:1 dedicated staffing for 16 hours a day.

On 05/06/2024 at approximately 10:00 a.m., Surveyor interviewed Licensee A. Licensee A

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M 408	Continued From page 15 stated Resident 2 required 1:1 dedicated staffing for 8 hours per day from 8:00 a.m. to 4:00 p.m. Licensee A stated Resident 1 required 1:1 dedicated staffing for 24 hours per day. On 05/08/2024 at approximately 9:30 a.m., Surveyor interviewed Case Manager F. Case Manager F stated both Resident 1 and Resident 2 were required to have 1:1 dedicated staffing for 24 hours per day and the provider was contracted through the Managed Care Organization to provide such supervision.	M 408		
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 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	M 424		

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M 424	Continued From page 16 plans (ISP) of 2 of 2 residents reviewed included a statement of agreement, dated and signed, by all persons involved. Resident 1 and Resident 2's ISPs were not signed by all involved parties. Findings include: On 05/06/2024 at approximately 8:30 a.m., Surveyor reviewed resident records provided by Caregiver B. Records indicated the following: - Resident 1 was admitted to the provider's home on 12/26/2023. Resident 1 had an activated Health Care Power of Attorney. Resident 1's ISP, dated 11/01/2023, was signed only by Licensee A. - Resident 2 was admitted to the provider's home on 06/17/2023. Resident 2 had a legal guardian. Resident 2's ISP, dated 12/27/2023, was signed only by Licensee A. On 05/06/2024 at approximately 8:30 p.m., Licensee A followed up with Surveyor and acknowledged Resident 1 and Resident 2's ISPs were not signed by all involved parties.	M 424		
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.	M 464		

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M 464	Continued From page 17 This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure a written order to administer medications was obtained from the physician of 2 of 2 residents reviewed. The provider administered medications to Resident 1 and Resident 2 without a physician order. Findings include: On 05/06/2024 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records indicated the following: - Resident 2 was admitted to the provider's home on 12/26/2023. Resident 2's record included a medication administration record (MAR) indicating the provider's staff administered Resident 2's medications. Caregiver B confirmed staff administered Resident 2's medications. Resident 2's record did not include a physician order for staff to administer medications. - Resident 1 was admitted to the provider's home on 06/17/2023. Resident 1's record included a MAR indicating the provider's staff administered Resident 1's medications. Caregiver B confirmed staff administered Resident 1's medications. Resident 1's record did not include a physician order for staff to administer medications. On 05/06/2024 at approximately 10:00 a.m., Surveyor interviewed Manager E and asked if the provider had obtained written orders from a physician to administer Resident 1 and Resident 2's records. Manager E stated s/he was relatively new to the provider and would have to follow up with Surveyor.	M 464		

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M 464	Continued From page 18 On 05/06/2024 at approximately 8:30 p.m., Licensee A updated Surveyor that the provider did not have a written order from a physician to administer Resident 1 and Resident 2's medications.	M 464		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure employee records were available at the adult family home for review by the department. Caregiver B, Caregiver C and Caregiver D did not have complete records in the home for Surveyor to review. Findings include: On 05/06/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Caregiver B. Records indicated the following: - Caregiver B was hired on 06/23/2023. Caregiver B's record did not include documentation of his/her background information disclosure (BID). The record included 2 trainings completed on 12/07/2023. No further trainings were accessible for Surveyor to review.	M 514		

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M 514	Continued From page 19	M 514		

- Caregiver C was hired on 04/21/2023. Caregiver C's record did not include documentation of his/her BID. The record included 2 trainings completed on 03/20/2023 and 07/26/2023. No further trainings were accessible for Surveyor to review.
- Caregiver D was hired on 05/24/2023. Caregiver D's record included 2 trainings completed on 06/30/2023 and 07/22/2023. No further trainings were accessible for Surveyor to review. Caregiver D's record did not include a tuberculosis test.

On 05/06/2024 at approximately 9:30 a.m., Surveyor reviewed concern with Manager E that employee records were incomplete. Manager E stated s/he was new with the provider and would have to follow up with Surveyor. Manager E was given until the end of the day to provide follow up records.
On 05/06/2024 at approximately 8:30 p.m., Licensee A emailed Surveyor with the following documentation and comments:

- Caregiver B's BID, which Licensee A stated was located in the provider's office. Licensee A also stated Surveyor was provided the incorrect hire date for Caregiver B. Licensee A stated Caregiver B's hire date was 12/21/2023 and that the employee roster Surveyor reviewed onsite was incorrect.
- Caregiver C's BID, which Licensee A stated was located in the provider's office.
- Caregiver D's tuberculosis test.

On 05/08/2024 at approximately 4:00 p.m., Surveyor received additional trainings from Licensee A for Caregiver B, Caregiver C and Caregiver D. Surveyor also received an out-of-state background check for Caregiver C. Explanation regarding the delay in providing

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M 514	Continued From page 20 Surveyor with these records was not provided.	M 514		
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 safeguard residents from environmental hazards. The provider's water temperature exceeded 120° F. Findings include: The provider is licensed to serve clients with diagnoses of physically disabled, emotionally disturbed/mental illness, advanced age, developmentally disabled and alcohol/drug dependent. On 05/06/2024 at approximately 10:00 a.m., Surveyor toured the provider's home and tested the water temperature in the main floor bathroom, used by 3 of 3 residents. The water temperature reached 138.7° F and had visible steam coming from the faucet. Surveyor shared concern	M 570		

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M 570	Continued From page 21 regarding the temperature of the water with Manager E. Surveyor asked Manager E if s/he could use the home's thermometer to take the temperature of the water and verify Surveyor's reading. Manager E stated the home did not have a thermometer. "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." (Source: Publication DHS P-01942 - 08/2017).	M 570		