

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018948	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/09/2024
NAME OF PROVIDER OR SUPPLIER FOCUS ADULT FAMILY HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2105 FRAWLEY DRIVE SUN PRAIRIE, WI 53590		
(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 05/08/2024 to 05/09/2024, Surveyor conducted a complaint investigation and standard survey at Focus Adult Family Home LLC, an AFH in Madison. Three deficiencies were identified. The complaint was unsubstantiated. Census: 3	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, Licensee A did not ensure that s/he and 1 of 1 caregivers reviewed were screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Licensee A and Caregiver B were not tested for tuberculosis within 90 days before the start of providing care. 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 05/08/2024 at approximately 11:00 a.m., Surveyor reviewed employee records provided by Licensee A. Licensee A stated s/he and Caregiver B had been employed at the home since the opening on 07/29/2022. Neither Licensee A, nor Caregiver B's records included a communicable disease screen. Licensee A stated both s/he and Caregiver B had been tested for tuberculosis and s/he would follow up with documentation. On 05/08/2024 at approximately 5:30 p.m., Licensee A provided documentation that indicated Licensee A was tested for communicable disease via chest x-ray on 08/01/2019 and Caregiver B was tested for communicable disease via chest x-ray on 02/14/2017. On 05/09/2024 at approximately 7:15 a.m., Surveyor reached out to Licensee A and asked if a communicable disease screen, including a tuberculosis test, was completed within 90 days prior to starting to provide service. On 05/09/2024 at approximately 7:45 a.m., Licensee A stated no additional tests were done because s/he thought x-rays didn't expire and that additional tests were not required unless there was known exposure or signs/symptoms of tuberculosis.	M 232		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS 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	M 332		

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M 332	Continued From page 2 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 July 2022. Findings include: On 05/08/2024 at approximately 11:25 a.m., Surveyor toured the provider's home with Licensee A. Surveyor observed 2 of 2 fire extinguishers had not been inspected since July 2022. Licensee A replied, "I know. We have been meaning to take them in but haven't yet because they make you schedule an appointment."	M 332		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM	M 380		

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M 380	Continued From page 3 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 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 1 of 2 residents reviewed were screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Resident 1 was not screened for communicable disease. Findings include: On 05/08/2024 at approximately 11:15 a.m., Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 admitted to the provider's home on 10/25/2023. Resident 1's record did not include documentation of a communicable disease screen, including a tuberculosis test. On 05/08/2024 at approximately 12:00 p.m., Surveyor reviewed concern with Licensee A that Resident 1's record did not include a tuberculosis test. Licensee A stated s/he would review his/her records further.	M 380		

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M 380	Continued From page 4 On 05/08/2024 at approximately 5:30 p.m., Licensee A followed up with Surveyor and stated s/he had Resident 1 scheduled for a tuberculosis test on 05/13/2024.	M 380			