STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017820	A. BUILDING: _____ B. WING _____	R 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HAND CARE AFH	2921 WIMBLEDON WAY MADISON, WI 53716

(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 02/21/2025, with information gathered through 02/25/2025, Surveyor conducted a verification visit at Good Hand Care AFH. Six deficiencies were identified. Six of 6 deficiencies are repeat violations (see Statement of Deficiency (SOD) EFZH11). Under statutory provisions of Wis. Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 staff member (Caregiver E) received at least 8 hours, per calendar year, of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024.	{M 246}		

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

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{M 246}	Continued From page 1 Findings include: The provider was licensed on 04/01/2020 to care for up to 4 residents in the client groups physically disabled, advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled. On 02/21/2025, Surveyor reviewed Caregiver E's training records. Caregiver E's record did not contain any documented training for 2024. On 02/21/2025, at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A did not have a response regarding what continuing education Caregiver E had received and could not confirm if they had received any training at all to meet the requirement.	{M 246}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards.	{M 278}		

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{M 278}	Continued From page 2 This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024. Toxic chemicals were not securely stored. Findings include: The provider was licensed on 04/01/2020 to care for up to 4 residents in the client groups physically disabled, advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled. The home's current census was 4 residents who were able to independently ambulate through the home. On 02/21/2025, at approximately 12:15 PM, Surveyor toured the facility and observed the following in unsecured cabinets: -Gallon of bleach -32 fluid ounce bottle of kitchen degreaser - all purpose cleaner -28 fluid ounce jug of calcium, lime, rust dissolver -17 ounce can of cleaning powder with bleach -large white jug with "disinfection water" written on it On 02/21/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated there was only one resident who displayed behaviors in the home, Resident 3. On 02/25/2025, Surveyor reviewed Resident 3's managed care organization (MCO) documentation provided by the MCO provider which documented: "Documented Mental Illness: Suicidal Ideations,	{M 278}		

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{M 278}	Continued From page 3 Psychogenic nonepileptic seizures." "Member does have a significant history of mental health challenges, and [his/her] diagnoses do cause permanent impairment of thought that is persistent and not able to be managed by medications or therapy alone."	{M 278}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. 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 3 out of 3 records (Resident 1, Resident 2 and Resident 3) reviewed were developed together with the placing agency, the resident representative, and the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024. Findings include: On 02/21/2025, Surveyor reviewed Resident 2's and Resident 3's record.	{M 406}		

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{M 406}	Continued From page 4 Resident 1 moved into the home on 04/08/2022 and was his/her own person. Resident 1 was placed by Managed Care Organization (MCO) Care Manager (CM) C. Resident 1's record contained an ISP, dated 11/15/2024, which was not signed and dated by CM C to indicate their involvement with the development of the plan. Resident 2 moved into the home on 11/04/2015 and was represented by Guardian D. Resident 2's record contained an ISP, dated 7/24/2024, which was not signed and dated by Guardian D to indicate their involvement with the development of the plan. Resident 3 moved into the home on 11/11/2022 and was his/her own person and placed by MCO CM F to indicate their involvement with the development of the plan. Resident 3's record contained an ISP, dated 11/10/2024, which was not signed and dated by CM F to indicate their involvement with the development of the plan. On 02/21/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A did not have a response when asked if the care managers and resident representatives were asked to participate in the development of the resident's individual service plan.	{M 406}		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	{M 458}		

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{M 458}	Continued From page 5	{M 458}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure medications remained secured until time of administration for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4).

This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024.

Findings include:

The provider was licensed on 04/01/2020 to care for up to 4 residents in the client groups physically disabled, advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled.

On 02/21/2025, at approximately 2:00 PM, Surveyor arrived onsite to conduct a verification visit. Surveyor was greeted by Caregiver G. Surveyor walked to the medication cabinet where the key was left in the locking device. Surveyor observed Resident 1's, Resident 2's, Resident 3's, and Resident 4's medications sitting in unsecured plastic bins. Surveyor noted Caregiver G was not in the process of administering medications prior to Surveyors arrival.

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{M 458}	Continued From page 6 On 02/21/2025, at approximately 3:00 PM, Surveyor discussed the concern with Licensee A in the exit interview. Licensee A did not have a response as to why the medications were not secured.	{M 458}		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed the medications, specifying who by name or position was permitted to administer the medication for 1 of 1 resident. This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024. Resident 1 self-administered 'other-the-counter' (OTC) medications and the provider did not have a written order from his/her physician stating that s/he could self-administer the medications. Findings include:	{M 464}		

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{M 464}	Continued From page 7 On 02/21/2025, at approximately 3:05 PM, Surveyor and Licensee A toured Resident 1's room, looking for his/her inhalers. Surveyor and Licensee A observed the following OTC medications: Tums (antacid), Ultra Strength Gas Relief, Allergy Relief, Cold Max Daytime, and Anti-Diarrheal Tablets. On 02/21/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 04/08/2022. Resident 1's February 2025 Medication Administration Record (MAR) did not document the OTC medications. Resident 1's record contained a letter from his/her physician that stated: "I trust [s/he] knows when [s/he] needs [his/her] inhaler, this can be used as needed and it is appropriate for it to be in [his/her] bedroom or bag, wherever [s/he] might need it." . On 02/21/2025, at approximately 3:15 PM, Surveyor interviewed Licensee A and asked if s/he had any other written orders from Resident 1's physician. Licensee A did not.	{M 464}		
{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	{M 466}		

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{M 466}	Continued From page 8	{M 466}		

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 observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) 09/04/2024.

Resident 1's February 2025 Medication Administration Record (MAR) was missing documentation of medication administration of his/her 'as needed' (PRN) Tramadol (pain medication).

Findings include:

On 02/21/2025, at approximately 2:00 PM, Surveyor observed Resident 1's blister card of (PRN) Tramadol in the med cabinet. The blister card was dispensed on 02/12/2025 and had 8 of 15 remaining tablets.

On 02/21/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home on 04/08/2022.

Resident 1's February 2025 MAR, dated 02/01/2025 to 02/21/2025, documented:
Tramadol HCL (hydrochloride) Tab (tablet) 50 MG (milligram) - Take 1 tablet by mouth every 6 hours as needed.
The MAR documented administration on 02/13,

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{M 466}	Continued From page 9 02/14, 02/16, 02/20, which would leave 11 tablets remaining. On 02/21/2025, at approximately 3:15 PM, Surveyor interviewed Licensee A. Licensee A did not have a response as to why all administration times were not documented on the MAR but understood requirement.	{M 466}		