STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019774	A. BUILDING: _____ B. WING _____	R 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YASMINS LOVING CARE	1405 DROSTER RD 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 10/22/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Yasmins Loving Care, an adult family home (AFH) located in Madison, WI. As a result of the survey, 1 deficiency was identified. The deficiency is a repeat deficiency from Statement of Deficiency (SOD) H3DR12, dated 04/16/2024, and SOD H3DR11, dated 01/09/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	{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	{M 262}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YASMINS LOVING CARE	1405 DROSTER RD MADISON, WI 53716

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{M 262}	Continued From page 1 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 did not ensure that 1 of 2 emergency exits for the home were ramped to grade with a hard surfaced pathway and handrails for residents who experienced difficulties walking. This is a repeat deficiency. See Statement of Deficiency (SOD) H3DR12, dated 04/16/2024, and SOD H3DR11, dated 01/09/2024. Findings include: The provider is licensed to serve up to 4 ambulatory residents in the client groups of irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, advanced aged, and developmentally disabled. On 10/22/2024, at approximately 9:05 a.m., Surveyor toured the home with Caregiver B. Surveyor observed Resident 1's room and observed a 4-wheeled walker and a single point cane near his/her door. Surveyor interviewed Resident 1 regarding his/her assistive device use. Resident 1 confirmed that s/he used both for ambulation. While touring the home, Surveyor observed the exits with Caregiver B. Surveyor observed the service door exit, which was 1 of 2 exits ramped to grade from the home. The final part of this exit pathway consisted of a ramp in the garage leading to the service door, which was elevated approximately 5-6" from the ground on both sides of the door, and then another ramp from the door	{M 262}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 262}	Continued From page 2	{M 262}		

leading outside the home (Photos 1, 2, and 3). The part of the ramp exterior to the home did not have any landing. The part of the ramp located on the garage side had an approximate 6" landing that spanned the door width. The part of the ramp located in the garage, where the door swung open, did not have a handrail. A grab bar spanning the door was observed (Photo 2).

At approximately 10:20 a.m., Surveyor observed Resident 1 ambulating with a 4-wheeled walker from the hallway through the kitchen into the garage.

On 10/22/2024, Surveyor reviewed Resident 1's current individual service plan (ISP), dated 06/30/2024. Resident 1's ISP documented the following:

- Under the "Medical" heading: "...make sure to remind to use [his/her] cane/walker for [his/her] hip..."
- Under the "Falls" heading: "...Resident has dislocated [his/her] hip few times so remind to use cane/walker."

On 10/22/2024, at approximately 10:35 a.m., Surveyor interviewed Licensee A. Licensee A reported s/he wasn't sure why the exit accessibility concerns were not addressed since the last survey. Licensee A reported s/he did not request a waiver as discussed during the last survey for the handrail section in the path of the door swing because s/he thought the grab bar on the door would be sufficient to meet the handrail requirement.