STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018161	A. BUILDING: _____ B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	5510 FORGE DRIVE 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
N 000	Initial Comments On 05/06/2025, Surveyor conducted a standard licensing survey at Hope Reality LLC, a CBRF located in Madison, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. Census: 5	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally 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 before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver B had completed training in Fire Safety. Caregiver B did not have documented evidence of completing training in Fire Safety. This is a repeat violation from previous Statement of Deficiency (SOD) GWH412 dated 01/20/2021. Findings include: On 05/06/2025 at 9:00 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 05/14/2021. There was no evidence in Caregiver B's file that Caregiver B had completed training in Fire Safety. There was no evidence in Caregiver B's file that exempted Caregiver B from this training. On 05/06/2025 at 9:15 AM Surveyor checked the Wisconsin Community Based Care and Treatment Registry and confirmed that Caregiver B was not on the registry for Fire Safety. On 05/06/2025 at 9:30 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he conducts this training him/herself. Licensee A searched facility records and the Wisconsin Community Based Care and Treatment Registry. Licensee A confirmed that there was no evidence that Caregiver B had completed training in Fire Safety. Licensee A stated, "I can't believe I missed that, I am so mad at myself."	N 239		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include	N 454		

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N 454	Continued From page 2 all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response,	N 454		

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N 454	Continued From page 3 refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure to maintain records of 2 of 2 Residents' annual physical examination. Five of 5 residents did not have a documented physical examination by their Primary Care Physician (PCP). Findings include: On 05/06/2025, Surveyor Reviewed Resident 1's medical record. Resident 1 was admitted 09/08/2020 with diagnoses of intellectual disability and schizophrenia. There was no documented annual health exam for Resident 1. On 05/06/2025 at 10:00 AM, Surveyor	N 454		

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N 454	Continued From page 4 interviewed Licensee A. Licensee A stated that the facility did not have copies of the annual health exam for Resident 1. "They don't give us records for that; they go to the Managed Care Organization." On 05/06/2025, Surveyor Reviewed Resident 2's medical record. Resident 2 was admitted 09/02/2020 with diagnoses of schizophrenia and other psychotic symptoms. There was no documented annual health exam for Resident 2. On 05/06/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that the facility did not have copies of the annual health exam for Resident 2. "They don't give us records for that; they go to the Managed Care Organization." Surveyor gave Licensee A until 05/07/2025 at 12:00 PM to provide further information. As of 05/07/2025 at 12:00 PM, no further information was provided.	N 454		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure items inside and outside of the	N 481		

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N 481	Continued From page 5 home were safe and in good repair. Findings include: On 05/06/2025, Surveyor toured the physical environment. OBSERVATIONS: The railing leading to/from the front entrance of the facility was deteriorating. The boards at the end of the railing were split in 2 pieces. There were rusted screws protruding out of the boards. There were dusty vents in the hallway that appeared not to have been cleaned. The microwave above the stove was not in operating order. On 05/06/2025 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A acknowledged that the railing needed to be repaired. Licensee A stated that s/he was not aware of the dusty vents. Licensee A stated that the microwave had broken a short time ago and will be removed and that a microwave that was on the counter was available for resident use.	N 481		