STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019037	A. BUILDING: _____ B. WING _____	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABLE HOME WEST	8410 BLACKWOLF DR. MADISON, WI 53717

(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 09/11/2024 to 09/12/2024, Surveyor conducted a standard survey at Able Home West, an AFH in Madison. Two deficiencies were identified. Census: 4	M 000		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM 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 2 of 2 residents reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. The provider did not have record of a tuberculosis test for Resident 1 or Resident 2. Findings include: On 09/11/2024 at approximately 9:00 a.m., Surveyor reviewed resident records, which documented the following:	M 380		

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

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M 380	Continued From page 1 - Resident 1 was admitted on 12/06/2022. Resident 1's record did not include a tuberculosis test. - Resident 2 was admitted on 12/15/2023. Resident 2's record did not include a tuberculosis test. On 09/11/2024 at approximately 9:30 a.m., Surveyor discussed concern with Administrator A that neither Resident 1, nor Resident 2's record included tuberculosis tests. Administrator A reviewed Resident 1 and Resident 2's records and confirmed s/he was unable to locate tuberculosis tests. Administrator A requested time to look for records further. Administrator A was given until 09/12/2024 at 12:00 p.m. to provide follow up records. On 09/12/2024 at 12:00 p.m., Administrator A provided Surveyor with documentation indicating Resident 2 had a tuberculosis test administered on 12/15/2023, but documentation did not include results. Administrator A included a statement saying s/he had requested documentation of a tuberculosis test from Resident 1's physician but had yet to receive information. The provider did not ensure Resident 1 and Resident 2 were tested for clinically apparent communicable disease, including tuberculosis, within 90 days prior to or 7 days after admission.	M 380		
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	M 464		

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 464	Continued From page 2 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 ensure a physician order to administer medication was obtained for 1 of 2 residents reviewed. The provider did not have a physician order to administer medication to Resident 1. Findings include: On 09/11/2024 at approximately 9:00 a.m., Surveyor reviewed resident records. Resident 1's record indicated s/he was admitted on 12/06/2022. Resident 1's record indicated staff administered his/her medications. Resident 1's record did not include a physician order to administer medications. On 09/11/2024 at approximately 9:30 a.m., Surveyor reviewed concern with Administrator A that Resident 1's record did not include a physician order to administer medications. Administrator A reviewed Resident 1's record and confirmed s/he had medication orders for Resident 1 but did not have a physician order to administer Resident 1's medications.	M 464		