| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019191 | A. BUILDING: _____ B. WING _____ | 04/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDERBURY HOME | 2120 ADDERBURY CIRCLE MADISON, WI 53711 |

| (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<br><br>On 04/15/2025, Surveyor conducted a standard licensing survey at Adderbury Home, an AFH located in Madison, WI.<br><br>As a result of the survey, 3 violations of Chapter DHS 88 were issued.<br><br>Census: 2 | M 000 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 3 of 3 caregivers completed training in medications or standard/universal precautions. Caregiver B, Caregiver C and Caregiver D did not have documented completed training in medications or standard/universal precautions.<br><br>Findings include:<br><br>The facility is able to serve up to 3 individuals with diagnoses that include but are not limited to: emotionally disturbed/mental illness, traumatic | M 244 | | |

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

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|---|---|---|---|---|
| M 244 | Continued From page 1 | M 244 | | |

brain injury, alcohol/drug dependent, developmentally disabled, advanced age.

According to documented facility policy, all caregivers must be able to clean up bodily fluids using standard precautions and personal protective equipment.

Resident 1 and Resident 2 both require that staff administer medications.

On 04/15/2025 at 11:30 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B, hired 01/26/2023, did not have documented completed training in medications or standard/universal precautions.

On 04/15/2025 at 11:30 AM, Surveyor reviewed Caregiver C's employee file. Caregiver C, hired 01/05/2024, did not have documented completed training in medications or standard/universal precautions.

On 04/15/2025 at 11:30 AM, Surveyor reviewed Caregiver D's employee file. Caregiver D, hired 03/22/2024, did not have documented completed training in medications or standard/universal precautions.

On 04/15/2025 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregivers B, C and D administer medications and must clean up bodily fluids when necessary. Administrator A stated s/he believed that all categories were covered in facility training, but could not find any training that covered medications or standard precautions.

On 04/15/2025 at 2:45 PM, Administrator A emailed Surveyor stating that all employees

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|---|---|---|---|---|
| M 244 | Continued From page 2<br>would complete training in medications and standard/universal precautions as soon as possible. | M 244 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 2 residents were evaluated annually for evacuation time. Evacuation assessments for Resident was completed on day of survey.<br><br>Findings include:<br><br>On 04/15/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/10/2024. There was no resident evacuation assessment in Resident 1's record.<br><br>On 04/15/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A stated that s/he did not know that resident evacuation assessments should be updated annually.<br><br>On 04/15/2025 at 2:30 PM, Surveyor received an email from Administrator A that included a resident evacuation for Resident 2. The same | M 346 | | |

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|---|---|---|---|---|
| M 346 | Continued From page 3<br>form had both Resident 1 and Resident 2's name on it and was dated 02/01/2025, Resident 2's admission date.<br><br>On 04/15/2025 at 2:45 PM, Surveyor emailed Administrator A and explained that each resident must be assessed individually and a separate form must be used for each resident. | M 346 | | |