STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019035	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE WISCONSIN CORNER PRAIRIE HOUSE	2010 PRAIRIE RD 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 On 03/05/2025, with information gathered through 03/06/2025, Surveyor conducted a standard licensure survey at Care Wisconsin Corner Prairie House. Three deficiencies were identified. Census: 3	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not follow its program statement. The provider did not revise its program statement and submit to the licensing agency for approval 30 days before implementing the change. The provider is not licensed to serve non-ambulatory residents, and the home was not wheelchair accessible. Resident 1 required the use of a walker for ambulation.	M 106		

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

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M 106	Continued From page 1 Findings include: The provider is licensed as an ambulatory Adult Family Home (AFH) able to serve up to 3 residents in the client groups advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled. On 03/05/2025, at approximately 10:10 AM, Surveyor arrived at the home and observed the home was not ramped. There was approximately a 6-inch cement step into the home, and portions of the step were crumbling away. On 03/05/2025, at approximately 10:30 AM, Surveyor toured Resident 1's room. Surveyor observed a cane and signs that stated, "Use Cane During the Day. Use a Walker in the Night" and "Use cane around the house when walking unless you need to carry something. Use walker if you leave the house in order to get down the steps and for stability walking on uneven ground." Surveyor noted the bedroom did not have a 32-inch clearance. On 03/05/2025, at approximately 11:00 AM, Resident 1 returned to the home and was utilizing his/her 4 wheeled walker. Surveyor observed Resident 1 slowly pick up his/her walker to ambulate the step into the home. On 03/05/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 02/20/2024, with diagnosis including difficulty walking. On 03/05/2025, Surveyor reviewed the facility's	M 106		

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M 106	Continued From page 2 program statement which documented: "Accessibility to persons with mobility concerns: There is a single step to enter the home, so residents must be able to independently climb this stair to enter and exit the building. The main level features leaving room/dining room, Kitchen and three bedrooms with full bathroom. Although there are no stairs inside the house, this home is NOT designed to accommodate wheelchairs or residents with mobility problem." On 03/05/2025, at approximately 11:15 AM, Surveyor interviewed Caregiver B. Caregiver B stated that Resident 1 was scheduled to move out of the home by May. On 03/06/2025 at 11:53 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 would be moving to a county-based home at the end of the month. Administrator A stated s/he would no longer admit residents who required adaptive devices for ambulation.	M 106		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed mattress was in good condition for 1 of 2 residents. Resident 1's bed felt compressed and no longer	M 326		

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M 326	Continued From page 3	M 326		

had cushion to provide adequate support.

Findings Include:

The provider is licensed as an ambulatory Adult Family Home (AFH) able to serve up to 3 residents in the client groups advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled.

On 03/05/2025, at approximately 10:30 AM, Surveyor toured Resident 1's room. Surveyor observed Resident 1's bed and noted it to be a hospital style bed, with side rails. The mattress appeared to be sunken in areas and Surveyor reached down and touched Resident 1's bed mattress. Surveyor noted the bed felt compressed and there was no cushion left in the mattress.

On 03/05/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 02/20/2024, with previous diagnoses including displaced fracture of surgical neck of left humerus (upper arm bone), fracture of scapula (shoulder blade), left shoulder, fracture of left pubis (pelvic bone), fracture of First, Second, Third, and Fourth vertebra of left mandible (lower jaw).

Resident 1's "Individualized Service Plan," dated 07/30/2024, did not document that s/he utilized a hospital bed with bedrails.

On 03/05/2025, at approximately 11:15 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he did not know who was responsible for ensuring Resident 1 had a comfortable bed.

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M 326	Continued From page 4 On 03/06/2025 at 10:53 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 had been complaining of back pain. Administrator A stated, "Maybe this is being caused by the mattress. I will reach out to the company that provided the bed and see if we can get a different mattress, such as an air mattress that can be inflated."	M 326		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator that were not properly sealed to avoid contamination and food items in the freezer that were not properly sealed to avoid freezer burn. Findings include: The provider is licensed as an ambulatory Adult Family Home (AFH) able to serve up to 3 residents in the client groups advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled. On 03/05/2025, at approximately 10:15 AM, Surveyor toured the kitchen and observed the following:	M 474		

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M 474	Continued From page 5 Kitchen Sink Cabinet: -40 fluid ounce bottle of vegetable oil -32 fluid ounce bottle of extra virgin olive oil -Gallon of apple cider vinegar -Gallon jug of vegetable oil Along with the following cleaning compounds: -Spray can of disinfectant -75 fluid ounce bottle of antibacterial hand soap -60 pod container of dishwasher soap -Spray can of bug spray Refrigerator: -8 ounce bag of cheddar asadero for tacos was not sealed. -8 ounce bag of Mexican style four cheese blend was not sealed. Freezer: -22 ounce bag of chicken breast strips was not sealed. -16 count bag of beef and bean chimichangas was not sealed. -3 pound bag of pizza rolls was not sealed. -16 ounce box of mini tacos was not sealed. -Bag of waffles was not sealed. Pantry: -17.5 ounce bag of ground coffee that was not sealed. "If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the freezer, 2024, https://www.safefood.net/food-storage/freezing (retrieval date - March 6, 2025).)	M 474		

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M 474	Continued From page 6 "Keep foods covered. Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage. Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer." (Source: US Food and Drug Administration (FDA) website, Are You Storing Food Safety?, January 18, 2023, https://www.fda.gov/consumers/consumer-updates/are-you-storing-food-safely (retrieval date - March 6, 2025).) On 03/05/2025, at approximately 11:25 AM, Surveyor and Caregiver B observed the concerns identified by Surveyor. Caregiver B stated s/he understood. On 03/06/2025 at 10:53 AM, Surveyor interviewed Administrator A. Administrator A stated food should never be stored with cleaning compounds, as the cleaning compounds are to be secured in another part of the home. Administrator A stated s/he would discuss the proper way to store food at the next staff meeting.	M 474		