STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019237	A. BUILDING: _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EYENAANU	2521 MCKENNA BLVD 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 06/04/2025, Surveyor conducted a standard licensure survey at Eyenaanu. Six deficiencies were identified. Census: 3	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate 3 of 3 residents (Resident 1, Resident 2, Resident 3) using the form provided by the Department, to determine whether the resident is able to evacuate the home without any help within 2 minutes. Findings include: On 06/04/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 1 moved into the home on 03/19/2024. Resident 1's record did not contain any evacuation assessment, which would determine whether the resident is able to evacuate the home without help and within 2 minutes.	M 344		

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

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M 344	Continued From page 1 Resident 2 moved into the home in 11/2024. Resident 2's record did not contain any evacuation assessment, which would determine whether the resident is able to evacuate the home without help and within 2 minutes. Resident 3 moved into the home on 05/30/2024. Resident 3's record did not contain any evacuation assessment, which would determine whether the resident is able to evacuate the home without help and within 2 minutes. On 06/04/2025, at approximately 11:15 AM, Surveyor interviewed Licensee A and Manager B. Licensee A and Manager B stated they were not aware of the evacuation assessment form. Licensee A stated s/he would ensure each resident was assessed as required.	M 344		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) record reviewed had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Findings include:	M 404		

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M 404	Continued From page 2 On 06/04/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 03/19/2024 and was represented by a managed care organization (MCO). Resident 1's record contained the MCO "ISP and Member Centered Plan," dated 12/01/2024, which was not signed by Resident 1, the MCO care manager, or the provider. This plan did not identify what cares the provider was responsible for. On 06/04/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A and Manager B and discussed the requirement of creating an individualized ISP for each resident. Licensee A stated s/he would create an ISP for Resident 1.	M 404		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 3 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not update 2 of 2 resident's individual service plan (ISP) regarding his/her behaviors. Resident 2 refused to practice basic hygiene. Resident 3 displayed anxiety like behavior with other residents and visitors in the home. Findings include: Example 1: Resident 2 On 06/04/2025, at approximately 10:20 AM, Surveyor toured Resident 2's room. Surveyor noted the room had a body odor like scent and there appeared to be soiled laundry stacked in piles around the room. Surveyor observed sheets and pillowcases in a pile on the floor and the bed only contained a plastic mattress cover. On 06/04/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home in 11/2024 and was represented by activated health care power of attorney (HCPOA) C and managed care organization (MCO) Care Manager (CM) D. Resident 2's daily notes documented: 01/13/2025 - Wears same clothes every day. 01/15/2025 - Locked him/herself in his/her room because staff told him/her to take a shower and laundry.	M 424		

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01/17/2025 - Negligent when it comes to care. Needs to be reminded.
01/18/2025 - Same clothes.
01/19/2025 - Very irritable when staff talk to him/her about hygiene and cares. Same clothes.
01/28/2025 - Negligent about hygiene. Same clothes.

Resident 2's MCO ISP, dated 10/01/2024, documented:
Bathing - Partial Assist
Dressing - Partial Assist
Toileting - Partial Assist
Laundry/Chores - Needs help weekly or less
Known Behaviors - History of self-neglect

Resident 2's ISP, dated 01/01/2025, unsigned by the provider, HCPOA C and CM D, documented:
Bathing - N/A (not applicable)
Personal appearance (hair, make-up, etc) - N/A
Dressing - N/A
Laundry - Loading and unloading laundry, folding
Cleaning - Room and bathroom

Resident 2's ISP did not identify that s/he was negligent in hygiene, such as showering and changing clothes.

Example 2: Resident 3

On 06/04/2025, at approximately 10:00 AM, Surveyor arrived at the home and observed Resident 3 making coffee in the kitchen. Resident 1 went into a cupboard where Resident 3 kept his/her personal food items and became agitated, yelling at Resident 1. Resident 1 retrieved a coffee filter and stated that they were his/her coffee filters. Manager B de-escalated the situation and Resident 3 then stated the filters weren't his/hers.

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M 424	Continued From page 5 On 06/04/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 05/30/2024 and was represented by MCO CM E and Guardian F. Resident 3's "ISP and Member Centered Plan," created by CM E, dated 07/01/2024, documented: "Member Strength: Member makes [his/her] concerns with anxiety and depression known." "Member Approach: Member will continue to take behavior modifying medications to manage symptoms of anxiety such as irritability, sadness, tearful, agitation." Resident 3's ISP, dated 01/01/2025, unsigned by the provider, CM E and Guardian F, did not document that Resident 3 experienced behaviors such as anxiety and depression and guidelines for staff intervention. On 06/04/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A and Manager B and discussed the importance of individualizing a resident's ISP. Licensee A stated s/he would review the resident ISPs to ensure individuality and to ensure the care team participated in the development of the ISP.	M 424		
M 428	88.07(1)(b) AUTONOMY AND CHOICES The licensee shall encourage a resident's autonomy, respect a resident's need for physical and emotional privacy and take a resident's preferences, choices and status as an adult into consideration	M 428		

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M 428	Continued From page 6 while providing care, supervision and training. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not encourage 3 of 3 resident's autonomy, respect for a resident's needs, or take a resident's preferences, choices, and status as an adult into consideration while providing care, supervision, and training. Resident 1 was not allowed to utilize the refrigerator. Resident 1, Resident 2, and Resident 3 were not allowed to leave the home after 9:00 PM. Findings include: The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 06/04/2025, at approximately 10:00 AM, Surveyor toured the facility. Surveyor observed a sign on the refrigerator that stated, "[Resident 1] is not allowed to touch the fridge." Surveyor observed a sign on the entrance door that stated, "No One outside 9PM." On 06/04/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 1's record did not contain an individual service plan that should have identified the rationale for placing restrictions on when s/he could leave the home and when s/he could utilize the refrigerator.	M 428		

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M 428	Continued From page 7 Resident 2's and Resident 3's "Individual Service Plans" did not document guidelines regarding the rationale as to why they were not allowed to exit the home after 9:00 PM. On 06/04/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A stated that Resident 1 was a fall risk, and the sign on the entrance door pertained to him/her. Licensee A stated, "We do not want [him/her] exiting the building in the dark due to [him/her] falling." Licensee A did not have a response as to why Resident 1 was not allowed to touch the refrigerator. Licensee A stated, "I understand that could be a violation of [his/her] rights." Surveyor reviewed the department facility file to determine if the licensee had filed for a waiver regarding restrictions on Resident 1. Surveyor did not detect any filed waivers.	M 428		
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 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:	M 464		

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M 464	Continued From page 8 Based on observation, record review and interview, prior to dispensing or administering medications to a resident, the provider did not obtain a written 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 for 3 of 3 residents. Resident 1's record did not contain a written order for him/her to keep his/her other-the-counter (OTC) medications in his/her room. Resident 2's and Resident 3's record did not contain a written order identifying staff would be administering his/her medications. Findings include: Example 1: Resident 1 On 06/04/2025, at approximately 10:40 AM, Surveyor observed Resident 1's room. Surveyor observed a bottle of probiotics, a bottle of ibuprofen, a bottle of acetaminophen and a bottle of fast-acting cough gels in Resident 1's room. On 06/04/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 03/19/2024. Resident 1's Medication Administration Records (MARs), dated 05/01/2025 to 06/04/2025, did not document that Resident 1 was prescribed these OTC. Surveyor was unable to locate a written order from Resident 1's physician stating s/he was	M 464		

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M 464	Continued From page 9 permitted to administer his/her own medication or that s/he had been prescribed the OTC medications. Example 2: Resident 2 Resident 2 moved into the home in 11/2024. Resident 2's MARs, dated 05/01/2025 to 06/04/2025, documented that staff had administered all prescribed medications. Surveyor was unable to locate a written order from Resident 2's physician stating medications would be administered by the provider. Example 3: Resident 3 Resident 3's MARs, dated 05/01/2025 to 06/04/2025, documented that staff had administered all prescribed medications. Surveyor was unable to locate a written order from Resident 3's physician stating medications would be administered by the provider. On 06/04/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A and Manager B. Licensee A and Manager B stated they were unaware a written order was required to administer resident medications. Licensee A and Manager B stated they were not aware that OTC medications required a physician order, along with a self-administer physician order.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a	M 474		

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M 474	Continued From page 10 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 to be kept frozen until cooked. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 06/04/2025, at approximately 10:15 AM, Surveyor toured the kitchen and observed the following in the refrigerator: -A box of cheese curds that stated "Keep Frozen." -A box of Texas toast - garlic - which stated, "Keep product frozen until ready to prepare." -A box that contained a breakfast bowl (potatoes, eggs, cheese, sausage crumbles & bacon) that stated, "Keep Frozen." -A box that contained a sausage breakfast bowl that stated, "Keep Frozen." -A container of what appeared to be leftover baked beans that was not dated. -A container of what appeared to be leftover hamburgers that was not dated. -A food item that was wrapped in aluminum foil that was not labeled or dated.	M 474		

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-An opened jar of beef gravy that was not dated.
-An opened jar of pork gravy that was not dated.
-An opened jar of pasta sauce with meat that was not dated.
-An opened jar of roasted garlic pasta sauce that was not dated.
-An opened package of hotdogs that was not sealed or dated.

"Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17)

"Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7,

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M 474	Continued From page 12 p. 1-8, and p. 7-3) On 06/04/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A and Manager B. Licensee A and Manager B stated they understood and would ensure food items were dated when they were opened and discarded appropriately.	M 474		