STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019003	A. BUILDING: _____ B. WING _____	01/15/2025

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MEMPHIS HOME	308 MEMPHIS AVE MADISON, WI 53714

(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 01/13/2025 to 01/15/2025, Surveyors conducted a standard survey at Memphis Home, an AFH in Madison. Sixteen deficiencies were identified. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal records check was completed for 3 of 3 caregivers reviewed. The provider did not have record of complete background checks for Caregiver B, Caregiver C and Caregiver D. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 01/13/2025 at approximately 9:00 a.m., Surveyors arrived to the home. Surveyors requested employee records from Caregiver B and Caregiver C, who were working at the home. Caregiver B and Caregiver C were unable to provide a list of employees, dates of hire or complete employee records. Caregiver C stated Licensee A was out of state and would not be	M 114		

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M 114	Continued From page 2 coming to the home to assist with the survey. From 01/13/2025 at approximately 10:00 a.m. to 01/14/2025 at 3:15 p.m., Surveyors attempted to reach Licensee A via phone and email to assist with the survey. On 01/14/2025 at approximately 3:15 p.m., Licensee A acknowledged Surveyors efforts to reach him/her. On 01/15/2025 at approximately 9:00 a.m., Surveyors received documentation that indicated the following: - Caregiver B was hired on 01/02/2025. Caregiver B's record did not include a BID. - Caregiver C was hired on 08/24/2024. Caregiver C's record did not include a BID. - Caregiver D was hired on 11/22/2024. Caregiver D's record did not include a BID. On 01/15/2025 at 1:00 p.m., Surveyors discussed concern with Licensee A that 3 of 3 caregivers reviewed did not have BIDs on file. Licensee A stated s/he typically kept BIDs on file, but didn't state why s/he didn't have the BIDs on file for Caregiver B, Caregiver C or Caregiver D.	M 114		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near	M 332		

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M 332	Continued From page 3 the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by the authorized dealer or the local fire department for 3 of 3 fire extinguishers. The fire extinguishers in the kitchen, upstairs and basement were not inspected annually. The tag attached indicated the date of the last inspection was September 2022. Findings include: On 01/13/2025 at approximately 9:45 a.m., Surveyor toured the home. Surveyor observed a fire extinguisher in the kitchen, upstairs and basement with a tag indicating the date of the last inspection was September 2022. On 01/13/2025 at approximately 10:00 a.m., Surveyor interviewed Caregiver C. Caregiver C did not know the extinguishers were not inspected. Caregiver C stated that his/her manager oversaw the inspections.	M 332		

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M 334	Continued From page 4	M 334		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located on the ceiling of all living areas. Findings include: On 01/13/2025 at approximately 9:30 a.m., Surveyor observed there was no smoke detector in the living room. Surveyor observed a plastic mount on the ceiling with no smoke detector attached. On 01/13/2025 at approximately 10:00 a.m., Surveyor interviewed Caregiver C who stated the smoke detector had been down for 3 days. Caregiver C stated s/he reported it to the manager and was told that someone would be over to fix it. Surveyor requested contact	M 334		

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M 334	Continued From page 5 information of the manager, who was informed of repairs needed. Caregiver C did not have any contact information to provide the Surveyor.	M 334		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure monthly smoke detector testing for 2 of 2 years reviewed. There was no evidence smoke detectors were checked in 2023 and 2024. Findings include: On 01/13/2025 at approximately 9:30 a.m., Surveyor requested environmental records for the home from Caregiver C. Caregiver C called Licensee A to report that surveyor was at the home. Caregiver C could not provide any environmental records. On 01/13/2025 at 10:45 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A.	M 336		

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M 336	Continued From page 6 On 01/13/2025 at 11:02 a.m., Surveyor sent an email to Licensee A requesting documentation for the survey. There was no response from Licensee A. On 01/14/2025 at 8:33 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A. On 01/14/2025 at 2:30 p.m., Surveyor sent an email to Licensee A requesting documentation for the survey. On 01/14/2025 at 4:10 p.m., Surveyor received an email from Licensee A stating that s/he had been out of town and that s/he would forward over documents by 01/15/2025. On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A stating documentation for environmental records must be received by 9:00 a.m. on 01/15/2025, which was 48 hours after Surveyors' visit to the home. As of 10:00 a.m., on 01/15/2025, evidence of monthly smoke detector checks for 2023 or 2024 was not received.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the	M 348		

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M 348	Continued From page 7	M 348		

provider did not maintain written documentation of semi-annual fire drills. There was no documentation of fire drills conducted in 2023 or 2024.

Findings include:

On 01/13/2025 at approximately 9:30 a.m., Surveyor requested environmental records for the home from Caregiver C. Caregiver C could not provide any semi-annual drill records. Caregiver C contacted Licensee A to report Surveyor were at the home.

On 01/13/2025 at approximately 10:15 a.m., Surveyor interviewed Caregiver C. Caregiver C stated that s/he did not complete fire drills in the home. Caregiver C did not know that semi-annual drills were a requirement.

On 01/13/2025 at 10:45 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A.

On 01/13/2025 at 11:02 a.m., Surveyor sent an email to Licensee A requesting documentation for the survey. There was no response from Licensee A.

On 01/14/2025 at 8:33 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A.

On 01/14/2025 at 2:30 p.m., Surveyor sent an email to Licensee A requesting documentation for the survey.

On 01/14/2025 at 4:10 p.m., Surveyor received

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M 348	Continued From page 8 an email from Licensee A stating that s/he had been out of town and that s/he would forward over documents by 01/15/2025, which was 48 hours after Surveyors' visit to the home. On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A stating documentation for environmental records be sent to Surveyor by 9:00 a.m. on 01/15/2025. As of 10:00 a.m., on 01/15/2025, evidence of semi-annual drills for 2023 or 2024 was not received.	M 348		
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 3 of 3 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	M 380		

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M 380	Continued From page 9 test for Resident 1, Resident 2, or Resident 3. Findings include: On 01/13/2025 at approximately 10:00 a.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted on 12/13/2024. Resident 1's record did not include a tuberculosis test. - Resident 2 was admitted on 10/27/2024. Resident 2's record did not include a tuberculosis test. - Resident 3 was admitted on 08/14/2024. Resident 3's record did not include a tuberculosis test. On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A requesting documentation for resident records be sent to Surveyor by 9:00 a.m. on 01/15/2025. On 01/15/2025 at 8:50 a.m., Surveyor received resident records for Resident 1, Resident 2, and Resident 3 from Licensee A. The resident records did not include a tuberculosis test. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding no tuberculosis test for Resident 1, Resident 2, or Resident 3. Licensee A stated s/he will take care of that. The provider did not ensure Resident 1, Resident 2, or Resident 3 were tested for clinically apparent communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission.	M 380		

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M 386	Continued From page 10	M 386		
M 386	88.06(2)(c) SERVICE AGREEMENT REQUIREMENTS A service agreement shall specify all of the following: This Rule is not met as evidenced by: Based on record review and interview, the provider's service agreement for 1 of 1 resident's did not include the necessary elements required within the service agreement. Resident 2 did not have a signed service agreement signed by his/her legal representative. Findings include: On 01/13/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/27/2025. Resident 2's service agreement dated 10/27/2024 was not signed by Resident 2's legal representative. On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A requesting documentation for resident records be sent to Surveyor by 9:00 a.m. on 01/15/2025. On 01/15/2025 at 8:50 a.m., Surveyor received resident records for Resident 2 from Licensee A. The resident records did not include a signed service agreement for Resident 2. On 01/15/2025 at approximately 1:00 p.m.,	M 386		

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M 386	Continued From page 11 Surveyor shared concern with Licensee A regarding the service agreement not being signed by Resident 2's legal representative. Licensee A stated s/he will get the agreement signed.	M 386		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 individual service plans (ISP) reviewed identified the level of assistance required for toileting. Resident 1's ISP, dated 12/13/2024, did not include his/her need for toileting. Findings include: On 01/13/2025 at approximately 10:15 a.m., Surveyor observed staff assisting Resident 1 with a bowel movement incontinence. On 01/15/2025 at approximately 9:30 a.m., Surveyor reviewed resident records, which documented the following: Resident 1 was admitted to the provider's home on 12/13/2024. Resident 1's record included an ISP, dated 12/13/2024, created by the provider. The ISP included a toileting section that stated no assistance needed, assistance needed, and incontinence supplies used with all 3 areas being	M 410		

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M 410	Continued From page 12 checked. The ISP did not indicate what needs for toileting were required for Resident 1. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding the ISP not identifying the level of need of toileting for Resident 1. Licensee A said "Okay."	M 410		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved in the development of it. Resident 2's ISP was not signed by themselves and/or the legal representative. Findings include: On 01/15/2025 at approximately 9:30 a.m., Surveyor reviewed resident records, which documented the following: Resident 2 was admitted to the provider's home on 10/07/2024. Resident 2's record indicated that Resident 2 had a legal representative. Resident 2's record included an ISP, dated 10/07/2024, created by the provider. The ISP did not include a signature to indicate a statement of agreement by	M 420		

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M 420	Continued From page 13 the legal representative. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding the signed statement of agreement with the plan for Resident 2. Licensee A stated s/he will "take care of that."	M 420		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure services specified in resident individual service plans (ISP) reviewed were provided. Licensee A did not ensure staff administered medications and documented medication administration for Resident 3. Findings include: On 01/13/2025 at approximately 9:45 a.m., Surveyor reviewed Resident 3's medication records provided by Caregiver C. Records indicated that Resident 3 was independent with his/her medication. Caregiver C stated that Resident 3 self-administered his/her own medication. Caregiver C stated that staff did not document medication administration for Resident 3.	M 436		

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M 436	Continued From page 14 On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A requesting documentation for resident records be sent to Surveyor by 9:00 a.m. on 01/15/2025. On 01/15/2025 at 8:50 a.m., Surveyor received resident records for Resident 3 from Licensee A. The resident records included an ISP that indicated the following: Resident 3 admitted to the provider's home on 08/14/2024. Resident 3 had an ISP dated 08/14/2024. Resident 3's ISP stated that Resident 3 was not able to self-administer medications. The ISP stated that the provider is responsible for keeping medication logs. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding the ISP services not being provided to Resident 3. Licensee A stated s/he "Will deal with that." Licensee A acknowledged that staff should have been keeping medication logs.	M 436		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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	0019003	A. BUILDING: _____ B. WING _____	01/15/2025

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MEMPHIS HOME	308 MEMPHIS AVE MADISON, WI 53714

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M 458	Continued From page 15 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored. The provider had insulin stored unsecured. This had the potential to affect 3 of 3 residents. Findings include: On 01/13/2025 at approximately 9:35 a.m., Surveyor toured the provider's home. Surveyor observed 1 box of Lantus insulin and 1 box of Insulin Lispro stored in the home's refrigerator, unsecured. On 01/13/2025 at approximately 10:00 a.m., Surveyor discussed concern with Caregiver C that insulin was stored unsecured within the home. Caregiver C stated that medication was for a resident that had moved out. Caregiver C stated the guardian of that resident was supposed to come pick the medication up. On 01/15/2025 at approximately 1:00 p.m., Surveyor discussed concern with Licensee A that there was unsecured insulin within the home. Licensee A said, "[They] kept saying they were going to pick it up."	M 458		
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	M 464		

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M 464	Continued From page 16 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 written order from the resident's physician permitting the provider's staff to administer medications was received before administering medications for 2of 3 residents reviewed. The provider did not have a written order to administer medications to Resident 1 or Resident 2. Findings include: On 01/13/2025 at approximately 9:45 a.m., Surveyor interviewed Caregiver C regarding administering medication. Caregiver C stated that s/he did administer medications for Resident 1 and Resident 2. On 01/13/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 1 and Resident 2's records, provided by Caregiver C. Resident 1 and Resident 2's records at the home did not indicate written orders from the resident's physician permitting provider's staff to administer medications. On 01/14/2024 at 4:15 p.m., Surveyor sent an email to Licensee A requesting documentation for resident records be forwarded to surveyor by 9:00 a.m. on 01/15/2025.	M 464		

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M 464	Continued From page 17 On 01/15/2025 at 8:50 a.m., Surveyor received resident records for Resident 1 and Resident 2 from Licensee A. The resident records indicated the following: - Resident 1 admitted to the provider's home on 12/13/2024. Resident 1's record indicated the provider's staff administered Resident 1's medication. Resident 1's record did not include a physician order to administer medications. - Resident 2 admitted to the provider's home on 10/27/2024. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's record did not include a physician order to administer medications. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding no physician order permitting the provider's staff to administer medications to Resident 1 and Resident 2. Licensee A stated s/he "Okay, Got it." Licensee A stated that s/he would work on records.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.	M 466		

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M 466	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of all medications administered was kept for 2 of 2 residents reviewed. Resident 1 and Resident 2's medication administration records (MAR) did not include record of all medication administrations. Findings include: On 01/13/2025 at approximately 9:45 a.m., Surveyor reviewed the provider's medication supply and resident MARs, dated 01/01/2025 to 01/13/2025. Surveyor observed that resident medications were packaged by the day and time they were due. Surveyor did not observe any "leftover" medications dated for previous days. While reviewing MARs, Surveyor identified the following concerns: Example 1 - Resident 1: - Resident 1's 8:00 a.m. medications (Olanzapine and Omeprazole) were not documented as administered on 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, 01/12/2025, and 01/13/2025. - Resident 1's 12:00 p.m. medications (Olanzapine) were not documented as administered on 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, and 01/12/2025. -Resident 1's 4:00 p.m. medications (Olanzapine) were not documented as administered on 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, and 01/12/2025. -Resident 1's 8:00 p.m. medications (Melatonin and Olanzapine) were not documented as administered on 01/06/2025, 01/07/2025,	M 466		

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M 466	Continued From page 19 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, and 01/12/2025. -Resident 1's PRN medication (Polyethylene Glycol) was not documented as administered on 01/13/2025. While reviewing the provider's medication supply, Caregiver C had reported to Surveyors that s/he administered this medication to Resident 1 earlier that day. Example 2 - Resident 2: - Resident 2's 8:00 a.m. medication (Sertraline, Spironolact, Aspirin, Atomoxetine, Bupropion, and Guanfacine) were not documented as administered on 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, 01/12/2025, and 01/13/2025. - Resident 2's 8:00 p.m. medications (Sertraline, Trazadone, Bupropion, Guanfacine, Lamotrigine, and Prazone) were not documented as administered on 01/06/2025, 01/07/2025, 01/08/2025, 01/09/2025, 01/10/2025, 01/11/2025, and 01/12/2025. On 01/13/2025 at approximately 9:45 a.m., Surveyor interviewed Caregiver C. Caregiver C confirmed s/he had administered the 8:00 a.m. medications. Caregiver C did not specify why s/he had not documented the administrations. Caregiver C stated residents had been receiving their medications as prescribed with no missed doses. On 01/15/2025 at approximately 1:00 p.m., Surveyor reviewed concern with Licensee A that 2 of 2 residents reviewed did not have accurate recordings of their medication administration. Licensee A said "Okay, I was made aware."	M 466		

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M 474	Continued From page 20	M 474		
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. Food in the refrigerator and freezer was not labeled, was not dated, and was not securely stored. Findings include: On 01/13/2025, at approximately 10:30 a.m., Surveyors toured the kitchen and observed the following concerns: Example 1- Freezer: -The following foods were not sealed or labeled: 2 bags of French fries open to air, 1 bag of tater tots open to air, and 1 bag of chicken nuggets open to air. Example 2- Refrigerator: -The following foods were not properly sealed and/or labeled: a head of lettuce that was brown that was sitting on a bag, 1can of opened diced tomatoes, 1 can of coconut milk, and 3 Ziploc bags of leftovers. Fsis.usda.gov/food safety indicates proper food storage guidelines. Food safety guidelines state to place food into shallow container, immediately refrigerate, and cooked leftovers should be used	M 474		

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M 474	Continued From page 21 within 3 to 4 days. Perishable food should be wrapped securely to maintain quality. (Source: fsis.usda.gov/food safety/safe-food-handling-and-preparation, Cold Storage Chart January 05, 2024, www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/steps-keep-food-safe, retrieval date 01/15/2025. On 01/13/202, at approximately 10:15 a.m., Surveyors interviewed Caregiver C. Surveyors shared concerns about food storage. Caregiver C stated some of the food in the refrigerator was staff food. Caregiver C confirmed that s/he was unaware that food should be sealed and labeled.	M 474		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain complete records for 3 of 3 residents reviewed. There were not complete records for Resident 1, Resident 2, or Resident 3 in the facility. Findings include: On 01/13/2025 at approximately 9:30 a.m., Surveyor reviewed resident records provided by Caregiver C. The records included the following:	M 482		

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M 482	Continued From page 22 -Resident 1 had a hospital health physical form dated, 12/02/2024, and a service agreement, dated 12/13/2024 -Resident 2 had a record that was blank. -Resident 3 had a behavior plan, a health exam dated 02/02/2024, a service agreement dated 08/14/2024, evacuation assessment dated 08/20/2024. On 01/13/2025 at approximately 10:00 a.m., Surveyor interviewed Caregiver C. Caregiver C stated that the manager had most of the records with him/her. On 01/13/2025 at 10:45 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A. On 01/13/2025 at 11:02 a.m., Surveyor sent an email to Licensee A requesting documentation for the survey. There was no response from Licensee A. On 01/14/2025 at 8:33 a.m., Surveyor phoned Licensee A and left a message requesting information regarding the survey. There was no response from Licensee A. On 01/14/2025 at 2:30 p.m., Surveyor sent an email to Licensee A requesting documentation for the survey. On 01/14/2025 at 4:10 p.m., Surveyor received an email from Licensee A stating that s/he had been out of town and that s/he would send over documents by 01/15/2025. On 01/14/2024 at 4:15 p.m., Surveyor sent an	M 482		

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M 482	Continued From page 23 email to Licensee A requesting documentation for resident records be sent to Surveyor by 9:00 a.m. on 01/15/2025. On 01/15/2025 at 8:50 a.m., Surveyor received resident records for Resident 1, Resident 2, and Resident 3 from Licensee A. On 01/15/2025 at approximately 1:00 p.m., Surveyor shared concern with Licensee A regarding incomplete records and records not being available in the home for Resident 1, Resident 2, and Resident 3. Licensee A said "Yup, I will make sure to have it."	M 482		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure caregiver records were available at the adult family home for review by the licensing agency. The provider did not have complete employee records available in the home for Caregiver B, Caregiver C or Caregiver D. Findings include: On 01/13/2025 at approximately 9:00 a.m.,	M 540		

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M 540	Continued From page 24 Surveyors arrived to the home. Surveyors requested employee records from Caregiver B and Caregiver C, who were working at the home. Caregiver B and Caregiver C were unable to provide a list of employees, dates of hire or complete employee records. Caregiver C stated Licensee A was out of state and would not be coming to the home to assist with the survey. Caregiver C stated all employee records were at an office, which s/he did not have access to. On 01/13/2025 at approximately 9:30 a.m., Caregiver C did provide Surveyors with Caregiver D's record and an incomplete record for Caregiver B that s/he was able to locate in the home's medication room. Neither record included a date of hire. From 01/13/2025 at approximately 10:00 a.m. to 01/14/2025 at 3:15 p.m., Surveyors attempted to reach Licensee A via phone and email to assist with the survey. On 01/14/2025 at approximately 3:15 p.m., Licensee A acknowledged Surveyors efforts to reach him/her and stated s/he had been out of state. On 01/15/2025 at approximately 9:00 a.m., Surveyors received employee records from Licensee A via email. On 01/15/2025 at approximately 1:00 p.m., Surveyors reviewed concern with Licensee A that caregiver records were not available for review from 01/13/2025 at approximately 9:00 a.m. to 01/15/2025 at approximately 9:00 a.m. Licensee A stated s/he would address his/her record keeping.	M 540		