STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019078	A. BUILDING: _____ B. WING _____	R 02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE WISCONSIN CORNER OBRIEN HOUSE	22 OBRIEN CT 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 On 02/10/2025, Surveyor conducted a verification visit at Care Wisconsin. Four deficiencies were identified. Two of 4 deficiencies were repeat deficiencies (see Statement of Deficiency (SOD) MM2R11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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 ensure 1 of 1 resident (Resident 2) reviewed was evaluated, using form F-62373 Resident Evacuation Assessment, immediately following placement. Findings include: The provider was licensed, 06/17/2022, to serve 3 residents within the client groups developmentally disabled and emotionally disturbed/mental illness.	M 344		

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

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M 344	Continued From page 1 On 02/10/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 02/01/2025, and his/her record contained a "Resident Evacuation Assessment" that was not completed. On 02/10/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A and Licensee F. Administrator A and Licensee F stated Resident 2 had just moved in and were still working on his/her required paperwork.	M 344		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident record (Resident 2) reviewed had an admission agreement completed, dated, and signed by the resident, guardian or designated representative and provider prior to admission.	{M 384}		

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{M 384}	Continued From page 2 This is a repeat deficiency. See Statement of Deficiency (SOD) MM2R11, dated 08/30/2024. Findings include: The provider was licensed, 06/17/2022, to serve 3 residents within the client groups developmentally disabled and emotionally disturbed/mental illness. On 02/10/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 02/01/2025. Resident 2's record contained a blank admission agreement. This binding agreement did not contain Resident 2's name, Resident 2's move in date and was not signed by the provider. On 02/10/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A and Licensee F. Administrator A and Licensee F stated the admission agreement had been emailed to Resident 2's guardian and was waiting for the agreement to be signed and returned. Surveyor asked for verification. Administrator A forwarded the email to Surveyor. Surveyor read the email and the attached admission agreement was blank. Administrator A stated that the guardian would fill that information in.	{M 384}		
{M 448}	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when	{M 448}		

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{M 448}	Continued From page 3 necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not monitor 1 of 1 resident's health by referring Resident 1 to a health care provider when s/he experienced blood sugar (BS) levels greater than 400. This is a repeat deficiency. See Statement of Deficiency (SOD) MM2R11, dated 08/30/2024. Findings include: On 02/10/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility, 07/01/2024, with diagnosis including diabetes. Resident 1's "Blood Sugar Tracker," dated 02/01/2025 to 02/09/2025, documented: 02/01 4:00 PM 401 BS 02/02 12:00 PM 410 BS 02/04 4:00 PM 492 BS, 8:00 PM 545 BS 02/05 4:00 PM 435 BS 02/06 8:00 AM 429 BS 02/07 8:00 PM 408 BS Resident 1's "New Prescription Summary," dated 01/28/2025, documented: "Add sliding scale as needed as follows for BG (blood glucose [blood sugar]): <150 = 0 units, 151-200 = 2 Units, 201-250 = 4 Units, 251-300 = 6 Units, 301-350 = 8 Units, 351-400 = 10 Units, >400 = 12 Units and call provider." On 02/10/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A and	{M 448}		

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{M 448}	Continued From page 4 Licensee F. Administrator A stated that Resident 1 had taken him/herself to urgent care because s/he was not feeling well and did not tell staff. Resident 1 is currently hospitalized due to his/her blood sugar levels but is due to return 02/11/2025. Licensee F looked through Resident 1's record to determine if staff had contacted Resident 1's physician when his/her BS was over 400. Licensee F could only find that staff had contacted his/her physician on 01/16/2025 when his/her BS level was 569. Administrator A and Licensee F stated they would reeducate staff on this requirement. "Very high blood sugar levels can require treatment at the hospital. It's important to seek medical care if your blood sugar is over 400 mg/DL, or if your blood sugar is over 240 mg/dL along with symptoms such as dizziness, confusion, nausea, and diarrhea. Once you're in the hospital, treatments such as insulin, rehydration, and electrolytes can help bring down your blood sugar." (Source: Healthline website, How is Hyperglycemia Treated in the Hospital?, November 6, 2023, https://www.healthline.com/health/hyperglycemia-treatment-in-hospital (retrieval date - February 12, 2025).)	{M 448}		
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	M 464		

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M 464	Continued From page 5 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, prior to dispensing or administering medications to a resident, the facility 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 was to be administered for Resident 2. Findings include: On 02/10/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility, 02/01/2025, with diagnoses including schizophrenia, high blood pressure and anxiety. Resident 2's February 2025 Medication Administration Record (MAR) documented the following medications administered by staff: Aripiprazole (psychotropic medication), Guanfacine (medication for high blood pressure), Hydroxyzine (psychotropic medication), and Fluoxetine (antidepressant). Surveyor was unable to locate a written order from Resident 2's physician stating the provider was permitted to administer Resident 2's medications or that Resident 2 could self-administer his/her medication.	M 464		

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M 464	Continued From page 6 On 02/10/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A and Licensee F. Administrator A and Licensee F stated an email had been sent to Resident 2's guardian requesting a physician order. Surveyor asked for verification. Administrator A forwarded the email to Surveyor. Surveyor read the email, and a document labeled "Physician Order" was attached, which was blank. Administrator A stated the guardian was responsible for getting this form signed by the physician.	M 464		