STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

(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 04/15/2024, Surveyor conducted a standard survey at Horizon Care Network Maple Valley, an AFH in Madison. Fifteen deficiencies were identified. Census: 4	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 complete background check was conducted for 3 of 3 caregivers reviewed. Caregiver B, Caregiver C and Caregiver D did not have a complete background check on file. Findings include: On 04/15/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Licensee A. Records documented the following: - Caregiver B was hired on 02/23/2022. Caregiver B's record had a State of Connecticut background check, dated 10/23/2020, on file. Caregiver B did not have any background checks completed with the State of Wisconsin. - Caregiver C was hired on 01/02/2024. Caregiver C's record did not include a Background Information Disclosure (BID). - Caregiver D was hired on 07/12/2022. Caregiver D's record had a State of Connecticut background check, dated 10/23/2020, on file. Caregiver D did not have any background checks completed with the State of Wisconsin. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A regarding caregiver background checks. Licensee A stated	M 114		

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M 114	Continued From page 2 Caregiver B and Caregiver C were residing in Connecticut at the time the provider applied for a license so Licensee A did not believe Wisconsin background checks were necessary.	M 114		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the home and its operation complied with all laws governing the home and its operation. The provider, which is licensed to serve ambulatory residents, admitted a resident who used a wheeled walker. Findings include: On 04/15/2024 at approximately 8:00 a.m., Surveyor conducted a standard survey. The home is licensed as an ambulatory facility. On 04/15/2024 at approximately 8:30 a.m., Surveyor observed Resident 3 using a wheeled walker for mobility. On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's home on 07/01/2022. Resident 3's record included a functional screen, dated 04/25/2022, that stated Resident 3 used a walker and had a history of falls that resulted from Resident 3 not using his/her walker.	M 216		

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M 216	Continued From page 3 On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Surveyor shared observation that the home was licensed to serve ambulatory residents; however, the home admitted Resident 3 who required use of a wheeled walker. Licensee A stated Resident 3 was an ambulatory resident because s/he did not require the use of a wheelchair. On 04/15/2024 at approximately 2:00 p.m., Surveyor reviewed the provider's compliance statement, dated 02/01/2022. The compliance statement indicated Licensee A agreed to only admit ambulatory residents. The compliance statement was not completed to indicate the home would admit non-ambulatory residents, which were identified as residents not able to walk at all, able to walk only with difficulty or only with assistance of a device or unable to easily negotiate stairs.	M 216		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.	M 232		

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HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 232	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing service. Caregiver D's tuberculosis test was completed greater than 4 years prior to his/her date of hire. Findings include: On 04/15/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Licensee A. Caregiver D was hired on 07/12/2022. Caregiver D's record included a tuberculosis test, dated 03/16/2017, greater than 4 years prior to his/her date of hire. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A regarding caregiver tuberculosis tests. Licensee A stated s/he was unaware tuberculosis tests needed to be completed within 90 days prior to date of hire.	M 232		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 246	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed that required continuing education completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which initial training was received. Caregiver B and Caregiver D did not complete 8 hours of continuing education in 2023. Findings include: On 04/15/2024 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Licensee A. Records documented the following: - Caregiver B was hired on 02/23/2022. Caregiver B's record did not include continuing education completed in 2023. - Caregiver D was hired on 07/12/2022. Caregiver D's record did not include continuing education completed in 2023. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A regarding caregiver continuing education. Licensee A showed Surveyor they recently started online trainings but did not provide a reason why 2023 continuing education was not completed.	M 246		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 276	Continued From page 6	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was safe, clean and well-maintained to provide a homelike environment. The provider's bathroom had dirty laundry in the shower, used towels hanging from the shower bar and depends lying on the floor. Toxic chemicals were observed accessible throughout the home.

Findings include:

The provider is licensed to serve up to 4 individuals with diagnoses of emotionally disturbed/mental illness and developmentally disabled.

On 04/15/2024 at approximately 10:10 a.m., Surveyor toured the provider's home and observed the following:

- Lysol Disinfectant spray with a label that stated, "Precautionary Statements: Hazards to Humans and Domestic Animals," in the provider's kitchen and bathrooms.
- Laundry detergent accessible to residents.
- Approximately 10 depends lying on the floor in the bathroom.
- Soiled laundry in a basket in the shower.
- Soiled towels hanging from the shower rod.

On 04/15/2024 at approximately 10:30 a.m., Surveyor interviewed Licensee A regarding the condition of the home and toxic chemicals accessible. Licensee A nodded his/her head at Surveyor as Surveyor discussed concerns with

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M 276	Continued From page 7 the bathroom and toxic chemicals. Licensee A stated s/he had just done laundry so the room was left open.	M 276		
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 each smoke detector was in working condition and tested monthly. The provider did not have record of monthly smoke detector checks. Findings include: On 04/15/2024 at approximately 10:10 a.m., Surveyor reviewed the provider's environmental records. The provider's record did not include documentation of monthly smoke detector checks. On 04/15/2024 at approximately 10:30 a.m., Surveyor interviewed Licensee A. Licensee A stated s/he was glad Surveyor was visiting so [the provider] could find out how the home was doing.	M 336		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 338	Continued From page 8	M 338		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. Two of 3 exits were obstructed. Findings include: On 04/15/2024 at approximately 10:10 a.m., Surveyor toured the provider's home with Licensee A. Licensee A identified 3 exits in the home. Surveyor observed the exit in the back of the living room was obstructed by furniture and the exit from the garage was obstructed by boxes. Licensee A acknowledged the exits were blocked and stated s/he would move items.	M 338		
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.	M 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 344	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed for initial evacuation assessments were evaluated immediately following placement using the department form to determine whether they were able to evacuate the home within 2 minutes. Resident 2 and Resident 4 did not have an evacuation assessment completed immediately following placement. Findings include: On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed resident records provided by Licensee A. Records indicated the following: - Resident 2 was admitted to the provider's facility on 08/15/2023. Resident 2's record included a blank evacuation assessment. - Resident 4 was admitted to the provider's facility on 07/01/2023. Resident 4's record included a blank evacuation assessment. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Surveyor reviewed the blank evacuation assessments in resident records and asked if Licensee A had completed assessments. Licensee A replied, "No."	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service	M 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 346	Continued From page 10 providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed for annual evacuation assessments were evaluated annually using the department form to determine whether they were able to evacuate the home within 2 minutes. Resident 1 and Resident 3 did not have an evacuation assessment completed in the past year. Findings include: On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed resident records provided by Licensee A. Records indicated the following: - Resident 1 was admitted to the provider's facility on 04/15/2022. Resident 1's record included a blank evacuation assessment. - Resident 3 was admitted to the provider's facility on 07/01/2022. Resident 3's record included a blank evacuation assessment. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Surveyor reviewed the blank evacuation assessments in resident records and asked if Licensee A had completed assessments in the past year. Licensee A replied, "No."	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual	M 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 348	Continued From page 11 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 provider did not ensure fire drills were conducted semi-annually with all household members and written documentation maintained by the home. The provider did not have documentation of any fire drills. Findings include: On 04/15/2024 at approximately 10:10 a.m., Surveyor reviewed environmental records. Records did not include fire drills. Department records indicated the home was issued a license on 02/23/2022. On 04/15/2024 at approximately 10:30 a.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he had completed fire drills. Licensee A stated s/he completed fire drills semi-annually, but did not have documentation to provide Surveyor.	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	M 380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 380	Continued From page 12	M 380		

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 2 of 2 residents reviewed received a health examination by a physician to identify health problems and screen for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Resident 1 and Resident 2 did not have a tuberculosis test completed within 90 days prior to admission or within 7 days after admission.

Findings include:

On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed resident records provided by Licensee A. Records documented the following:

- Resident 1 was admitted to the provider's home on 04/15/2022. Resident 1's record did not include a tuberculosis test.
- Resident 2 was admitted to the provider's home on 08/15/2023. Resident 2's record included a screen for communicable disease that was not dated. Resident 2's record did not include a tuberculosis test.

On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A regarding tuberculosis tests. Licensee A stated s/he would have to arrange for residents to have tuberculosis tests completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 404	Continued From page 13	M 404		
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 a written assessment and individual service plan (ISP) was completed and developed for 4 of 4 residents reviewed within 30 days after placement. Resident 1, Resident 2, Resident 3 and Resident 4 did not have ISPs. Findings include: On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed resident records provided by Licensee A. Records indicated the following: - Resident 1 was admitted to the provider's home on 04/15/2022. Resident 1's record did not include an ISP. - Resident 2 was admitted to the provider's home on 08/15/2023. Resident 2's record did not include an ISP. - Resident 3 was admitted to the provider's home on 07/01/2022. Resident 3's record did not include an ISP. - Resident 4 was admitted to the provider's home on 07/01/2023. Resident 4's record did not include an ISP. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Surveyor asked	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

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M 404	Continued From page 14 if s/he had completed any ISPs for the residents. Licensee A stated s/he just held conferences with the residents' care teams and legal representatives to discuss behaviors but did not have ISPs.	M 404		
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: Based on record review and interview, the provider did not ensure a written order from a physician was received specifying who is permitted to administer medications prior to administering medications. The provider's staff administered medications to Resident 1 and Resident 2 without a physician order. Findings include: On 04/15/2024 at approximately 8:40 a.m., Surveyor reviewed resident records provided by Licensee A. Records indicated the following: - Resident 1 was admitted to the provider's home on 04/15/2022. Resident 1's record did not	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

(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 464	Continued From page 15 include a physician order to administer medications. - Resident 2 was admitted to the provider's home on 08/15/2023. Resident 2's physician order to administer medications was dated 08/24/2024. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the provider's staff began administering medications for Resident 1 and Resident 2 upon admission. Licensee A was unsure why there was not a physician order for Resident 1 and stated obtaining Resident 2's order was delayed because s/he was respite at first.	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep record of all prescription medications controlled, dispensed or administered by the licensee to 4 of 4 residents. The provider did not maintain record of medications administered to Resident 1, Resident 2, Resident 3 and Resident 4.	M 466		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

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HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

(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 466	Continued From page 16 Findings include: On 04/15/2024 at approximately 8:40 a.m., Surveyor requested the April medication administration records (MARs) for the residents. Licensee A stated s/he did not have a recent MAR to provide. On 04/15/2024 at approximately 9:00 a.m., Surveyor reviewed the provider's medication storage, which indicated medications had been administered in the past 24 hours. Surveyor observed the following medications had been administered to Resident 4: Acidophilus, Amiodarone, Citalopram, Docusate, Eliquis, Entresto, Ferrous Sulfate, Mag Oxide, Metoprolol, Spironolactone, Multivitamin, Oxybutynin, Pravastatin and Torsemide. On 04/15/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the provider's staff was responsible for the medication administration of 4 of 4 residents. Licensee A stated s/he was responsible for administering the medications just prior to Surveyor's visit. Surveyor asked why medication administration was not documented. Licensee A did not respond.	M 466		
M 538	88.09(2)(b) Licensee Record Licensee record. The licensee shall maintain and keep up to date a separate record for the licensee which shall contain the information listed in par. (a) 1, 2, 3, 5, 6, 8 and 9. This Rule is not met as evidenced by:	M 538		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018707	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CARE NETWORK MAPLE VALLEY	3010 MAPLE VALLEY DRIVE MADISON, WI 53719

(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 538	Continued From page 17 Based on record review and interview, Licensee A did not ensure a record was maintained and kept up to date for 3 of 3 caregivers reviewed. The provider did not have a separate record for Caregiver B, Caregiver C and Caregiver D. Findings include: On 04/15/2024 at approximately 9:10 a.m., Surveyor reviewed employee records. Surveyor was unable to locate all background checks and training documentation in the employee records. As Surveyor would identify that documentation was missing, Licensee A would attempt to log into online accounts to obtain information. On 04/15/2024 at approximately 9:30 a.m., Surveyor asked Licensee A if s/he had a complete record for all caregivers. Licensee A confirmed there was information online that s/he needed to make accessible and/or place in the employee's paper record.	M 538		