STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019301	A. BUILDING: _____ B. WING _____	06/24/2025

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 000	INITIAL COMMENTS On 06/20/2025, with information gathered through 06/24/2025, Surveyor conducted a standard licensure survey at Post Rd Facility. Fourteen deficiencies were identified. Census: 2	M 000		
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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 1 of 2 employee files reviewed (Caregiver C), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services. Findings include: On 06/20/2025, at approximately 4:00 PM,	M 232		

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

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M 232	Continued From page 1 Surveyor observed Caregiver C interacting with residents in the home. On 06/23/2025, Surveyor reviewed Caregiver C's record. Caregiver C was hired 12/2024. Caregiver C's file contained a communicable disease screen, dated 04/10/2025, and did not contain results from a TB screening. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he informed Caregiver C s/he needed to obtain a TB test.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 2 service providers (Caregiver B and Caregiver C) received training in medication administration prior to working independently.	M 244		

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M 244	Continued From page 2 Findings include: The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled. On 06/20/2025, at approximately 3:15 PM, Surveyor arrived at the home and was greeted by Caregiver B, who was working independently. On 06/20/2025, Surveyor reviewed Resident 2's record. Resident 2's June 2025 Medication Administration Record (MAR) documented that Caregiver B and Caregiver C had administered medications. On 06/24/2025, Surveyor reviewed Caregiver B's and Caregiver C's training record. Caregiver B was hired in 03/2024. Caregiver B's record did not include training in medication administration until 04/21/2025. Caregiver C was hired in 12/2024. Caregiver C's record did not include training in medication administration. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated Caregiver B received training in 2024 and Caregiver C was going to school to be a certified nursing assistant. Licensee A forwarded Caregiver B's training records for 2024 which did not include medication administration.	M 244		
M 278	88.05(3)(b) FREE OF HAZARDS	M 278		

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M 278	Continued From page 3 The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not safeguard residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled. On 06/20/2025, at approximately 3:45 PM, Surveyor toured the environment and observed the following unsecured cleaning compounds in the kitchen closet: Kitchen: -Gallon jug of extra-strength ammonia -210 fluid ounce jug of multi-purpose cleaner, lavender scent -78 pac container of automatic dishwasher pacs -32 fluid ounce bottle of all purpose cleaner, lemon breeze scent -14.5 ounce spray can of heavy duty oven cleaner -21 ounce can of powdered cleaner with bleach -32 fluid ounce bottle of window cleaner	M 278		

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M 278	Continued From page 4 Resident Bathroom: -32 fluid ounce bottle of multi-purpose cleaner with bleach -32 fluid ounce bottle of bathroom cleaner, soap scum and stain remover -8.8 ounce can of air mist, mediterranean lavender scent Common Area: -(2) 8.8 ounce cans of air mist -(2) 19 ounce cans of disinfectant spray Surveyor observed Resident 2 ambulating freely throughout the home. On 06/20/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home on 03/20/2025, with diagnoses including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and psychosis. Resident 2's "Individual Service Plan," dated 02/31/2022, documented: "Recurring Illnesses: [Resident 2] is physical aggression, verbal aggression and self-injury behavior." "Self-concepts: [Resident 2] is not currently oriented to self and environment, time, and place." On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he re-educated staff to ensure cleaning compounds were securely stored.	M 278		

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M 332	Continued From page 5	M 332		
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 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 that fire extinguishers were inspected annually. Findings include: The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.	M 332		

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M 332	Continued From page 6 On 06/20/2025, at approximately 3:50 PM, Surveyor toured the home and observed that 2 of 2 fire extinguishers were last serviced 02/2024. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated the fire extinguishers had been re-inspected.	M 332		
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 smoke detectors were tested monthly. There was no documentation of consistent monthly smoke detector testing for 2024 and 2025. Findings include: On 06/20/2025, Surveyor reviewed facility safety reports. The available report documented January 15 - Yes - working (typed), February 28 - working (handwritten), and March 30 - working (handwritten). On 06/20/2025 at 5:16 PM, Surveyor emailed	M 336		

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M 336	Continued From page 7 Licensee A and requested the 2024 and 2025 smoke detector testing, as s/he was not available for the survey process. On 06/23/2025 at 3:35 PM, Licensee A emailed Surveyor a smoke detector sheet showing that the inspections had been completed January through June, with no year written on the form. The form had different completion dates then the form that was available while onsite. There was no continuous documentation of smoke detector testing for 2024 and to date in 2025. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "I think I sent you the 2025 information, that was old documents you saw in the home." Surveyor stated s/he reviewed the documentation that had been provided by him/her on 06/23/2025, along with the documentation that had been available in the home. Surveyor asked for clarification on what was the correct documentation. Licensee A stated s/he would review the documentation and re-educate staff on proper documentation. As of 5:00 PM on 06/24/2025, Surveyor did not receive any additional documentation.	M 336		
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	M 344		

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M 344	Continued From page 8 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 2 residents (Resident 1) were evaluated, using the department's form, to determine s/he was able to evacuate the home without any help within 2 minutes. Census 2. Findings include: On 06/20/2025, Surveyor reviewed Resident 1's record. Resident 1 admitted to the home, 11/29/2024, with diagnosis including dizziness, blindness, and cognitive decline. Resident 1's "Resident Evacuation Assessment," dated 12/01/2024, was not completed in the following areas: Impaired Consciousness; Need for Extra Staff; Response to Instructions; Waking Response to Alarm; Response to Fire Drills (Self-Directed Evacuation). On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would review Resident 1's documentation. Cross Reference: M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills	M 344		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated	M 346		

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M 346	Continued From page 9	M 346		

annually for evacuation time, using the departments form. All service 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 1 of 2 residents (Resident 2) reviewed was evaluated annually for evacuation time, using the department's form. Census 2.

Findings include:

The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.

On 06/20/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 12/03/2021.

Resident 2's "Individual Service Plan (ISP)," dated 05/13/2022, documented:
"Self-Concepts: not currently oriented to self and environment, time, and place."
"Evacuation Capability in Emergency: Staff will support resident and ensure safety in an event. Staff will remind [Resident 2] about a fire alarm and encourage [him/her] to participate in the fire drill. [S/he] needs reminders and cues for evacuation. [S/he] may need to be taken by the hand and led out of the facility. Staff will continue to evaluate [Resident 2's] abilities to evacuate

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M 346	Continued From page 10 with assistance." Resident 2's record did not contain an evacuation assessment form. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "Okay, I will review [his/her] record. I thought [s/he] had a form." As of 5:00 PM on 06/24/2025, Surveyor did not receive any additional documentation. Cross Reference: M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills	M 346		
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 provider did not conduct semi-annual fire drills with all household members with written documentation of the date and evacuation time for each drill maintained by the home. Findings include: The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.	M 348		

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M 348	Continued From page 11 On 06/20/2025, Surveyor reviewed the provider's available semi-annual fire drills which appeared to document fire drills had been completed in 2025, when there were 2 residents in the building. On 06/20/2025 at 5:16 PM, Surveyor emailed Licensee A and requested the 2024 fire drills. On 06/23/2025 at 3:35 PM, Licensee A emailed Surveyor the 2025 fire drills on a different form. Surveyor did not receive the 2024 fire drills, when there was only one resident living in the home. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "I think I sent you the 2025 information, that was old documents you saw in the home." Surveyor stated s/he reviewed the documentation that had been provided by him/her on 06/23/2025, along with the documentation that had been available in the home. Surveyor asked for clarification on what was the correct documentation. Licensee A stated s/he would review the documentation. As of 5:00 PM on 06/24/2025, Surveyor did not receive any additional documentation.	M 348		
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	M 384		

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M 384	Continued From page 12	M 384		

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 have a service agreement for 1 of 1 resident (Resident 1) prior to admission. The provider did not have a signed service agreement that was dated and signed by the person being admitted or the guardian or designated representative, or the licensee. Census 2.

Findings include:

The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.

On 06/20/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home on 12/03/2021 and was represented by Guardian F.
Resident 2's record did not contain a service agreement.

On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "Okay, I will review [his/her] record. I thought [s/he] had filled out the service agreement."

As of 5:00 PM on 06/24/2025, Surveyor did not receive any additional documentation.

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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 licensee did not ensure 1 of 2 resident (Resident 1) records reviewed had an individual service plan (ISP) completed and developed within 30 days after placement. Findings include: On 06/20/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 11/29/2024, with diagnoses including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and psychosis. Resident 1's record did not contain an ISP. Resident 1's "Individual Service Plan and Member Centered Plan," dated 10/01/2024 to 03/31/2025, did not document care guidelines for the resident. The plan identified 'Care Plan Element' that listed an area of concern with a 'Last Updated' date. For example: Member does not like their current living situation - Open - 09/20/2024, Member prefers not to volunteer at this time - Open - 09/20/2024, Staff monitor the stability of natural support to ensure member's needs are being met	M 404		

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M 404	Continued From page 14 - Open - 09/20/2024, etc. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would develop 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 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident's (Resident 2) Individual Service Plan (ISP) was reviewed at least every 6 months. Findings include: On 06/20/2025, Surveyor reviewed Resident 2's record.	M 424		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POST RD FACILITY	2705 POST RD MADISON, WI 53713

(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 424	Continued From page 15 Resident 2 moved into the home, 12/03/2021, with diagnoses including bipolar disorder, autistic disorder, intermittent explosive disorder, severe mental retardation, unspecified psychosis, obsessive-compulsive disorder and developmental delay. Resident 2 was represented by Guardian F and a Medicaid health plan. Resident 2's unsigned ISP was dated 02/31/2022. The ISP should have been updated in 08/2022, 02/2023, 08/2023, 02/2024, 08/2024, and 02/2025. Resident 2's unsigned BSP (behavioral support plan) was dated 05/2024. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would develop an ISP for Resident 2.	M 424		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not provide supervision	M 434		

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levels for 1 of 1 resident that had been identified in his/her individual service plan (ISP).

Resident 2 had a supervision level of 1:1 while in the adult family home (AFH) which was not provided.

Findings include:

The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.

On 06/20/2025, at approximately 3:15 PM, Surveyor arrived at the home and was greeted by Caregiver B, who was working independently. Caregiver B stated s/he was going to contact his/her supervisor. At approximately 3:50 PM, Caregiver C arrived at the home.

On 06/20/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home, 03/20/2025, with diagnoses including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and psychosis.

Resident 2's "Behavior Support Plan (BSP)," dated 05/2024, documented:
"Staffing Ratio: 1:1 (one designated staff member with resident) within the AFH, 2:1 (2 designated staff members with resident) for community outings."

Resident 2's daily notes documented:
06/01/2025 - [Resident 2] was screaming hit the floor by [his/her] feet then I went to [his/her] door

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to clam [him/her] but [s/he] push me come after me ... try to bite me for several times then [s/he] take [his/her] PRN (as needed) at 8:00 AM ... we went to park then mall and we have lunch at mall ...
06/02/2025 - We went to the park for walk went out to have lunch ...
06/03/2025 - Was screaming hit the door when I come I try to calm [him/her] but try to fight me then came after me in living we were there push/pull try to bite me for several times then [s/he] took [his/her] PRN at 12:21 AM ... We went to the mall we were there have lunch then we come home at 1:40 PM ... went for car ride we come home at 7:11 PM ...
06/04/2025 - ... Went to have lunch out then we went to the mall we come home at 2:11 PM ... we went for car ride we come home at 6:50 PM
06/06/2025 - At 5:15 AM this morning was screaming in [his/her] room then run out to the bathroom, slam door and close it ...
06/09/2025 - ...while screaming ... slamming door, run to the bathroom and close the door. Staff asked [him/her] if [s/he's] doing ok and [s/he] said [name] is bad ... [Resident 2] opened the bathroom [s/he] then jump on staff a bite staff. [S/he] was running and jumping on staff for about 2 hours. PRN was given and [Resident 2] continue to be agitated for while 3 hours and [s/he] late when to [his/her] room and lock [his/her] door.
06/12/2025 - Around 12:30 PM [Resident 2] was agitated after having [his/her] lunch, [s/he] slam [his/her] door, scream, stop [his/her] foot when staff try to calm [him/her] [s/he] bit staff and grab their neck. PRN was given and was later calm after 2 hours and went to [his/her] room.
06/13/2025 - ...we went for car ride we come back at 6:55 PM ...
06/14/2025 - ... we went to the park then mall we

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were there till 1:55 PM [s/he] have lunch then come home at 2:15 PM ...
06/16/2025 - Screaming hit the floor when I come I went to calm [him/her] down but [s/he] push and try to fight me then come after me living room we were there push/pull till 12:50 AM [s/he] have [his/her] PRN then went to [his/her] room ...
06/18/2025 - screaming when I come I went to [his/her] door but [s/he] hit the floor and said wrong for several times I try to calm [him/her] but went to fight me we were there till 7:50 AM s/he took [his/her] PRN ...
06/19/2025 - ... we went to the park for walk then mall we have lunch there we come home at 2:40 PM ...

On 06/23/2025, at approximately 9:25 AM, Surveyor interviewed Resident 2's Health Care Coordinator (HCC) G, who developed the BSP. Surveyor asked for clarification on Resident 2's supervision requirements. HCC G stated Resident 2 requires 1:1 staffing while in the home and 2:1 if in the community. Surveyor explained his/her observation when s/he arrived at the home on 06/20/2025. HCC G stated that was not acceptable staffing levels and would be discussing the concern with Resident 2's care team.

On 06/23/2025 at 10:44 AM, Surveyor emailed Licensee A and requested the provider's June 2025 staff schedule.

On 06/23/2025 at 3:35 PM, Licensee A emailed Surveyor and stated, "About our schedule we rotate our schedule."

On 06/23/2025 at 3:37 PM, Surveyor emailed Licensee A and stated Licensee A should be able to provide Surveyor with who worked what days.

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M 434	Continued From page 19 On 06/23/2025 at 3:39 PM, Licensee A emailed Surveyor and stated Caregiver B was working when Surveyor was onsite. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated Caregiver C had left the home to complete a task and then returned to the home. Licensee A stated there are always 2 caregivers scheduled at the home, so Resident 1 had a designated caregiver. When Resident 1 went into the community, there were always 2 caregivers with him/her. Surveyor asked for clarification as to who worked what schedules, since a staff schedule was not provided. Licensee A did not respond.	M 434		
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, prior to dispensing or administering medications to a resident, the provider did not obtain a written	M 464		

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M 464	Continued From page 20 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 1 of 2 residents (Resident 1). Census 2. Findings include: On 06/20/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 11/29/2024. Resident 1's record contained a handwritten note by Family Member (FM) D and FM E on his/her admission agreement that stated, "I [FM D] and [FM E] give permission to Smile Care Creative staff to administer medication to [Resident 1]." Resident 1's record did not have a physician order stating staff were administering his/her medications. On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not request Resident 1's family member to write the permission statement. Licensee A stated s/he would follow up on where Resident 1's physician order defining staff administration of medications had been filed.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	M 474		

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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 dated to implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses; and food items in the freezer that were not properly sealed to avoid freezer burn.

Findings include:

The provider, who was licensed 02/15/2023, can provide cares for up to 3 residents in the client groups: advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.

On 06/20/2025, at approximately 3:15 PM, Surveyor toured the kitchen and observed the following:

Refrigerator:
-Bananas that were black in appearance sitting in a fruit bowl on the counter
-4 containers that contained left over foods that were not dated
-A clear container with a spoon and a yellow substance that was not sealed or dated
-A package of 'sweet mix' salad with a 'best if used by' date of 06/04/2025
-A cucumber that had been sliced that was not sealed
-A food item wrapped in aluminum foil that was not labeled or dated
-A bag of hamburger buns that was not sealed
-An opened 6 ounce container of sliced shaved smoked turkey breast that was not dated

Freezer:

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M 474	Continued From page 22 - An opened package of hashbrown patties that was not sealed - A container that was covered with torn aluminum foil that was not labeled or dated - An opened bag of corndogs that was not sealed - An opened bag of steak fries that was not sealed - An opened bag of extra crispy fries that was not sealed - An opened bag of mini pancakes that was not sealed - An opened bag of Normandy style vegetable blend that was not sealed - An opened bag of fully cooked breaded chicken breast patties that was not sealed - An opened bag of Italian style meatballs that was not sealed "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	M 474		

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M 474	Continued From page 23 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, p. 1-8, and p. 7-3) "Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - June 23, 2025).) On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he saw the food concerns when s/he went to the home and re-educated staff on the proper storage of food items.	M 474		