STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017882	A. BUILDING: _____ B. WING _____	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABLE HOME EAST	2005 MANLEY ST MADISON, WI 53704

(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 02/13/2025 to 02/19/2025, Surveyor conducted a standard survey at Able Home LLC, an AFH in Madison. Two deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) DK2411, dated 09/21/2022 and SOD DK2412, dated 03/14/2023. Census: 4	M 000		
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 the resident's physician permitting the provider's staff to administer medications was received before administering medications for 2 of 2 residents reviewed. The provider did not have a written order to administer medications to Resident 1 or Resident 2. This is a repeat deficiency. See Statement of	M 464		

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

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M 464	Continued From page 1 Deficiency (SOD) DK2411, dated 09/21/2022 and SOD DK2412, dated 03/14/2023. Findings include: On 02/13/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 1 and Resident 2's records, provided by Administrator A. 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 02/13/2024 at 12:00 p.m., Surveyor left a list for Administrator A requesting documentation for resident records be forwarded to surveyor by 12:00 p.m. on 02/14/2025. On 02/14/2025 at 10:56 a.m., Surveyor received resident records for Resident 1 and Resident 2 from Administrator A. The resident records indicated the following: - Resident 1 admitted to the provider's home on 05/15/2016. 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 04/15/2024. 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 02/19/2025 at approximately 10:15 a.m., Surveyor shared concern with Administrator A regarding no physician order permitting the provider's staff to administer medications to Resident 1 and Resident 2. Administrator A stated s/he would get an order for Resident 1 and	M 464		

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M 464	Continued From page 2 Resident 2.	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 ensure an accurate record of all medications were administered for 1 of 1 resident reviewed. Resident 1's medication administration records (MAR) did not include record of all medication administrations. This is a repeat deficiency. See Statement of Deficiency (SOD) DK2411, dated 09/21/2022 and SOD DK2412, dated 03/14/2023. Findings include: On 02/13/2025 at approximately 10:15 a.m., Surveyor reviewed the provider's medication supply, physician orders and resident MARs, dated 01/01/2025 to 02/13/2025. Resident 1's physician orders included Lidocaine 5% Patch daily. Surveyor did observe five lidocaine 5% patches dated 02/26/2024. While reviewing MARs, Surveyor identified the following concerns:	M 466		

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M 466	Continued From page 3 - Resident 1's Lidocaine 5% Patch (start date 02/26/2024) - Apply 1 patch to skin daily, on for 12 hours, off for 12 hours, was not documented as administered from 01/01/2025 through 02/13/2025. On 02/13/2025 at approximately 10:30 a.m., Surveyor interviewed Caregiver B. Caregiver B acknowledged the Lidocaine 5% patch was not documented for January 2025 and February 2025. Caregiver B stated that Resident 1 received the medication only as needed. On 02/13/2025 at approximately 11:15 a.m., Surveyor interviewed Resident 1. Resident 1 stated that s/he did not wear a patch. Resident 1 stated that his/her back was always sore. On 02/19/2025 at approximately 1:00 p.m., Surveyor reviewed concern with Administrator A that Resident 1 did not have accurate recordings of their medication administration. Administrator A stated that the lidocaine 5% patch was an old order and would have it changed to as needed. Administrator A acknowledged that the MAR and physician order stated to apply the lidocaine 5% patch daily.	M 466		