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-C 08/01/2023

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 08/01/2023, Surveyor conducted a verification visit at Care Wisconsin Corner OBrien. 8 deficiencies were identified. 4 deficiencies were recites. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 2	{M 000}		
{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. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a clean and well-maintained homelike environment. This is a recite from SOD # SQ1C11 dated 03/13/2023. Findings include: On 08/01/2023 at approximately 9:11 AM, Surveyor toured the facility and observed the following. Resident 1's room had several holes in the wall, the curtain brackets used to hang the curtain rod	{M 276}		

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

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{M 276}	Continued From page 1 were broken and the curtain was hanging crooked. A kitchen cupboard had a door broken and hanging down. The dining room window had a broken track that was sticking out. The kitchen table was missing, there was a folding table in the living room with chairs that were badly stained and had rips in the seat of the chair. The entertainment center in the living room was broken. In the garage there were ashes and cigarette butts on the floor. There were multiple holes in the walls around the facility. Outside the facility the weeds were overgrown and the grass was long. The weeds and grass were approximately 9 inches high. The couch in the living room had fabric from the bottom partially torn off and laying to the side of the couch. The kitchen cupboards were covered with dried on food debris. Surveyor observed multiple cigarette butts and ashes on the floor of the garage, and a cigarette butt on the floor of Resident 1's room. Surveyor also observed a delta 8 packet in the garage. "Effective 07/05/2010, Wis. Stat. 101.123	{M 276}		

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{M 276}	Continued From page 2 prohibits smoking in common and public areas of assisted living facilities in Wisconsin. Designated out door smoking areas must meet the following criteria: the area must be provided with an adequate number of ash trays made of non-combustible material, oxygen tanks should not be allowed in the area, and if the area is designed for protection from the weather, the area may not meet the definition of an enclosed space. (Source: DQA Memo 10-016 dated 06/14/2010.) On 08/01/2023 at approximately 10:06 AM, Surveyor interviewed Manager C. Manager C stated the landlord is taking his/her time fixing things at the house.	{M 276}		
M 284	88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS The home shall have a heating system capable of maintaining a temperature of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the home may reduce temperatures during sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident. This Rule is not met as evidenced by:	M 284		

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M 284	Continued From page 3 Based on observation and interview the provider did not maintain a temperature of 74 degrees Fahrenheit during periods of occupancy. Findings include: On 08/01/2023 at approximately 9:11 AM, Surveyor toured the facility. The outside thermometer showed the outside temperature at 76 degrees Fahrenheit. Surveyor observed it was very warm in the upstairs of the home where resident bedrooms are located and took a temperature. The temperature of the upstairs bedrooms was 81.2 degrees Fahrenheit. On 08/01/2023, at approximately 9:20 AM, Surveyor interviewed Resident 1. Resident 1 stated that the rooms upstairs get very hot especially with the hot and humid days that have been experienced this year. Resident 1 stated its hard to sleep because its so hot and s/he just sits there and sweats because of how hot it is in the room. On 08/01/2023 at approximately 10:10 AM, Surveyor interviewed Manager C. Manager C stated the air conditioning is not working properly and is not blowing upstairs. Manager C stated the land lord was made aware but it has not been fixed yet.	M 284		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used	M 298		

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M 298	Continued From page 4 for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview the provider did not have screens in one of the rooms used by residents. Findings include: On 08/01/2023 at approximately 9:11 AM, Surveyor toured the facility and observed an empty resident room did not have screens on the window. On 08/01/2023 at approximately 10:10 AM, Surveyor shared findings with Manager C. Manager C stated s/he would let the land lord know.	M 298		
{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 two means of exiting which provided unobstructed access to the outside. This is a recite from SOD # SQ1C11 dated 03/13/2023.	{M 338}		

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{M 338}	Continued From page 5 Findings include: On 08/01/2023 at approximately 9:11 AM, Surveyor toured the facility and observed a rear sliding patio door. Outside the patio door Surveyor observed sandbags at the base of the door being used as stairs. The exit had an approximate 14 inch drop off. On 08/01/2023 at approximately 10:10 AM, Surveyor interviewed Administrator A and asked why the sandbags were in front of the outside door. Administrator A stated the landlord of the building was supposed to put stairs in but had not put them in yet.	{M 338}		
{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 that a written assessment and individual service plan was completed and developed for Resident 1 and Resident 4 within 30 days after placement. This is a recite from SOD # SQ1C11 dated 03/13/2023. Findings include:	{M 404}		

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{M 404}	Continued From page 6 On 08/01/2023 at approximately 9:22 AM, Surveyor reviewed Resident 1 and Resident 4's facility file. The following was reviewed: Resident 1 was admitted to the facility on 05/14/2022. Resident 1 did not have a written assessment or individual service plan in the facility file. Resident 4 was admitted to the facility on 09/16/2019. Resident 4 did not have a written assessment or individual service plan in the facility file. On 08/01/2023 at approximately 10:10 AM, Surveyor interviewed Manager C. Manager C stated that the residents do not have behaviors so they didn't need to have an individual service plan.	{M 404}		
{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. This Rule is not met as evidenced by:	{M 458}		

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{M 458}	Continued From page 7 Based on observation and interview the provider did not ensure prescription medications were securely stored. This is a recite from SOD # SQ1C11 dated 03/13/2023. Findings include: On 08/01/2023 at approximately 9:11 AM, Surveyor toured the facility. Surveyor observed the medication closet unsecured and the lock sitting on the shelf in the closet. Resident 1's medications were in the medication closet unsecured. Surveyor also observed Resident 4's room. Resident 4's room had all of his/her prescription medications sitting on a table unsecured. On 08/01/2023 at approximately 10:06 AM, Surveyor interviewed Manager C. Manager C stated the medications should be locked up when they are not in use.	{M 458}		
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 a record for each	M 482		

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M 482	Continued From page 8 resident. Findings include: On 08/01/2023 at approximately 9:22 AM, Surveyor reviewed Resident 4's facility file. Resident 4 was admitted to the facility on 09/16/2019. Resident 4 did not have any record of what medications s/he was taking. Resident 4 did not have an assessment within 30 days in the facility file. On 08/01/2023 at approximately 10:06 AM, Surveyor interviewed Manager C. Manager C stated that Resident 4 can administer his/her own medications so the facility did not have any record of the medications that Resident 4 was currently prescribed.	M 482		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview the provider	M 570		

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M 570	Continued From page 9	M 570		

did not ensure the residents were safeguarded from environmental hazards in which they were likely exposed including conditions that would be hazardous to anyone.

Findings include:

Surveyor took the hot water temperature at the faucet in the kitchen. The hot water temperature was at 135.7.

Second and third-degree hot water burns can occur at the following rates at the following temperatures:

110 degrees F. 13 minutes
120 degrees F. 10 minutes
127 degrees F. 1 minute
130 degrees F. 30 seconds
140 degrees F. 6 seconds
158 degrees F. 1 second

"Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).

On 08/01/2023 at approximately 10:06 AM, Surveyor interviewed Manager C. Manager C stated s/he was not aware the water was that hot.

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