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 02/06/2024

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 02/06/2024, Surveyor conducted a verification visit at Care Wisconsin Corner OBrien. 5 deficiencies were identified. 4 of 5 are repeat deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 1	{M 000}		
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 and interview the licensee did not ensure that the home and its operation comply with DHS Chapter 88. Findings include: Care Wisconsin Corner O'Brien was licensed on 05/21/2022. Since licensure the provider has been issued 22 deficiencies. Two deficiencies are 3rd repeat deficiencies, 3 are 2nd repeat deficiencies, and 5 are repeat deficiencies. Current non-compliance On 02/06/2024, Surveyor toured the facility and the following deficiencies were identified: 1.) 88.04(1)(b) Responsibilities.	M 216		

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

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2.) 88.05(3)(a) Home Environment-Repeat deficiency from SOD # SQ1C12 dated 08/01/2023, and SOD # SQ1C11 dated 03/13/2024.
3.) 88.05(3)(g) Windows and Ventilation-Repeat deficiency from SOD # SQ1C12 dated 08/01/2023.
4.) 88.07(3)(a) Prescription Medications-Repeat deficiency from SOD # SOD SQ1C12 dated 08/01/2023, and SOD # SQ1C11 dated 03/13/2024
5.) 88.10(3)(I) Safe Physical Environment-Repeat deficiency from SOD # SQ1C12 dated 08/01/2023.

On 02/06/2024 at approximately 10:00 AM, Manager C stated to Surveyor that everything was fixed that was on the prior SOD that needed to be fixed. Manager C also confirmed the kitchen needed to be cleaned, medications should be locked and disposed of properly, and that the rooms did not have screens.

Previous Non-Compliance

SOD # SQ1C12 dated 08/01/2023.

On 08/01/2023, Surveyor conducted a verification visit at Care Wisconsin Corner O'Brien.

8 Deficiencies were identified.

4 deficiencies were repeat deficiencies.

The facility received the following deficiencies:

1.) 88.05(3)(a) Home Environment Repeat deficiency from SOD # SQ1C11 dated 03/13/2023.
2.) 88.05(3)(e)1 Heating System Requirements

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M 216	Continued From page 2 3.) 88.05(3)(g) Windows and Ventilation 4.) 88.05(4)(c)1 Exiting from the First Floor repeat deficiency from SOD # SQ1C11 dated 03/13/2023. 5.) 88.06(3)(a) Individual Service Plan & Assessment Recite from SOD # SQ1C11 dated 03/13/2023. 6.) 88.07(3)(a) Prescription Medications repeat deficiency from SOD # SQ1C11 dated 03/13/2023. 7.) 88.10(3)(l) Safe Physical Environment 8.) 88.10(3)(a) Privacy The facility received a Notice and Order letter from the Department dated 10/16/2023, that stated the following: "ORDER TO COMPLY WITH REQUIREMENTS 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request." SPECIAL ORDERS Based on the results of the Department ' s investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department	M 216		

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M 216	Continued From page 3 of Health Services HEREBY ORDERS that Care Wisconsin Corner O ' Brien House: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., EFFECTIVE IMMEDIATELY, the licensee shall ensure that the home and its operation comply with Wis. Admin. Code ch. DHS 88 and with all other laws governing the home and its operation. The adult family home shall be safe, well-maintained and physically accessible to all residents of the home. The licensee shall develop and implement corrective measures to resolve each environmental deficiency identified in Statement of Deficiency (SOD) SQ1C12. The licensee will immediately address all potential health or safety hazards. WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all service providers on the corrective actions taken to resolve each environmental deficiency identified in SOD SQ1C12. Training will documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. 2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) SQ1C12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required	M 216		

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M 216	Continued From page 4 evidence will be made available to the Department representatives upon request." SOD # SQ1C11 dated 03/13/2023. On 03/13/2023, Surveyor conducted a complaint investigation at Care Wisconsin Corner O' Brien House. Complaint was unsubstantiated. 8 deficiencies were identified. The following deficiencies were identified: 1.) 88.05(3)(a) Home Environment 2.) 88.05(4)(b)1 Fire Safety-Smoke Detectors 3.) 88.05(4)(c)1 Exiting From the First Floor 4.) 88.06(3)(a) Individual Service plan & Assessment 5.) 88.07(2)(b)1 Supervising & Assisting With ADLs 6.) 88.074(3)(A) Prescription Medications 7.) 88.07(3)(c) Medication Assistance 8.) 88.10(3)(b) Privacy On 04/20/2023, Care Wisconsin Corner O'Brien was sent a Notice and Order letter from the Department that stated the following: ORDER TO COMPLY WITH REQUIREMENTS 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT	M 216		

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M 216	Continued From page 5 DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.	M 216		
{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, and SOD # SQ1C12 dated 08/01/2024. Findings include: On 02/06/2024 at approximately 9:34 AM, Surveyor toured the facility and observed the following: 1.) Empty room 1 had broken window coverings, multiple holes in the window screens, 2 small holes in the wall, and the wall was visibly dirty. 2.) Empty room 2 had an area that was patched	{M 276}		

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{M 276}	Continued From page 6 and was not finished. There was no paint on the patch and the patch was rough and not sanded. 3.) The kitchen walls were covered in food splatter and had noodles stuck to the wall. The oven was visibly dirty on the top and on the inside of the oven. On 02/06/2024 at approximately 10:30 AM, Surveyor interviewed Manager C. Manager C agreed that the kitchen was dirty and needed to be cleaned, the window screens need to be on the windows and the shades needed to be replaced.	{M 276}		
{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 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. This is a repeat deficiency from SOD # SQ1C12 dated 08/01/2023. Findings include: On 02/06/2024 at approximately 9:34 AM, Surveyor toured the facility and observed an	{M 298}		

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{M 298}	Continued From page 7 empty resident room did not have a screen on the window. Surveyor also observed a second empty room that had holes all over the screen. On 02/06/2024 at approximately 10:30 AM, Surveyor shared findings with Manager C. Manager C stated s/he knew the windows were supposed to have screens on them.	{M 298}		
{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: Based on observation and interview the provider did not ensure prescription medications were securely stored. This is a repeat deficiency from SOD # SQ1C11 dated 03/13/2023, and SOD # SQ1C12 dated 08/01/2023. Findings include:	{M 458}		

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{M 458}	Continued From page 8 On 02/06/2024 at approximately 9:34 AM, Surveyor toured the facility and observed the medication closet left unsecured with the lock on the door opened, and the closet door open. Surveyor observed a silver box in the med closet with a place to lock the box, but the box was unsecured with medications inside of it. Resident 5 was discharged from the facility on 07/20/2023, the following medications were in the silver lock box prescribed in Resident 5's name: Lithium 300 MG dated 06/26/2023. Olanzapine 5 MG dated 06/26/2023. Hydroxyzine Pamoate 25 MG dated 06/26/2023. Lactase 3000 units dated 06/26/2023. Risperidone 1 MG dated 06/26/2023. Cholecalciferol 50 MCG dated 06/26/2023. On 02/06/2024 at approximately 10:30 AM, Surveyor shared findings with Manager C. Manager C confirmed understanding that the medications are to be locked up when they are not in use. Manager C stated the medications are taken to the pharmacy for disposal and the facility only takes them every so often.	{M 458}		
{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	{M 570}		

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{M 570}	Continued From page 9 because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the residents were safeguarded from environmental hazards in which they were likely exposed including conditions that would be hazardous to anyone. This is a repeat deficiency from SOD # SQ1C12 dated 08/01/2023. Findings include: This provider is licensed to serve the following client groups: Advanced aged, developmentally disabled, and emotionally disturbed/mental illness. On 02/06/2024 at approximately 9:40 AM, Surveyor took the hot water temperature at the faucet in the kitchen. The hot water temperature was at 127.4. The hot water temperature in the residents shared bathroom was 126.3 at the sink, and 124.2 in the bathtub. "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	{M 570}		

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{M 570}	Continued From page 10 forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). On 02/06/2024 at approximately 10:30 AM, Surveyor shared findings with Manager C. Manager C stated, "okay".	{M 570}		