STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018655	A. BUILDING: _____ B. WING _____	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY LIVING	1806 RAE LANE FITCHBURG, WI 53711

(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 06/24/2024, Surveyor conducted a standard survey at Happy Living, an AFH in Madison. Six deficiencies were identified. 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 the home was clean and well-maintained. The provider's bathroom was not in a clean condition. Findings include: On 06/24/2024 at approximately 9:00 a.m., Surveyor toured the provider's bathroom with Licensee A. Surveyor observed the bathtub had a black substance around the faucet and handle (Photo 1). There was brown and yellow buildup along the bathtub (Photo 2). There was black build up in grout and where the floor met the walls. One of two lights above the sink did not have a light bulb. Surveyor shared concern that the bathroom did not appear clean or well-maintained. Licensee A stated the black substance was a sealant that was used during recent repairs. Licensee A stated they had one of	M 276		

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

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M 276	Continued From page 1 the cleanest homes in the area.	M 276		
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 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 1 residents reviewed was evaluated annually, using the department's form, for evacuation time. Resident 1 did not have an evacuation assessment, using the department's form, completed within the past year. Findings include: On 06/24/2024 at approximately 8:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 01/24/2023. Resident 1's evacuation assessment was dated 01/27/2023. Resident 1's record did not include an assessment, using the department's form, that had been completed within the past year. On 06/24/2024 at approximately 9:30 a.m., Surveyor reviewed concern with Licensee A that Resident 1 did not have an updated evacuation assessment using the department's form. Licensee A stated s/he had done fire drills, but did	M 346		

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M 346	Continued From page 2 not complete an evacuation assessment form.	M 346		
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 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 were screened for communicable disease, including tuberculosis, within 90 days prior to admission or 7 days after admission. Resident 1 and Resident 2 were not tested for communicable diseases, including tuberculosis, within 90 days prior to admission or 7 days after admission. Findings include: On 06/24/2024 at approximately 8:15 a.m., Surveyor reviewed resident records, which included the following: - Resident 1 was admitted to the provider's home on 01/24/2023. Resident 1's record did not include a communicable disease screen, including a tuberculosis test.	M 380		

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M 380	Continued From page 3 - Resident 2 was admitted to the provider's home on 09/20/2024. Resident 2's record did not include a communicable disease screen, including a tuberculosis test. On 06/24/2024 at approximately 9:30 a.m., Surveyor reviewed concern with Licensee A that neither Resident 1, nor Resident 2's record included a communicable disease screen and tuberculosis test. Licensee A stated s/he would check additional records. On 06/24/2024 at approximately 5:00 p.m., Surveyor received documentation that indicated Resident 1 had a tuberculosis test completed on 03/28/2023, greater than 2 months after his/her admission to the home. Surveyor did not receive documentation indicating Resident 2 had a tuberculosis test.	M 380		
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	M 424		

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M 424	Continued From page 4 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had an individual service plan (ISP) reviewed at least every 6 months by the licensee, the resident or the resident's guardian and the placing agency. Resident 1 and Resident 2 did not have an ISP updated and/or signed by the resident or resident's legal guardian and the placing agency within the past 6 months. Findings include: On 06/24/2024 at approximately 8:15 a.m., Surveyor reviewed resident records, which included the following: - Resident 1 was admitted to the provider's home on 01/24/2023. Resident 1 was his/her own decision maker and enrolled in a managed care organization. Resident 1's record included an ISP that was not dated and was not signed by Resident 1 or his/her placing agency. Licensee A believed the ISP was from November or December 2023. - Resident 2 was admitted to the provider's home on 09/20/2024. Resident 2 had a legal guardian and was enrolled in a managed care organization. Resident 2's record included an ISP dated 09/22/2023. The ISP was not signed by Resident 2's legal guardian or his/her placing agency. On 06/24/2024 at approximately 9:30 a.m., Surveyor reviewed concern with Licensee A that neither Resident 1, nor Resident 2's ISPs were signed by the resident or legal guardian and the	M 424		

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M 424	Continued From page 5 managed care organization. Licensee A stated the managed care organizations had completed their own assessments, but that s/he didn't have an ISP from the past 6 months and signed by all parties.	M 424		
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 specifying who was permitted to administer the medications was obtained for 2 of 2 residents reviewed. The provider did not have a physician order to administer medications for Resident 1 or Resident 2. Findings include: On 06/24/2024 at approximately 8:15 a.m., Surveyor reviewed resident records, which included the following: - Resident 1 was admitted to the provider's home on 01/24/2023. Resident 1's record did not	M 464		

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M 464	Continued From page 6 include physician order to administer medications. - Resident 2 was admitted to the provider's home on 09/20/2024. Resident 2's record did not include a physician order to administer medications. On 06/24/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the provider administered Resident 1 and Resident 2's medications. Surveyor reviewed concern with Licensee A that neither Resident 1, nor Resident 2's record included a physician order for the provider's staff to administer medications. Licensee A showed Surveyor a blank order form and stated s/he thought they had them completed. Licensee A was given until 06/24/2024 at 5:00 p.m. to provide follow up records. Surveyor did not receive documentation of physician orders to administer medications.	M 464		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a record of funds was maintained for 1 of 1 residents who the provider managed finances for. The provider assisted Resident 1 with his/her financial management, but did not keep a record of funds.	M 510		

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M 510	Continued From page 7 Findings include: On 06/24/2024 at approximately 8:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 01/24/2023 with diagnoses including intellectual disability and attention deficit hyperactivity disorder. Resident 1 was his/her own decision maker. Resident 1's record included a ledger of funds. The most recent entry was 03/20/2023. On 06/24/2024 at approximately 9:30 a.m., Surveyor interviewed Licensee A regarding Resident 1's management of funds. Licensee A stated Resident 1's family member would send the provider $200 monthly for Resident 1 and requested that the provider give Resident 1 $20 from that $200 weekly. Surveyor asked Licensee A if s/he had an updated ledger of the funds. Licensee A replied, "No," and explained that Resident 1's family member was inconsistent with sending money, so s/he stopped recording.	M 510		