| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019534 | A. BUILDING: _____ B. WING _____ | 01/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BLAINE HOME | 922 BLAINE DR MADISON, WI 53704 |

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| M 000 | INITIAL COMMENTS<br><br>On 01/05/2026, Surveyor conducted a standard survey at Blaine Home, an AFH in Madison.<br><br>Eight deficiencies were identified.<br><br>Census: 2 | M 000 | | |
| M 332 | 88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 1 of 1 fire extinguishers had a minimum 2A, 10-B-C rating and was inspected | M 332 | | |

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

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| M 332 | Continued From page 1<br>annually by an authorized dealer or the local fire department. The home's fire extinguisher was rated 1A, 10 B-C and had not been inspected since October 2024.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 12:15 p.m., Surveyor toured the provider's home. Surveyor observed 1 fire extinguisher in the home's kitchen, which was rated 1A, 10 B-C and had not been inspected since October 2024.<br><br>On 01/05/2026 at approximately 12:20 p.m., Surveyor reviewed concern with Licensee A that the home's fire extinguisher did not meet the minimum rating requirement and had not been inspected in the past year. Licensee A stated s/he didn't think a larger fire extinguisher would fit where s/he had the fire extinguisher mounted but made note to obtain a new fire extinguisher. | M 332 | | |
| M 336 | 88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE<br><br>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.<br><br>This Rule is not met as evidenced by: | M 336 | | |

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| M 336 | Continued From page 2<br><br>Based on record review and interview, the provider did not ensure the home's smoke detectors were tested monthly to ensure that they were operating.<br><br>Findings include:<br><br>On 01/05/2025 at approximately 12:15 p.m., Surveyor toured the provider's home and reviewed environmental records with Licensee A. Environmental records, dated 01/05/2024 to 01/05/2026, documented smoke detector checks on the following dates: 01/15/2024, 04/15/2024, 06/15/2024, 09/15/2024, 10/15/2024, 11/15/2024, 12/15/2024, 01/15/2025, 03/17/2025, 05/16/2025, 06/15/2025, 09/16/2025 and 12/15/2025.<br><br>On 01/05/2026 at approximately 12:20 p.m., Surveyor reviewed concern with Licensee A that documentation indicated smoke detector checks did not occur monthly. Licensee A nodded his/her head in agreement and wrote down a note to check smoke detectors monthly. | M 336 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>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.<br><br>This Rule is not met as evidenced by: | M 346 | | |

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| M 346 | Continued From page 3<br><br>Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed, who had resided at the provider's home for greater than 1 year, was evaluated annually for evacuation time using the department's form. Resident 1 had not been re-evaluated for evacuation, using the department's form, since admission.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 11:40 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 09/30/2024. Resident 1's record included an evacuation assessment, using the department's form, that was not dated.<br><br>On 01/05/2026 at approximately 11:45 a.m., Surveyor interviewed Licensee A and asked when the evacuation form in Resident 1's record was completed. Licensee A stated the evacuation form had been completed at the time of admission. Licensee A stated s/he had not completed a new evacuation assessment since admission and made note of the requirement to complete an evacuation assessment at least annually. | M 346 | | |
| M 384 | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>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 | M 384 | | |

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| M 384 | Continued From page 4<br>change. The service agreement shall be dated and signed by the licensee 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.<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a service agreement was completed prior to admission for 1 of 2 residents reviewed. The provider did not have a service agreement completed prior to Resident 2's admission.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 11:40 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 12/14/2025. Resident 2 was his/her own decision maker. Resident 2's record included a service agreement that was not signed by Resident 2.<br><br>On 01/05/2025 at approximately 11:45 a.m., Surveyor interviewed Licensee A and asked if s/he had a service agreement that was signed by Resident 2. Licensee A replied, "No," and explained that Resident 2 kept saying s/he would sign it later each time Licensee A asked for Resident 2 to sign the document. | M 384 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 | M 424 | | |

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| M 424 | Continued From page 5<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed, that resided at the provider's home greater than 6 months, had their individual service plan (ISP) updated at least once every 6 months and whenever the resident's needs or preferences changed substantially. Resident 1's ISP had not been updated since 10/23/2024 and did not include behavioral concerns.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 11:40 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 09/30/2024. Resident 1's ISP was dated 10/23/2024.<br><br>On 01/05/2026 at approximately 11:45 a.m., Surveyor interviewed Licensee A and asked if s/he | M 424 | | |

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| M 424 | Continued From page 6<br>had an updated ISP for Resident 1. Licensee A replied, "No." Licensee A stated Resident 1 had an assessment scheduled for 01/13/2026 with his/her managed care organization and that an updated ISP would be completed at that time. As Licensee A and Surveyor reviewed Resident 1's care needs, Surveyor noted Resident 1's behaviors, which Licensee A identified as verbal aggression and suicidal thoughts, was not included in his/her 10/23/2024 ISP. | M 424 | | |
| M 448 | 88.07(2)(b)5 MONITORING HEALTH<br><br>Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the health of 1 of 2 residents reviewed was monitored. Resident 1's blood sugar was not monitored 2 times daily as ordered.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 11:40 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 09/30/2024 with diagnosis including diabetes. Resident 1's physician orders included an order, dated 12/18/2024, to test his/her blood sugar 2 times daily. Resident 1's record also included an "After Visit Summary," dated 12/11/2025, that stated to test blood sugar 2 times daily. Resident 1's | M 448 | | |

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| M 448 | Continued From page 7<br>record, dated 11/01/2025 to 01/05/2026, included recordings of 1 blood sugar check per day.<br><br>On 01/05/2026 at approximately 11:45 a.m., Surveyor interviewed Licensee A and shared concern that Resident 1 had an order to monitor his/her blood sugar 2 times daily; however, the record indicated the provider was monitoring the blood sugar 1 time daily. Licensee A reviewed Resident 1's record and confirmed Surveyor's observation that blood sugar monitoring was ordered 2 times daily. Licensee A stated Resident 1's provider had never verbally stated Resident 1's blood sugar was supposed to be monitored 2 times daily and Licensee A had not noticed the 2 times daily listed on documentation. Licensee A stated s/he would follow up with Resident 1's physician to clarify how many times per day the blood sugar should be monitored. | M 448 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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. | M 458 | | |

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| M 458 | Continued From page 8<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure prescription medications were securely stored. Four Mounjaro pens were stored, unsecured, in the kitchen refrigerator.<br><br>Findings include:<br><br>On 01/06/2026 at 11:40 a.m., Surveyor reviewed Resident 1's medications and observed Caregiver B remove a box of Mounjaro pens (4 pens total) from the kitchen's refrigerator. Surveyor noted the medications were not secured. Surveyor asked Caregiver B if the medications were kept locked. Caregiver B replied "No."<br><br>On 01/06/2025 at approximately 11:45 a.m., Surveyor reviewed concern with Licensee A that the provider had unsecured prescription medications in the home. Licensee A stated s/he was unsure how to secure the Mounjaro since the medication required refrigeration. | M 458 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>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. | M 464 | | |

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| M 464 | Continued From page 9<br><br>This Rule is not met as evidenced by:<br>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 1 of 2 residents reviewed. The provider did not have a written order to administer medications to Resident 2.<br><br>Findings include:<br><br>On 01/05/2026 at approximately 11:40 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 12/14/2025. Resident 2's individual service plan (ISP), not dated, indicated the provider's staff administered his/her medications. Resident 2's record did not include a physician order permitting the provider's staff to administer medications.<br><br>On 01/05/2026 at approximately 11:45 a.m., Surveyor interviewed Licensee A and asked if s/he had obtained a physician order permitting staff to administer Resident 2's medications. Licensee A stated s/he did not recall obtaining a physician order for medication administration. | M 464 | | |