STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017491	A. BUILDING: _____ B. WING _____	C 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APTIV FARNAM HOUSE	**1301 SOUTH 28TH ST LA CROSSE, WI 54601**

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M 000	INITIAL COMMENTS On 04/07/2026, Surveyor conducted an abbreviated survey and complaint investigation at Aptiv Farnam House. Data collection continued through 04/15/2026. The complaint was substantiated. Five deficiencies were identified. One of 5 was a repeat deficiency. See Statement of Deficiency (SOD) P5UD11, dated 07/26/2022. Census: 3	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B received the required training related to resident rights within 6 months after starting to provide care. Caregiver B had no evidence of resident rights training in their files. This is a repeat deficiency. See Statement of	M 244		

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

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M 244	Continued From page 1 Deficiency (SOD) P5UD11, dated 07/26/2022. Findings include: On 04/07/2026, Surveyor requested employee records for Caregiver B including initial training documentation. On 04/08/2026, Surveyor reviewed employee records received via email from Director A. Caregiver B was hired on 05/13/2025. The record did not contain evidence of resident rights training. On 04/15/2026, at 12:30 PM, Surveyor interviewed Director A and Caregiver D via Teams meeting. When asked if Director A had any other training documentation for Caregiver B, Director A stated there was not anything additional to provide. Director A stated s/he would be discussing the training requirements at his/her next team meeting.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	M 246		

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M 246	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees received 8 hours of training every year, beginning with the calendar year after the year in which initial training was received. Findings include: On 04/07/2026, Surveyor requested employee records for Caregiver C, Caregiver D, and Caregiver E including all continuing education training received. On 04/08/2026, Surveyor reviewed employee records received via email from Director A. Caregiver C had a hire date of 08/12/2020. Caregiver C had 1.5 hours of training in 2025. The record did not include evidence of resident rights training. Caregiver D had a hire date of 08/09/2021. Caregiver D had 2.75 hours of training in 2025. The record did not include evidence of resident rights training. Caregiver E had a hire date of 10/14/2019. Caregiver E had 2.25 hours of training in 2025. The record did not include evidence of resident rights training. On 04/15/2026, at 12:30 PM, Surveyor interviewed Director A and Caregiver D via Teams meeting. When asked if Director A had any other continuing education training documentation for the above staff members, Director A stated there was not anything additional to provide. Director A stated s/he would be discussing the training requirements at his/her next team meeting.	M 246		

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M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard 3 of 3 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider is licensed to provide care for up to 4 individuals in the client groups of developmentally disabled and physically disabled. On 04/07/2026, at approximately 5:00 PM, Surveyor toured the home and observed the following: In the laundry room (which was unlocked with the door open and accessible to all in the home): -One bottle of laundry sanitizer (on the counter next to the washing machine) -One bottle of fabric conditioner (on the counter next to the washing machine) -One bottle of bleach tablets (in an unlocked shelf above the washing machine) -One bottle of all purpose cleaner and degreaser (in an unlocked shelf above the washing machine) -One can of wood finishing spray (in an unlocked	M 278		

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M 278	Continued From page 4 shelf above the washing machine) -One bottle of disinfectant/sanitizer (in an unlocked shelf above the washing machine) -Two cans of aerosol disinfectant spray (in an unlocked shelf above the washing machine) In Resident 1's bedroom (which was unlocked with the door open and accessible to all in the home): -One bottle of multipurpose cleaner with bleach (on an end table) Surveyor observed 1 of 3 residents ambulating freely throughout the home. Two of 3 residents were utilizing a wheelchair for mobility and could have access to the counter height substances observed. At approximately 6:20 PM, Surveyor interviewed Director A regarding the unsecured toxic substances. Director A stated s/he would ensure the substances would be placed in a secure area moving forward.	M 278		
M 286	88.05(3)(e)2 HEATING SYSTEM INSPECTIONS The heating system shall be inspected as follows, with written documentation of the inspections maintained in the home: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected every 3 years. Findings include:	M 286		

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M 286	Continued From page 5 On 04/07/2026, at approximately 4:50 PM, Surveyor requested the provider's most recent furnace inspection from Director A. At approximately 6:00 PM, Surveyor interviewed Director A. Director A stated s/he had contacted a maintenance staff member, and they did not obtain a furnace inspection yet. Director A stated the maintenance staff reported if s/he could not find it, they would get an inspection completed and be compliant moving forward. On 04/15/2026, at 12:30 PM, Surveyor interviewed Director A and Caregiver D via Teams meeting. Director A stated s/he had found old reports from a few years ago but did not have any recent furnace inspections to provide. Director A stated s/he informed the maintenance staff of the requirements and they would ensure the requirements were met moving forward.	M 286		
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	M 466		

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M 466	Continued From page 6	M 466		

provider did not ensure medication administration was recorded accurately for 1 of 2 residents (Resident 1) reviewed.

Resident 1's medication administration was not recorded at the time of administration.

Findings include:

On 12/03/2025, the department received a complaint regarding the provider's medication systems.

On 04/07/2026, at approximately 4:50 PM, Surveyor requested Resident 1's medication administration record (MAR) for February 2026 to current.

On 04/08/2026, Surveyor reviewed Resident 1's February 2026 through April 2026 MARs which included the following:

-Warfarin Sodium 5 MG tablet. Take 1.5 tabs Monday, Thursday, Saturday and 1 tab Tuesday, Wednesday, Friday and Sunday. Scheduled for 6:00 PM. Do not give Warfarin within 2 hours of Sucralfate.

-Sucralfate 1 GM Tablet. Take one tablet by mouth 4 times daily after meals and at bedtime. Dissolve in small amount of water before taking. Scheduled for 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM.

The medications were documented as given within 2 hours of each other on the following dates:
02/26/2026 Warfarin at 10:08 PM and Sucralfate at 10:08 PM
02/27/2026 Warfarin at 6:37 PM and Sucralfate at

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M 466	Continued From page 7 6:37 PM 02/28/2026 Warfarin at 7:25 PM and Sucralfate at 6:21 PM 03/01/2026 Warfarin at 6:51 PM and Sucralfate at 7:37 PM 03/03/2026 Warfarin at 5:47 PM and Sucralfate at 5:47 PM 03/04/2026 Warfarin at 7:46 PM and Sucralfate at 7:46 PM 03/05/2026 Warfarin at 9:42 PM and Sucralfate at (9:42 PM entered for the 4:00 PM and 8:00 PM dosing) 03/06/2026 Warfarin at 6:48 PM and Sucralfate at 6:48 PM 03/08/2026 Warfarin at 7:04 PM and Sucralfate at 7:52 PM 03/09/2026 Warfarin at 9:18 PM and Sucralfate at 9:18 PM 03/10/2026 Warfarin at 6:38 PM and Sucralfate at 5:17 PM 03/11/2026 Warfarin at 9:43 PM and Sucralfate at 9:43 PM 03/12/2026 Warfarin at 6:25 PM and Sucralfate at 4:36 PM 03/13/2026 Warfarin at 7:52 PM and Sucralfate at 7:52 PM 03/14/2026 Warfarin at 6:16 PM and Sucralfate at 6:15 PM 03/15/2026 Warfarin at 6:33 PM and Sucralfate at 6:04 PM 03/16/2026 Warfarin at 6:57 PM and Sucralfate at 6:57 PM 03/17/2026 Warfarin at 10:02 PM and Sucralfate at 10:02 PM 03/18/2026 Warfarin at 9:11 PM and Sucralfate at 9:11 PM 03/19/2026 Warfarin at 6:57 PM and Sucralfate at 6:57 PM 03/20/2026 Warfarin at 8:01 PM and Sucralfate at 9:51 PM	M 466		

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M 466	Continued From page 8 03/21/2026 Warfarin at 6:32 PM and Sucralfate at 6:32 PM 03/22/2026 Warfarin at 7:58 PM and Sucralfate at 8:03 PM 03/23/2026 Warfarin at 8:13 PM and Sucralfate at 8:14 PM 03/25/2026 Warfarin at 8:49 PM and Sucralfate at (8:49 PM entered for the 4:00 PM and 8:00 PM dosing) 03/26/2026 Warfarin at 10:04 PM and Sucralfate at 10:04 PM 03/27/2026 Warfarin at 10:10 PM and Sucralfate at 10:10 PM 03/31/2026 Warfarin at 7:08 PM and Sucralfate at 7:08 PM 04/01/2026 Warfarin at 6:51 PM and Sucralfate at 6:51 PM 04/02/2026 Warfarin at 10:06 PM and Sucralfate at 10:06 PM 04/03/2026 Warfarin at 10:00 PM and Sucralfate at 10:00 PM 04/04/2026 Warfarin at 6:23 PM and Sucralfate at 7:52 PM 04/05/2026 Warfarin at 8:18 PM and Sucralfate at 8:48 PM 04/06/2026 Warfarin at 9:54 PM and Sucralfate at 9:54 PM On 04/15/2026, at 12:30 PM, Surveyor interviewed Director A and Caregiver D via Teams meeting. When asked if the provider had an auditing process for the MARs to review for errors or concerns, Director A stated audits were not in place prior to 2026. Director A stated they were implementing a new auditing process, and audits would get completed quarterly moving forward. Surveyor shared concerns related to the above medications being documented as given within 2 hours of each other. Director A stated s/he anticipated it would be something Surveyor would	M 466		

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M 466	Continued From page 9 notice during record review. Director A stated staff did not always sign off on medications as they were administered. Director A stated sometimes staff would pass medications and not come back to capture the correct time. Director A stated sometimes staff would have to walk away and start doing other things. Director A stated s/he was confident staff were not administering the medications within 2 hours of each other despite what the documentation showed. Director A stated they were providing education to staff on the importance of documenting the medication administration times accurately.	M 466		