| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017785 | A. BUILDING: _____ B. WING _____ | C 02/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MOUNT VERNON QUALITY CARE LLC | 11 MOUNT VERNON CT MADISON, WI 53719 |

| (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<br><br>On 02/20/2025, Surveyor conducted a monitoring visit at Mount Veronon Quality Care LLC, an AFH located in Madison, WI.<br><br>Two violations of Chapter DHS 88 were issued.<br><br>Census: 3 | M 000 | | |
| M 106 | 88.03(2)(b)2 PROGRAM STATEMENT<br><br>A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that the home was accessible for residents with mobility problems. Resident 1, who is non-ambulatory was admitted to the home despite the provider being licensed for ambulatory only residents.<br><br>Findings include:<br><br>Facility program statement indicates that the | M 106 | | |

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

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| M 106 | Continued From page 1<br>provider will admit residents that are ambulatory only.<br><br>On 02/20/2025, Surveyor toured the physical environment. The facility is licensed by the Department to serve ambulatory residents only and the facility is set up to accommodate ambulatory clients only. Resident 1 is non-ambulatory and uses a wheelchair for mobility. The clear opening of Resident 1's bedroom door measured 29 inches. The facility had ramps leading to/from the entry doors in the front and back of facility but neither ramp had handrails as required.<br><br>On 02/20/2025 at 10:00 AM, Surveyor discussed the above concern with Licensee A who stated s/he did not know that s/he could not admit Resident 1. Licensee A stated s/he thought the doors met the requirements but would make modifications to gain compliance. Licensee A stated s/he did not know that the ramps must contain handrails in order to be complaint with non- ambulatory standards per code. Surveyor discussed the requirements of non-ambulatory residents. Licensee A stated s/he would make the modifications and request a change in licensure to be able to admit non-ambulatory residents. | M 106 | | |
| M 338 | 88.05(4)(c)1 EXITING FROM THE FIRST FLOOR<br><br>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. | M 338 | | |

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| MOUNT VERNON QUALITY CARE LLC | 11 MOUNT VERNON CT MADISON, WI 53719 |

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|---|---|---|---|---|
| M 338 | Continued From page 2<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that 1 of 2 exits was unobstructed. There was ice and snow covering the rear exit making it difficult to exit the facility.<br><br>Findings include:<br><br>On 02/20/2025 at 9:30 AM, Surveyor toured the physical environment. The rear exit ramp of the facility was covered in ice and snow. There was approximately 3 inches of snow covering the entire surface of the exit at the rear of the facility which was indicated as an emergency exit.<br><br>On 02/20/2055 at 10:00 AM, Surveyor discussed the above concern with Licensee A. Licensee A stated that residents do not use that exit but acknowledged that it may have to be used in an emergency. Licensee A stated s/he would clear the exit of ice and snow as soon as possible. | M 338 | | |