STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018345	A. BUILDING: _____ B. WING _____	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS FAMILY HOME CARE LLC	611 ENTERPRISE DRIVE HILLSBORO, WI 54634

(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 08/30/2024, Surveyor conducted a standard licensure survey at Open Arms Family Home Care LLC. Two deficiencies were identified. Census: 4	M 000		
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 Resident 1 was evaluated annually for evacuation time. Resident 1's evacuation assessment was dated 08/04/2021. Findings include: On 08/30/2024 at 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted 08/02/2021 with diagnoses of anxiety disorder and epilepsy. On 08/30/2024 at 10:30 AM, Licensee A provided Surveyor with a resident evacuation assessment that was dated 08/04/2021. During interview Licensee A acknowledged Resident 1's evacuation assessment was out of	M 346		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018345	A. BUILDING: _____ B. WING _____	08/30/2024

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M 346	Continued From page 1 date and there was not a more current assessment. The provider did not ensure Resident 1 was evaluated annually for evacuation time.	M 346		
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 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated at 6 month intervals. Findings include: On 08/30/2024 at 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018345	A. BUILDING: _____ B. WING _____	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS FAMILY HOME CARE LLC	611 ENTERPRISE DRIVE HILLSBORO, WI 54634

(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 424	Continued From page 2 08/02/2021 with diagnoses of anxiety disorder and epilepsy. On 08/30/2024 at 10:35 AM, Licensee A provided Surveyor with Resident 1's ISP, dated 05/06/2022. The ISP stated, "no changes." Surveyor did not find evidence of other ISPs in Resident 1's record with a more recent date. On 08/30/2024 at 11:00 AM, Surveyor asked Licensee A if there was a current ISP for Resident 1. Licensee A stated there were no changes in Resident 1's condition and there were no other ISPs in Resident 1's record, due to nothing changing with Resident 1. Surveyor stated ISPs need to be updated at least every 6 months or upon changes of condition. Summary: The provider did not ensure Resident 1's ISP was updated every 6 months or upon changed.	M 424		