Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019303	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN AFH	2019 ADDERBURY LN MADISON, 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 08/03/2023, with information gathered through 08/07/2023, Surveyor conducted a verification visit at Martin Adult Family Home. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 1	{M 000}		
M 284	88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS The home shall have a heating system capable of maintaining a temperature of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the home may reduce temperatures during sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident. This Rule is not met as evidenced by: Based on observation and interview, it was determined that the provider did not ensure that the homes heating system could maintain a temperature of 74 degrees Fahrenheit (F). Findings include: This Adult Family Home (AFH) is licensed to	M 284		

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
	0019303	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN AFH	2019 ADDERBURY LN MADISON, 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 284	Continued From page 1 serve up to 3 residents within the client groups: emotionally disturbed/mental illness, advanced aged, and developmentally disabled. Census at the time of the survey was 1. On 08/03/2023, at approximately 2:15 PM, Surveyor arrived at the facility and observed the main entrance door was open and the screen door was closed. Surveyor interviewed Resident 2 in his/her room. Surveyor commented to Resident 2 that it was warm in his/her room. Resident 2 stated, "Yes, it is." Surveyor begun to monitor the room temperature with a thermometer: 2:40 PM - 82 degrees F 2:47 PM - 83.8 degrees F 2:57 PM - 84.2 degrees F 2:59 PM - 85.6 degrees F Surveyor then walked out to the thermostat that controlled the temperature for the home which read 27.5 Celsius to 32.5 Celsius (81 degrees F to 90 degrees F). On 08/03/2023, at approximately 3:05 PM, Surveyor interviewed Caregiver C. Caregiver C stated the home was warm but that it could be fixed, "maybe tomorrow." On 08/04/2023 at 2:47 PM, Licensee A emailed a picture of the thermostat in the home which read 26 Celsius to 15.5 Celsius (79 degrees F to 60 degrees F) and stated, "I just want to inform you that the thermometer in my facility is secured in the wall and that it's running very well. Both the Ac (air conditioning) and heat are running with no issues." Surveyor asked why the home was not maintained at the acceptable temperatures identified in DHS Chapter 88.	M 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019303	A. BUILDING: _____ B. WING _____	R-C 08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN AFH	2019 ADDERBURY LN MADISON, 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 284	Continued From page 2 As of 08/07/2023 at 4:00 PM, Surveyor did not receive a response. Wunderground.com documented outdoor temperature in Madison, Wisconsin on 08/03/2023 and 08/04/2023 at 2:53 PM as 85 degrees F.	M 284		