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 _____	02/06/2025

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 02/06/2025, Surveyor conducted a standard licensing survey at Martin AFH, an AFH located in Madison, WI. As a result of the survey, 4 violations of Chapter DHS 88 were issued. 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 that Resident 1 was evaluated for evacuation time. Resident 1 did not have a documented evacuation assessment. Findings include: On 02/05/2025 at 9:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 04/10/2023. There was no documented resident evacuation assessment in Resident 1's record. On 02/05/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that Resident 1 must have a documented resident evacuation assessment. Licensee A searched	M 346		

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

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M 346	Continued From page 1 Resident 1's medical record but could not find a documented resident evacuation assessment. Surveyor gave Licensee A until 02/06/2025 at noon to provide further information. On 02/05/2025 at 2:30 PM, Licensee A emailed Surveyor Resident 1's resident evacuation assessment that was dated 02/05/2025, the day of survey.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the facility conducted semi-annual fire drills. There was 1 documented fire drill for calendar year 2024. Findings include: On 02/05/2025 at 9:15 AM, Surveyor reviewed the facility's fire drills for calendar year 2023 and 2024. There was only 1 documented fire drill for calendar year 2024 (03/18/2024). On 02/05/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that the facility must have done 2 fire drills but forgot to document the second fire drill. Licensee A acknowledged that fire drills must be conducted semi-annually. Licensee A acknowledged that the facility only had 1 documented fire drill for	M 348		

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M 348	Continued From page 2 calendar year 2024.	M 348		
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 that 2 of 2 resident Individual Service Plan (ISP) was reviewed at least every 6 months. Resident 1 and Resident 2 ISP were out of date. Findings include: On 02/05/2025 at 9:15 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 04/10/2023 with diagnoses that include but are not limited to: Bipolar Manic Depressive with Psychosis, chronic pain/fibromyalgia,	M 424		

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M 424	Continued From page 3 Schizoaffective disorder, Traumatic Brain Injury. Resident 1's ISP was dated 04/14/2024. On 02/05/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware that Resident ISPs should be updated every 6 months, "I thought it was every year. I have an ISP update for Resident 1 scheduled for April 2025?" Surveyor discussed Chapter DHS 88 requirements for updating resident ISP needed to be every 6 months. Licensee A stated s/he understood that resident ISPs must be updated every 6 months. On 02/05/2025 at 9:15 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 02/04/2008 with diagnoses that include but are not limited to: Autism, Intellectual Disability, Schizoaffective Disorder, Schizophrenia, Disassociative identity disorder, epilepsy. Resident 1's ISP was dated 03/25/2024. On 02/05/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware that Resident ISPs should be updated every 6 months, "I thought it was every year, I have Resident 2's ISP update meeting scheduled for March 2025." Surveyor discussed Chapter DHS 88 requirements for updating resident ISP needed to be every 6 months. Licensee A stated s/he understood that resident ISPs must be updated every 6 months.	M 424		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5).	M 530		

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M 530	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide documentation of successful completion of training requirements under Chapter DHS 88.04(5). Findings include: On 02/05/2025 at 9:30 AM, Surveyor reviewed Caregiver B's employee record. Caregiver B was hired 08/01/2024. There was no documentation of completion of any training required under Chapter DHS 88.05(5). On 02/05/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he did not have any documentation for completion of training for Caregiver B.	M 530		