STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018564	A. BUILDING: _____ B. WING _____	C 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON QUALITY CARE	9 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 From 08/19/2024 to 08/21/2024, Surveyor completed a complaint investigation and standard survey at Mount Vernon Quality Care, an AFH in Madison. Six deficiencies were identified. One deficiency is a repeat deficiency - See Statement of Deficiency (SOD) KYFZ11, dated 07/12/2022. The complaint was unsubstantiated. Census: 4	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 1 of 1 caregivers reviewed for initial trainings completed at least 15 hours of training approved by the licensing agency prior to or within 6 months of starting to provide care. Manager B had not received 15 hours of training prior to or within 6 months of providing care at the provider's home.	M 244		

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

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M 244	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) KYFZ11, dated 07/12/2022. Findings include: On 08/19/2024 at approximately 12:00 p.m., Surveyor reviewed Manager B's record. Manager B was hired on 07/15/2023. Manager B's record indicated s/he had received 10 hours of training. Surveyor asked Manager B if s/he had documentation of any additional trainings to indicate s/he had completed at least 15 hours of training. Manager B replied, "These are the most important ones," as s/he pointed to the trainings Surveyor had reviewed. On 08/19/2024 at approximately 1:30 p.m., Surveyor reviewed concern with Manager B and Licensee A that Manager B's record did not include documentation of 15 hours of training prior to or within 6 months of hire. Licensee A replied, "Yes, we were still working on that."	M 244		
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 had been inspected and serviced every 3 years by a heating contractor or local utility company. The furance had not been inspected in greater than 3 years.	M 286		

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M 286	Continued From page 2 Findings include: On 08/19/2024 at approximately 1:00 p.m., Surveyor reviewed the facility's environmental records. Documentation did not include a furnace inspection. On 08/19/2024 at approximately 1:30 p.m., Surveyor requested documentation of the provider's most recent furnace inspection from Manager B. Manager B stated s/he would need to follow up with Surveyor. On 08/20/2024 at approximately 8:30 a.m., Surveyor received documentation from Licensee A that indicated a furnace inspection was conducted 10/14/2020, greater than 3 years ago. The provider had not had the home's furnace inspected in approximately 3 years and 10 months.	M 286		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an individual service plan (ISP) was completed and developed for 2 of 2 residents reviewed within 30 days after	M 404		

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M 404	Continued From page 3	M 404		

placement. Resident 1 and Resident 2 did not have an ISP developed within 30 days of admission.

Findings include:

On 08/19/2024 at approximately 12:20 p.m., Surveyor reviewed resident records, provided by Manager B. Records included the following:

- Resident 1's record indicated s/he was admitted to the provider's home on 03/30/2024. Resident 1's record did not include an ISP.
- Resident 2's record indicated s/he was admitted to the provider's home on 03/28/2024. Resident 2's record did not include an ISP.

On 08/19/2024 at approximately 1:00 p.m., Surveyor asked Manager B if Resident 1 and Resident 2 had ISPs. Manager B stated, "Yes, we have everything." Manager B stated s/he would need to follow up with Licensee A, who was out of state, to provide Surveyor copies of the ISPs.

On 08/20/2024 at approximately 8:30 a.m., Surveyor received ISPs from Licensee A for Resident 1 and Resident 2 that were dated 08/19/2024, the day of Surveyor's visit. Surveyor questioned the dates and asked if Resident 1 and Resident 2 had an ISP completed prior to Surveyor's visit.

On 08/21/2024 at approximately 9:40 a.m., Licensee A stated the ISPs were completed after Surveyor's visit. Licensee A stated s/he understood ISPs should have been completed within 30 days but weren't for Resident 1 and Resident 2. Licensee A stated s/he would make sure residents did not go greater than 30 days without an ISP in the future.

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M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all prescription medications were securely stored. Resident 1's insulin was stored unsecured in his/her room. Findings include: On 08/19/2024 at approximately 1:00 p.m., Surveyor toured the provider's home. Surveyor observed a refrigerator in Resident 1's room that contained 4 boxes of Basaglar insulin. Surveyor asked Resident 1 if the Basaglar was always stored in his/her room. Resident 1 replied, "Yeah. That's my insulin. [The staff] keep it here." On 08/19/2024 at approximately 1:30 p.m., Surveyor reviewed Resident 1's record and interviewed Manager B regarding Resident 1's insulin use. Resident 1's record documented s/he had diagnoses including diabetes and schizophrenia. The record indicated Resident 1 had a legal guardian and that the home's staff	M 458		

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M 458	Continued From page 5 was responsible for administering Resident 1's medications. Surveyor shared concern with Manager B that Resident 1's insulin was not securely stored and currently accessible to Resident 1, who was unable to manage his/her own medications. Manager B replied, "Yeah, [s/he] doesn't do anything with it." Manager B then followed up and stated s/he would locate alternate storage for the insulin.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order permitting the home's staff to administer medications was obtained for 2 of 2 residents reviewed. The provider did not have a written order from Resident 1 or Resident 2's physicians permitting the home's staff to administer medications. Findings include: On 08/19/2024 at approximately 12:20 p.m.,	M 464		

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M 464	Continued From page 6 Surveyor reviewed resident records, provided by Manager B. Records documented the following: - Resident 1 was admitted to the provider's home on 03/30/2024. Resident 1's record indicated the home's staff administered Resident 1's medications. Resident 1's record did not include a written physician order permitting the home's staff to administer medications. - Resident 2 was admitted to the provider's home on 03/28/2024. Resident 2's record indicated the home's staff administered Resident 2's medications. Resident 2's record did not include a written physician order permitting the home's staff to administer medications. On 08/19/2024 at approximately 1:30 p.m., Surveyor interviewed Manager B and Licensee A. Surveyor shared concern that neither Resident 1, nor Resident 2's record included a written physician order to administer medications. Manager B stated the provider did not have an order because Resident 1, who was his/her own decision maker, and Resident 2's family member were in agreement with the home's staff administering medications. Licensee A followed up and stated s/he was still working on obtaining the physician order from Resident 1 and Resident 2's physicians.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	M 474		

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M 474	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. Findings include: On 08/19/2024 at approximately 1:00 p.m., Surveyor toured the provider's kitchen. Surveyor observed the following concerns: - The refrigerator contained 4 boxes of Eggo pancakes that stated "Keep frozen until ready for use" on the package. Surveyor noted pancakes were not listed on the menu until 08/22/2024. - The refrigerator contained a carton of eggs that had expired greater than 1 week prior. - The freezer contained 2 bags of frozen breaded chicken and 1 bag of frozen fries that were open to air. The bags were not secured. - There was 1 frozen chicken patty sitting on the freezer surface, not packaged. On 08/19/2024 at approximately 1:30 p.m., Surveyor reviewed food safety and storage concerns with Manager B and Licensee A. Manager B stated s/he was unaware the pancakes needed to be kept frozen and that s/he would take care of the other concerns.	M 474		