STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015068	A. BUILDING: _____ B. WING _____	03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF GOOD HOPE WEBER DRIVE	1906 WEBER DR MADISON, WI 53713

(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 03/05/2024. Surveyor conducted a standard licensing survey at Home of Good Hope Weber Drive, an AFH located in Madison, WI. As a result of the survey, 3 violations of Chapter DHS 88 were issued. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, well maintained and homelike environment. The sidewalk leading up to the facility was uneven with cracks. Findings include: On 03/05/2024, Surveyor toured the physical environment. OBSERVATIONS: The sidewalk leading up to the facility entrance door was very uneven and had cracks that created a tripping hazard. There were 3 areas that measured approximately 12 inches by 12 inches of concrete that were missing completely. There was 1 crack that was	M 276		

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

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M 276	Continued From page 1 uneven and raised about 1 inch creating a trip hazard. The wooden steps on the deck leading to/from the facility door were deteriorating and looked as if they were about to break if stepped on too hard. The ceiling fan in the kitchen was not functioning. Licensee A stated, "It is completely broken, does not work at all." On 03/05/2024 at 10:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that the sidewalk and the deck boards needed to be repaired. Licensee A acknowledged that the ceiling fan in the kitchen should be removed.	M 276		
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 3 of 4 residents reviewed were evaluated annually for evacuation time. Resident 1, Resident 2 and Resident 3 did not have current documented resident evacuation assessments. Findings include:	M 346		

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	0015068	A. BUILDING: _____ B. WING _____	03/05/2024

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M 346	Continued From page 2 On 03/05/2024 at approximately 10:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 04/19/2016. The most current documented resident evacuation assessment for Resident 1 was dated 05/07/2022. On 03/05/2024 at approximately 10:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 08/19/2014. The most current documented resident evacuation assessment for Resident 2 was dated 08/17/2022. On 03/05/2024 at approximately 10:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 01/04/2014. The most current documented resident evacuation assessment for Resident 3 was dated 01/01/2023. On 03/05/2024 at 11:15 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that each resident must be evaluated annually for evacuation time. Licensee A acknowledged that Resident 1, Resident 2 and Resident 3 did not have up to date resident evacuation assessments.	M 346		
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.	M 458		

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M 458	Continued From page 3	M 458		

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure that prescription medications were securely stored. Resident 1's Ozempic and Lantus Solostar were stored in the refrigerator unsecured.

Findings include:

On 03/05/2024, Surveyor observed the facility kitchen.

Surveyor observed 2 medications that were unsecured in the refrigerator. Both medications (Ozempic and Lantus Solostar) were prescribed for Resident 1. Both medications require refrigeration.

On 03/05/2024 at 10:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that Ozempic and Lantus Solostar require refrigeration. Licensee A stated s/he did not know that those medications should be secured as the probability of the medications being stolen was low. Licensee A stated s/he would secure all medications going forward.