

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Dane

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Dane County.

The report includes only facilities located within the City of MADISON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 232.00 pages. If you wish to read the profile for a particular

facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.

Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Able Home East (0017882)

Address: 2005 MANLEY ST, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 01/18/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143681 **End Date:** 07/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142499 **End Date:** 03/15/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DK2412 Served 03/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS	7/10/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/10/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141780 **End Date:** 09/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DK2411 Served 01/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	3/15/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/15/23	Yes
88.06(1)(a)	PLACEMENT-PREADMISSION	3/15/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/15/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/15/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/15/23	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	3/15/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/15/23	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	3/15/23	Yes
88.09(1)(d)9	RESIDENT RECORD-RESIDENT RIGHTS	3/15/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/15/23	Yes

Enforcement History (Able Home East--0017882)

Date: 03/17/2023 **SOD #DK2412** **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/09/2023 **SOD #DK2411** **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Able Home West (0019037)

Address: 8410 Blackwolf Dr., MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 07/13/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147724 **End Date:** 09/12/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #HEL611 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/15/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/15/24	Yes

Survey ID: 0140144 **End Date:** 07/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Able Home West--0019037)

Date: 10/01/2024 **SOD #**HEL611 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Adderbury Home (0019191)

Address: 2120 Adderbury Cir, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/17/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141108 **End Date:** 10/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ADVANCED FAMILY HOME (0013525)

Address: 1717 SOUTHERN RIDGE TRL, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/10/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148094 **End Date:** 09/11/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZV0Q11 Served 11/13/2024

Deficiencies Cited

88.03(5)(e)1

88.04(5)(b)

Subject Area

SIGNIFICANT CHANGE TO THE RESIDENT

TRAINING-8 HOURS ANNUALLY

Compliance

Verified

Corrected

Survey ID: 0142593 **End Date:** 03/28/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141879 **End Date:** 09/23/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QSL411 Served 01/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	3/28/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	3/28/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	3/28/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	3/28/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	3/28/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	3/28/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/28/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/28/23	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	3/28/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	3/28/23	Yes

Enforcement History (ADVANCED FAMILY HOME--0013525)

Date: 11/13/2024

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 01/18/2023

SOD #QSL411

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Aegis Quality Care (0019144)

Address: 6913 Buckhorn Dr, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 09/21/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140886 **End Date:** 09/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AGAPE ADULT FAMILY HOME LLC (0018622)

Address: 721 AZTALAN DRIVE, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 11/19/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145528 **End Date:** 01/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #MXTO11 Served 02/08/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	3/24/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	3/24/24	Yes

Survey ID: 0139678 **End Date:** 04/28/2022 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (AGAPE ADULT FAMILY HOME LLC--0018622)

Date: 02/08/2024 **SOD #**MXTO11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AGAPE FAMILY HOME (0018674)

Address: 6326 ALISON LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 06/24/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140108 **End Date:** 06/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AGATE REM WISCONSIN I INC (0016801)

Address: 4614 AGATE LANE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/06/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144905 **End Date:** 11/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143569 **End Date:** 06/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGYV13 Served 07/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	11/21/23	Yes

Survey ID: 0142791 **End Date:** 01/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGYV12 Served 04/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(h)	COMPLY WITH OSHA	6/7/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/7/23	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	6/7/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140984 **End Date:** 08/05/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KGYV11 Served 10/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/25/23	No
88.05(3)(a)	HOME ENVIRONMENT	1/25/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/25/23	Yes

Enforcement History (AGATE REM WISCONSIN I INC--0016801)

Date: 07/05/2023 **SOD #**KGYV13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/17/2023 **SOD #**KGYV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/10/2022 **SOD #**KGYV11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALBANS LIVING LLC (0017910)

Address: 202 SAINT ALBANS AVENUE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 08/10/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143145 **End Date:** 05/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142282 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WGRV12 Served 02/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	5/10/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141505 End Date: 09/13/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WGRV11 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	2/8/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/8/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/8/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	2/8/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	2/8/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/8/23	No
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	2/8/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/8/23	Yes
88.09(1)(d)6	RESIDENT RECORD-SERVICE AGREEMENT	2/8/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/8/23	Yes

Enforcement History (ALBANS LIVING LLC--0017910)

Date: 02/23/2023 SOD #WGRV12 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 12/06/2022 SOD #WGRV11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Alia Community Care LLC (0019468)

Address: 2322 Harley Dr, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 03/04/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145873 **End Date:** 03/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Alison Home (0020428)

Address: 6328 ALISON LANE, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 11/27/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148205 **End Date:** 11/27/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ALLIANCE ADULT HOME CARE (0016330)

Address: 6331 ALISON LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 12/09/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143739 **End Date:** 07/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142919 **End Date:** 04/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSH412 Served 04/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/24/23	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	7/24/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141985 End Date: 10/19/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSH411 Served 01/31/2023

Deficiencies Cited	Subject Area	Compliance	Corrected
		Verified	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	4/5/23	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	4/5/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/5/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/5/23	Yes
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	4/5/23	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/5/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/5/23	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	4/5/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/5/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	4/5/23	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	4/5/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	4/5/23	Yes
88.06(3)(f)	REVIEW OF ISP	4/5/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/5/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/5/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/5/23	Yes

Enforcement History (ALLIANCE ADULT HOME CARE--0016330)

Date: 04/28/2023 SOD #OSH412 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 01/31/2023 SOD #OSH411 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (ALLIANCE ADULT HOME CARE--0016330)

Date Complaint Received: 10/05/2022

Date Investigation Completed: 10/19/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
OSH411
OSH411

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Alliance Adult Home Care (0020455)

Address: 6327 Allison Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/12/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147305 **End Date:** 08/12/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AllianceCare LLC (0020647)

Address: 1201 S Thompson Dr, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 12/05/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148228 **End Date:** 12/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ambleside Home (0020373)

Address: 4113 Ambleside Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/20/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148401 **End Date:** 12/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Attirance Home Care LLC (0020549)

Address: 605 Acacia Ln, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 10/30/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147990 **End Date:** 10/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: AVALOLA HOME CARE LLC (0020357)

Address: 233 SAINT ALBANS AVE, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 11/14/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148116 **End Date:** 11/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BAHR CIRCLE HOME (0016486)

Address: 7 BAHR CIRCLE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 03/01/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147784 **End Date:** 10/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147155 **End Date:** 07/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BRB12 Served 07/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	10/4/24	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	10/4/24	Yes

Survey ID: 0146447 **End Date:** 04/08/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1BRB11 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES	7/9/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145864 **End Date:** 01/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5LF414 Served 03/13/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(c)	MEDICATION ASSISTANCE	1/22/24	Yes

Survey ID: 0144767 **End Date:** 09/05/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LF413 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/22/24	Yes
88.10(3)(q)	MEDICATIONS	1/22/24	Yes

Survey ID: 0143548 **End Date:** 06/14/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LF412 Served 07/03/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/5/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/5/23	No
88.10(3)(q)	MEDICATIONS	9/5/23	No

Survey ID: 0143550 **End Date:** 06/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142825 **End Date:** 01/26/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D39G13 Served 04/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	6/8/23	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	6/8/23	Yes

Survey ID: 0146292 **End Date:** 01/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142475 **End Date:** 12/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5LF411 Served 03/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	6/14/23	Yes
88.07(2)(b)5	MONITORING HEALTH	6/14/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/14/23	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	6/14/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141423 **End Date:** 08/23/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D39G12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/26/23	No
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/26/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/26/23	Yes
88.10(6)	COERCION AND RETALIATION PROHIBITED	1/26/23	Yes

Survey ID: 0141215 **End Date:** 06/14/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HOO12 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	1/26/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/26/23	Yes
88.07(2)(a)	SERVICES	1/26/23	Yes
88.10(3)(e)	SELF-DIRECTION	1/26/23	Yes

Survey ID: 0139619 **End Date:** 02/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D39G11 Served 05/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	8/23/22	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	8/23/22	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/23/22	Yes
88.06(3)(f)	REVIEW OF ISP	8/23/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (BAHR CIRCLE HOME--0016486)

Date: 07/31/2024 **SOD #**1BRB12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/20/2024 **SOD #**1BRB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/13/2024 **SOD #**5LF414 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/10/2023 **SOD #**5LF413 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/03/2023 **SOD #**5LF412 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/19/2023 **SOD #**D39G13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Date: 03/16/2023 **SOD #**5LF411 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/28/2022 **SOD #**D39G12 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
COMPLY WITH FACILITY PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/03/2022 **SOD #**2HOO12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/23/2022 **SOD #**D39G11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (BAHR CIRCLE HOME--0016486)

Date Complaint Received: 11/14/2022

Date Investigation Completed: 12/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

5LF411

Date Complaint Received: 08/05/2022

Date Investigation Completed: 08/23/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

D39G12

Date Complaint Received: 05/25/2022

Date Investigation Completed: 06/14/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

2HOO12

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bellflower Ln Adult Family Home (0020062)

Address: 1438 Bellflower Ln, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 04/22/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146217 **End Date:** 04/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bethsaida Augusta (0020293)

Address: 410 Augusta Drive, Madison, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 09/01/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147485 **End Date:** 09/01/2024 **Type:** INITIAL **Purpose:** DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bethsaida Manassas (0020294)

Address: 1337 Manassas Trail, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 09/01/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147487 **End Date:** 09/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bethsaida Tramore (0020295)

Address: 925 Tramore Trail, Madison, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 09/01/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147488 **End Date:** 09/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Better Choice Homes LLC (0020215)

Address: 1925 Dolores Dr, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 07/17/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146996 **End Date:** 07/17/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Bilan 1 (0019371)

Address: 118 Emma Ct, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/08/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143374 **End Date:** 06/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BKAscent Homes (0018456)

Address: 6805 Village Park Drive, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/12/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144857 **End Date:** 11/13/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143983 **End Date:** 07/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H7SB11 Served 08/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/13/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/13/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/13/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/13/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/13/23	Yes
88.06(3)(f)	REVIEW OF ISP	11/13/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/13/23	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	11/13/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/13/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Enforcement History (BKAscent Homes--0018456)

Date: 08/21/2023

SOD #H7SB11

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Blaine Home (0019534)

Address: 922 Blaine Dr, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 06/22/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143530 **End Date:** 06/22/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BLUFF POINT ADULT FAMILY HOME (0016159)

Address: 7018 BLUFF POINT DR, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 07/01/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148101 **End Date:** 10/29/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9XOB12 Served 11/14/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.09(1)(d)11	RESIDENT FUNDS		

Survey ID: 0147251 **End Date:** 08/07/2024 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6GP611 Served 08/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	9/12/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0146899 **End Date:** 06/14/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9XOB11 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/29/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	10/29/24	Yes
88.09(1)(a)	RESIDENT RECORDS	10/29/24	Yes

Survey ID: 0141193 **End Date:** 10/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140468 **End Date:** 07/27/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5O2312 Served 08/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	10/25/22	Yes

Survey ID: 0139596 **End Date:** 02/14/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5O2311 Served 05/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	7/27/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/27/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	7/27/22	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	7/27/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (BLUFF POINT ADULT FAMILY HOME--0016159)

Date: 11/14/2024 **SOD #**9XOB12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/07/2024 **SOD #**6GP611 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

Date: 07/10/2024 **SOD #**9XOB11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/17/2022 **SOD #**5O2312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/19/2022 **SOD #**5O2311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (BLUFF POINT ADULT FAMILY HOME--0016159)

Date Complaint Received: 06/01/2022

Date Investigation Completed: 07/27/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

5O2312

Date Complaint Received: 02/08/2022

Date Investigation Completed: 02/14/2022

Subject Area(s)

Result

SOD #

LICENSE CAPACITY OR CLASS

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

5O2311

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRIGHT HOME (0016102)

Address: 7326 NEW WASHBURN WAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 05/02/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145907 **End Date:** 03/11/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145574 **End Date:** 11/30/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BRIGHT HOME--0016102)

Date Complaint Received: 03/01/2024

Date Investigation Completed: 03/11/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011142)

Address: 924 EAST MIFFLIN ST, MADISON, WI 53703

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141029 **End Date:** 10/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Buckeye Home (0020273)

Address: 5618 E Buckeye Rd, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 07/30/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147292 **End Date:** 07/30/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Butterfly Residential Homes LLC 1226 Southridge (0020347)

Address: 1226 Southridge Dr, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 02/04/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Care Wisconsin Corner OBrien House (0019078)

Address: 22 OBrien Ct, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 06/17/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147711 **End Date:** 08/30/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MM2R11 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(2)(b)5	MONITORING HEALTH		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		

Survey ID: 0146743 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145948 **End Date:** 02/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SQ1C13 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	6/14/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/14/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	6/14/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/14/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/14/24	Yes

Survey ID: 0144486 **End Date:** 08/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SQ1C12 Served 10/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/6/24	No
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	2/6/24	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	2/6/24	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	2/6/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/6/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	2/6/24	No
88.09(1)(a)	RESIDENT RECORDS	2/6/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	2/6/24	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142859 **End Date:** 03/13/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SQ1C11 Served 04/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	8/1/23	No
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	8/1/23	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	8/1/23	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	8/1/23	No
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	8/1/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/1/23	No
88.07(3)(c)	MEDICATION ASSISTANCE	8/10/23	Yes
88.10(3)(b)	PRIVACY	8/1/23	Yes

Survey ID: 0139933 **End Date:** 06/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (Care Wisconsin Corner OBrien House--0019078)

Date: 10/01/2024 **SOD #**MM2R11 **Appealed:** No

Sanctions

Date: 03/22/2024 **SOD #**SQ1C13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/11/2023 **SOD #**SQ1C12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/20/2023 **SOD #**SQ1C11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (Care Wisconsin Corner OBrien House--0019078)

Date Complaint Received: 02/27/2023

Date Investigation Completed: 03/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Care Wisconsin Corner Prairie House (0019035)

Address: 2010 Prairie Rd, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 06/10/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145417 **End Date:** 01/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144758 **End Date:** 09/01/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N2Z212 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/8/24	Yes
88.10(3)(q)	MEDICATIONS	1/8/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143452 **End Date:** 05/30/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N2Z211 Served 06/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(5)	TELEPHONE	9/1/23	Yes
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	9/1/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/1/23	No
88.10(3)(q)	MEDICATIONS	9/1/23	No

Survey ID: 0139839 **End Date:** 06/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Care Wisconsin Corner Prairie House--0019035)

Date: 11/10/2023 **SOD #**N2Z212 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/22/2023 **SOD #**N2Z211 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (Care Wisconsin Corner Prairie House--0019035)

Date Complaint Received: 05/04/2023 **Date Investigation Completed:** 05/15/2023

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	N2Z211
PROGRAM SERVICES	SUBSTANTIATED	N2Z211

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CHERISH HOME LLC (0016864)

Address: 5 BOOK CT, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 06/01/2018 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144832 **End Date:** 10/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #OUEO11 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	10/26/23	Yes

Survey ID: 0139201 **End Date:** 03/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (CHERISH HOME LLC--0016864)

Date: 11/17/2023 **SOD #**OUEO11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 02/23/2022 **SOD #**EL7J12 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 2 LLC (0014560)

Address: 1 ST ANDREWS CIRCLE, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 04/10/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147054 **End Date:** 07/10/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT4W14 Served 07/23/2024

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0145885 **End Date:** 02/15/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT4W13 Served 03/18/2024

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
7/10/24

Corrected
No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144985 **End Date:** 11/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT4W12 Served 12/07/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	2/15/24	No

Survey ID: 0143319 **End Date:** 05/04/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FT4W11 Served 06/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	11/8/23	No
88.05(3)(m)	2 EXITS TO GRADE-BEDROOMS IN BASEMENT	11/8/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/8/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/8/23	Yes
88.09(1)(d)11	RESIDENT FUNDS	11/8/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COMFORT CARE 4 U 2 LLC--0014560)

Date: 07/23/2024 **SOD #**FT4W14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/18/2024 **SOD #**FT4W13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/07/2023 **SOD #**FT4W12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/12/2023 **SOD #**FT4W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 4 LLC (0014985)

Address: 213 GLACIER DRIVE, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 02/25/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146616 **End Date:** 06/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145966 **End Date:** 02/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP15 Served 03/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/3/24	Yes
88.06(3)(f)	REVIEW OF ISP	6/3/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144912 **End Date:** 09/13/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP14 Served 11/29/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/5/24	No
88.05(3)(b)	FREE OF HAZARDS	2/5/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/5/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	2/5/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	2/5/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	2/5/24	No
88.06(3)(f)	REVIEW OF ISP	2/5/24	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	2/5/24	Yes

Survey ID: 0143354 **End Date:** 06/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP13 Served 06/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/13/23	Yes

Survey ID: 0142681 **End Date:** 01/30/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP12 Served 04/05/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/14/23	No
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/12/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141186 **End Date:** 09/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IUQP11 Served 11/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/30/23	No
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/30/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/30/23	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/30/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/30/23	No
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/30/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	1/30/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/30/23	Yes
88.06(2)(c)3	ALL CHARGES AND SECURITY DEPOSITS	1/30/23	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	1/30/23	Yes
88.07(2)(b)5	MONITORING HEALTH	1/30/23	No
88.07(2)(d)	NURSING CARE 7 HOURS PER WEEK	1/30/23	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/30/23	Yes
88.08	TERMINATION OF PLACEMENT	1/30/23	Yes

Survey ID: 0138777 **End Date:** 02/01/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Z3DG11 Served 02/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	4/8/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COMFORT CARE 4 U 4 LLC--0014985)

Date: 03/22/2024 **SOD #**IUQP15 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/29/2023 **SOD #**IUQP14 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/14/2023 **SOD #**IUQP13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/03/2023 **SOD #**IUQP12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/31/2022 **SOD #**IUQP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/22/2022 **SOD #**Z3DG11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (COMFORT CARE 4 U 4 LLC--0014985)

Date Complaint Received: 08/09/2022

Date Investigation Completed: 09/27/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	IUQP11
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	IUQP11
PROGRAM SERVICES	SUBSTANTIATED	IUQP11
RESIDENT RIGHTS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U 5 LLC (0015671)

Address: 5126 WHITCOMB DRIVE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 06/30/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146220 **End Date:** 04/23/2024 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145416 **End Date:** 11/29/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BQS211 Served 01/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	4/23/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/23/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	4/23/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/23/24	Yes
88.09(1)(d)1	RESIDENT RECORD-NAME & BIRTH	4/23/24	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	4/23/24	Yes

Survey ID: 0144069 **End Date:** 08/16/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142797 **End Date:** 03/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141424 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00VQ12 Served 11/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/21/23	Yes

Survey ID: 0139503 **End Date:** 02/09/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #00VQ11 Served 05/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/14/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/14/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/14/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/14/22	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	7/14/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/14/22	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (COMFORT CARE 4 U 5 LLC--0015671)

Date: 01/30/2024 **SOD #**BQS211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/28/2022 **SOD #**00VQ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/10/2022 **SOD #**00VQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (COMFORT CARE 4 U 5 LLC--0015671)

Date Complaint Received: 07/11/2023

Date Investigation Completed: 08/08/2023

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Comfort Care 4 U 6 (0019830)

Address: 4105 Brown Ln, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 11/27/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148173 **End Date:** 11/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: COMFORT CARE 4 U LLC (0014380)

Address: 6 SCHOENEMANN COURT, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/24/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148067 **End Date:** 10/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IZU12 Served 11/11/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0147367 **End Date:** 07/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IZU11 Served 08/19/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	10/23/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	10/23/24	Yes
88.06(3)(f)	REVIEW OF ISP	10/23/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/23/24	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	10/23/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140447 **End Date:** 07/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139348 **End Date:** 02/01/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4LUS11 Served 05/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/14/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/14/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/14/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/14/22	Yes

Enforcement History (COMFORT CARE 4 U LLC--0014380)

Date: 11/11/2024 **SOD #**8IZU12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/19/2024 **SOD #**8IZU11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/04/2022 **SOD #**4LUS11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Comfort Home Health LLC (0020390)

Address: 814 Ziegler Rd, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 01/13/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148504 **End Date:** 01/13/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: CONCORD ADULT FAMILY HOME (0016062)
Address: 1111 GAMMON LN, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 07/21/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146412 **End Date:** 05/01/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146262 **End Date:** 04/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #TOIM11 Served 04/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	6/13/24	Yes

Survey ID: 0145719 **End Date:** 02/01/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XTHU12 Served 02/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	4/8/24	Yes
88.05(6)(a)	HOUSEHOLD PETS	4/8/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0144837 **End Date:** 10/06/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XTHU11 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	1/29/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/29/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/29/24	Yes

Survey ID: 0142299 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #R3TU11 Served 02/28/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	2/8/23	Yes

Survey ID: 0139947 **End Date:** 06/07/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (CONCORD ADULT FAMILY HOME--0016062)

Date: 04/29/2024 **SOD #TOIM11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 02/23/2024 **SOD #XTHU12** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 11/17/2023 **SOD #XTHU11** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 02/28/2023 **SOD #R3TU11** **Appealed: No**

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (CONCORD ADULT FAMILY HOME--0016062)

Date Complaint Received: 04/12/2024

Date Investigation Completed: 05/01/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 03/05/2024

Date Investigation Completed: 04/09/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

TOIM11

Date Complaint Received: 09/18/2023

Date Investigation Completed: 10/06/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XTHU11

Date Complaint Received: 02/02/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Cottage Grove Home (0019493)

Address: 5402 Cottage Grove Rd, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/15/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145858 **End Date:** 03/04/2024 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143446 **End Date:** 06/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Crawford Home Health (0019572)

Address: 729 Diving Hawk Trail, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 08/11/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143940 **End Date:** 08/11/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE ADULT FAMILY HOME LLC 2 (0018579)

Address: 3009 MUIR FIELD ROAD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 08/17/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145642 **End Date:** 01/17/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144786 **End Date:** 09/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0AWA12 Served 11/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/17/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	1/17/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143202 **End Date:** 04/11/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0AWA11 Served 05/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/29/23	Yes
88.04(2)(g)2	COMMUNICABLE DISEASE	9/29/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	9/29/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/29/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	9/29/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/29/02	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	9/29/23	No
88.09(1)(a)	RESIDENT RECORDS	9/29/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/29/23	Yes

Enforcement History (DIVINE ADULT FAMILY HOME LLC 2--0018579)

Date: 11/10/2023 **SOD #**0AWA12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/30/2023 **SOD #**0AWA11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE ADULT FAMILY HOME LLC 3 (0019868)

Address: 3405 DORCHESTER WAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 05/07/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148597 **End Date:** 12/20/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #US5211 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(d)2	LEVEL OF SUPERVISION	3/13/25	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	3/13/25	Yes

Survey ID: 0146510 **End Date:** 05/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (DIVINE ADULT FAMILY HOME LLC 3--0019868)

Date Complaint Received: 11/07/2024

Date Investigation Completed: 12/17/2024

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
US5211

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE ADULT FAMILY HOME LLC (0016091)

Address: 401 N HIGH POINT RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 08/22/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144427 **End Date:** 09/29/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143141 **End Date:** 04/13/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D60611 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/29/23	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	9/29/23	Yes
88.06(3)(f)	REVIEW OF ISP	9/29/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	9/29/23	Yes
88.09(1)(a)	RESIDENT RECORDS	9/29/23	Yes

Enforcement History (DIVINE ADULT FAMILY HOME LLC--0016091)

Date: 05/22/2023 **SOD #**D60611 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE HAVEN LLC (0016297)

Address: 106 CRYSTAL LN, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 11/03/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147025 **End Date:** 07/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140202 **End Date:** 05/24/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7HFQ11 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/25/22	Yes

Enforcement History (DIVINE HAVEN LLC--0016297)

Date: 07/25/2022 **SOD #**7HFQ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE MAGNOLIA (0020284)

Address: 1110 MAGNOLIA LANE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/30/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148212 **End Date:** 11/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: DIVINE MILKY WAY (0020408)

Address: 322 Milky Way, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/05/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148239 **End Date:** 12/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: E HOME (0018209)

Address: 1138 SOUTHRIDGE CT, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 07/30/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148503 **End Date:** 01/10/2025 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3L7I11 Served 01/14/2025

Deficiencies Cited
88.03(5)(b)

Subject Area
CHANGE IN HOUSEHOLD MEMBERS

Compliance
Verified
2/28/25

Corrected
Yes

Survey ID: 0141062 **End Date:** 10/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (E HOME--0018209)

Date: 01/14/2025 **SOD #**3L7I11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EBENEZER FAMILY HOME (0018896)

Address: 1934 ELLEN AVENUE, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/21/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148710 **End Date:** 01/10/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DWDY11 Served 02/06/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(b)	PRIVACY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0140113 **End Date:** 06/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Emerson Senior Living (0019358)

Address: 402 Rustic Dr, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 01/05/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141754 **End Date:** 01/05/2023 **Type:** INITIAL **Purpose:** CHOW--LICENSURE

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Emma 2 (0019640)

Address: 112 EMMA COURT, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 07/28/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143878 **End Date:** 07/28/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMMA HOMES (0019107)

Address: 110 EMMA COURT, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 08/17/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148593 **End Date:** 01/06/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6CRQ11 Served 01/28/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(a)	SERVICES		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		
88.10(3)(q)	MEDICATIONS		

Survey ID: 0140711 **End Date:** 08/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMMANUEL FAMILY HOME 2 (0015239)

Address: 2943 TRACEWAY DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/24/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144461 **End Date:** 08/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #63LD11 Served 10/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/23/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/23/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/23/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/23/23	Yes

Enforcement History (EMMANUEL FAMILY HOME 2--0015239)

Date: 10/09/2023 **SOD #**63LD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EMMANUEL FAMILY HOME (0014637)

Address: 2941 TRACEWAY DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 07/15/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144331 **End Date:** 08/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KDBM11 Served 09/26/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/10/23	Yes

Enforcement History (EMMANUEL FAMILY HOME--0014637)

Date: 09/26/2023 **SOD #**KDBM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: EYENAANU (0019237)

Address: 2521 McKenna BLVD, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 03/01/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142342 **End Date:** 03/01/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Faithful Care Adult Family Home (0020025)

Address: 4030 Rockwell Dr, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 07/22/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147082 **End Date:** 07/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Faithful Care Spohn House (0020269)

Address: 1910 SPOHN AVE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 11/08/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148095 **End Date:** 11/07/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Freedom Group Home LLC II (0020036)

Address: 3349 Clove Dr, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 05/31/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146651 **End Date:** 05/31/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Freedom Group Home LLC (0019410)

Address: 1110 Pontiac Trail, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 02/21/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142401 **End Date:** 02/21/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Golden Care Madison 2 (0019499)

Address: 6316 Bettys Lane, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/10/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144566 **End Date:** 10/10/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Golden Care Madison (0018967)

Address: 6314 Bettys Lane, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 09/12/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146442 **End Date:** 05/10/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140786 **End Date:** 09/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Golden Care Madison--0018967)

Date Complaint Received: 02/22/2024

Date Investigation Completed: 05/10/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GOOD HAND CARE AFH (0017820)

Address: 2921 WIMBLEDON WAY, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 04/01/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147775 **End Date:** 09/04/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #EFZH11 Served 10/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(b)	FREE OF HAZARDS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(c)	MEDICATION ASSISTANCE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140408 **End Date:** 08/09/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #907513 Served 08/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/24/22	Yes

Survey ID: 0139563 **End Date:** 05/03/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #907512 Served 05/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	8/9/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (GOOD HAND CARE AFH--0017820)

Date: 10/07/2024 **SOD #**EFZH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/10/2022 **SOD #**907513 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/16/2022 **SOD #**907512 **Appealed:** No

Sanctions

NO NEW ADMISSIONS

ORDER TO COMPLY

Date: 01/24/2022 **SOD #**907511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Good Neighborhood Home Care LLC (0019427)

Address: 14 Mount Vernon Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/26/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145005 **End Date:** 10/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Good Neighborhood Home Care LLC (0019524)

Address: 16 Mount Vernon Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/24/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144658 **End Date:** 10/24/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE FAMILY HOME (0014116)

Address: 1001 S THOMPSON DR, MADISON, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/01/2012 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144360 **End Date:** 09/22/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140867 **End Date:** 09/22/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (GRACE FAMILY HOME--0014116)

Date Complaint Received: 09/16/2022

Date Investigation Completed: 09/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACE MADISON ADULT FAMILY HOME LLC (0019473)

Address: 1226 Jasmine Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/18/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143694 **End Date:** 07/18/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: GRACIOUS ANGELIC CARE (0018317)

Address: 3411 KESWICK, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/11/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144908 **End Date:** 11/27/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144236 **End Date:** 07/25/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8AOC12 Served 09/19/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/27/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/27/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142652 End Date: 02/20/2023 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8AOC11 Served 04/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	7/24/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	7/24/23	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	7/24/23	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	7/24/23	Yes
88.06(3)(f)	REVIEW OF ISP	7/24/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/24/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/24/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/24/23	Yes

Enforcement History (GRACIOUS ANGELIC CARE--0018317)

Date: 09/19/2023 SOD #8AOC12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 04/10/2023 SOD #8AOC11 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HAPPY LIVING (0018655)

Address: 1806 RAE LANE, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/05/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147540 **End Date:** 09/09/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147050 **End Date:** 06/24/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #STI111 Served 07/23/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	9/9/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/9/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/9/24	Yes
88.06(3)(f)	REVIEW OF ISP	9/9/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/9/24	Yes
88.09(1)(d)11	RESIDENT FUNDS	9/9/24	Yes

Survey ID: 0139282 **End Date:** 04/05/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (HAPPY LIVING--0018655)

Date: 07/23/2024

SOD #STI111

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HAVEY RD (0017578)

Address: 609 HAVEY RD, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 05/30/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145762 **End Date:** 02/21/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139264 **End Date:** 04/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Helene Home (0020043)

Address: 2006 Helene Pkwy, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 03/27/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146022 **End Date:** 03/26/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Hercules Trail Home (0020285)

Address: 435 Hercules Trail, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 10/25/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147938 **End Date:** 10/25/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: High Point (0020297)

Address: 110 N High Point Road, Madison, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 12/10/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148284 **End Date:** 12/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Hilton Home (0020330)

Address: 514 Hilton Dr, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/03/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147765 **End Date:** 10/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Home of Good Hope LLC (0020573)

Address: 2821 Foxwood Trail, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 01/13/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148577 **End Date:** 01/13/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME OF GOOD HOPE WEBER DRIVE (0015068)

Address: 1906 WEBER DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 05/01/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145995 **End Date:** 03/05/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #LE3911 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	5/10/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	5/10/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/10/24	Yes

Survey ID: 0139942 **End Date:** 02/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOME OF GOOD HOPE WEBER DRIVE--0015068)

Date: 03/26/2024 **SOD #**LE3911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOME OF GOOD HOPE (0009449)

Address: 2010 LAKE POINT DR, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 11/12/2001 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148288 **End Date:** 12/03/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146601 **End Date:** 05/23/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145500 **End Date:** 11/24/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDT414 Served 02/06/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	5/23/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	5/23/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143066 **End Date:** 04/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDT413 Served 05/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/24/23	No

Survey ID: 0141963 **End Date:** 01/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #FDT412 Served 01/30/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	3/16/23	

Survey ID: 0142839 **End Date:** 08/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140018 **End Date:** 05/26/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #FDT411 Served 07/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	1/10/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/10/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	1/10/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/10/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/10/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/10/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139565 End Date: 05/03/2022 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZLUZ12 Served 05/26/2022

Deficiencies Cited

88.04(2)(a)

Subject Area

RESPONSIBILITIES

Compliance

Verified

4/19/23

Corrected

Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (HOME OF GOOD HOPE--0009449)

Date: 02/07/2024 **SOD #**FDT414 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/16/2023 **SOD #**FDT413 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 01/30/2023 **SOD #**FDT412 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/05/2022 **SOD #**FDT411 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/26/2022 **SOD #**ZLUZ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/24/2022 **SOD #**ZLUZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (HOME OF GOOD HOPE--0009449)

Date Complaint Received: 11/12/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 11/06/2024

Date Investigation Completed: 12/03/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HOPE & A FUTURE III INC (0014946)

Address: 1115 S. High Point Road, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 03/19/2014 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147901 **End Date:** 10/09/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #G6X911 Served 10/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/4/24	Yes
88.06(3)(f)	REVIEW OF ISP	12/4/24	Yes

Survey ID: 0141502 **End Date:** 11/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140477 **End Date:** 07/16/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #D56T11 Served 08/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	11/9/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/9/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139924 **End Date:** 06/09/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (HOPE & A FUTURE III INC--0014946)

Date: 10/20/2024 **SOD #**G6X911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/18/2022 **SOD #**D56T11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (HOPE & A FUTURE III INC--0014946)

Date Complaint Received: 05/27/2022

Date Investigation Completed: 07/16/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Hope Home Care (0020668)

Address: 1205 Mendota St, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 01/03/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148482 **End Date:** 01/02/2025 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: HORIZON CARE NETWORK MAPLE VALLEY (0018707)

Address: 3010 MAPLE VALLEY DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/23/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147363 **End Date:** 08/15/2024 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146486 **End Date:** 04/15/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RIX111 Served 05/22/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	8/15/24	Yes
88.04(2)(a)	RESPONSIBILITIES	8/15/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/15/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/15/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/15/24	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/15/24	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	8/15/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	8/15/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/15/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/15/24	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/15/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	8/15/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	8/15/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/15/24	Yes
88.09(2)(b)	LICENSEE RECORD	8/15/24	Yes

Survey ID: 0138833 End Date: 02/23/2022 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (HORIZON CARE NETWORK MAPLE VALLEY--0018707)

Date: 05/22/2024 SOD #RIX111 Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Joylynne Home (0019899)

Address: 5421 Joylynne Dr, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 02/19/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145687 **End Date:** 02/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: KHADRA CARE LLC (0017927)

Address: 6234 THORNEBURY DRIVE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/02/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148049 **End Date:** 11/05/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #K35L11 Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	12/22/24	Yes

Survey ID: 0140419 **End Date:** 08/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (KHADRA CARE LLC--0017927)

Date: 11/07/2024 **SOD #**K35L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LAMBAI ADULT FAMILY HOME (0018448)

Address: 6901 SILVER DAWN DRIVE, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 08/03/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144106 **End Date:** 08/31/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LANCASTER ADULT FAMILY HOME (0018483)

Address: 1122 Gammon Lane, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/30/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144138 **End Date:** 08/29/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Love Recovery and Connection (0019853)

Address: 7876 Wood Reed Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 04/09/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146141 **End Date:** 04/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: LUS FAMILY HOME (0016512)

Address: 2634 MCKENNA BLVD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/01/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147668 **End Date:** 08/29/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #73TY11 Served 09/25/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(h)	COMPLY WITH OSHA	8/29/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/29/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/29/24	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	8/29/24	Yes

Survey ID: 0140213 **End Date:** 05/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XU0511 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	9/8/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/8/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (LUS FAMILY HOME--0016512)

Date: 09/25/2024 **SOD #**73TY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 07/25/2022 **SOD #**XU0511 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MADISON CREATIVE CARE LLC II (0018274)

Address: 2906 TURBOT DRIVE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 09/23/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143825 **End Date:** 07/31/2023 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143053 **End Date:** 04/03/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #11V414 Served 05/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/31/23	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	7/31/23	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	7/31/23	Yes
88.07(2)(b)5	MONITORING HEALTH	7/31/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	7/31/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/31/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/31/23	Yes
88.09(1)(a)	RESIDENT RECORDS	7/31/23	Yes
88.09(1)(d)4	RESIDENT RECORD-SERVICE COORDINATOR	7/31/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141849 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1IV413 Served 01/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/3/23	No
88.06(3)(f)	REVIEW OF ISP	4/3/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/3/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/3/23	Yes

Survey ID: 0140246 **End Date:** 04/05/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1IV412 Served 07/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/11/22	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	10/11/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/11/22	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/11/22	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/11/22	Yes
88.10(3)(q)	MEDICATIONS	10/11/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (MADISON CREATIVE CARE LLC II--0018274)

Date: 05/15/2023 **SOD #**11V414 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 01/17/2023 **SOD #**11V413 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/26/2022 **SOD #**11V412 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (MADISON CREATIVE CARE LLC II--0018274)

Date Complaint Received: 03/17/2023

Date Investigation Completed: 03/27/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
11V414
11V414

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MADISON CREATIVE CARE LLC (0017592)

Address: 2908 TURBOT DRIVE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 08/29/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145335 **End Date:** 01/11/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144848 **End Date:** 10/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YCIG12 Served 11/17/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	1/11/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/11/24	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	1/11/24	Yes
88.07(2)(b)5	MONITORING HEALTH	1/11/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	1/11/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143884 **End Date:** 07/24/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YCIG11 Served 08/09/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	10/10/23	Yes
88.04(2)(a)	RESPONSIBILITIES	10/10/23	No
88.05(3)(a)	HOME ENVIRONMENT	10/10/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	10/10/23	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	10/10/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	10/10/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/10/23	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	10/10/23	Yes
88.06(3)(f)	REVIEW OF ISP	10/10/23	Yes
88.07(2)(b)5	MONITORING HEALTH	10/10/23	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/10/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/10/23	No

Survey ID: 0143188 **End Date:** 05/04/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142149 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPZV13 Served 02/14/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	5/4/23	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	5/4/23	Yes
88.06(3)(f)	REVIEW OF ISP	5/4/23	Yes
88.07(2)(b)5	MONITORING HEALTH	5/4/23	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	5/4/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	5/4/23	Yes

Survey ID: 0140203 **End Date:** 04/08/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SPZV12 Served 07/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	10/17/22	No
88.05(3)(a)	HOME ENVIRONMENT	10/17/22	Yes
88.05(3)(n)1	BED-CLEAN, GOOD CONDITION, PROPER SIZE	10/17/22	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/17/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/17/22	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	10/17/22	Yes
88.06(3)(f)	REVIEW OF ISP	10/17/22	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	10/17/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/17/22	No
88.10(3)(e)	SELF-DIRECTION	10/17/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (MADISON CREATIVE CARE LLC--0017592)

Date: 11/17/2023 **SOD #**YCIG12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY

Date: 08/09/2023 **SOD #**YCIG11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 02/14/2023 **SOD #**SPZV13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/25/2022 **SOD #**SPZV12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (MADISON CREATIVE CARE LLC--0017592)

Date Complaint Received: 07/05/2023

Date Investigation Completed: 07/12/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Maple Grove (0020296)

Address: 3033 Maple Grove Drive, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/01/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147489 **End Date:** 09/01/2024 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Martin AFH (0019303)

Address: 2019 ADDERBURY LN, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 01/26/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146730 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145984 **End Date:** 02/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CSWX11 Served 03/26/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/14/24	Yes
88.06(3)(d)2	LEVEL OF SUPERVISION	6/14/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/14/24	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	6/14/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143893 **End Date:** 08/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YD0E12 Served 08/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	8/7/23	Yes

Survey ID: 0143232 **End Date:** 05/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YD0E11 Served 06/01/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/7/23	Yes
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS	8/7/23	Yes

Survey ID: 0141957 **End Date:** 01/26/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Martin AFH--0019303)

Date: 03/26/2024 **SOD #**CSWX11 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 08/10/2023 **SOD #**YD0E12 **Appealed:** No

Sanctions
ORDER TO COMPLY

Date: 06/01/2023 **SOD #**YD0E11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Martin AFH--0019303)

Date Complaint Received: 02/12/2024

Date Investigation Completed: 02/27/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/19/2023

Date Investigation Completed: 05/02/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YD0E11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Memphis Home (0019003)

Address: 308 Memphis Ave, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 11/01/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148742 **End Date:** 01/15/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MLCI11 Served 02/12/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(2)(a)	SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY
88.09(1)(a)	RESIDENT RECORDS
88.09(2)(c)	LOCATION AND RETENTION PERIOD

Survey ID: 0141194 **End Date:** 11/01/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MIDWEST ADULT FAMILY HOME LLC (0017966)

Address: 5134 WINTERGREEN DRIVE, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 05/29/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143928 **End Date:** 08/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143133 **End Date:** 03/08/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RKIN12 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT	8/10/23	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/10/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/10/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141197 End Date: 08/03/2022 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RKIN11 Served 11/01/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/6/23	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	3/6/03	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/6/23	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	3/6/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	3/6/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/6/23	Yes
88.07(2)(b)5	MONITORING HEALTH	3/6/23	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	3/6/23	Yes

Enforcement History (MIDWEST ADULT FAMILY HOME LLC--0017966)

Date: 05/22/2023 SOD #RKIN12 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 11/01/2022 SOD #RKIN11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (MIDWEST ADULT FAMILY HOME LLC--0017966)

Date Complaint Received: 07/27/2022 Date Investigation Completed: 08/03/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	RKIN11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MIDWEST ADULT FAMILY HOME (0016671)

Address: 5202 PRAIRIE ROSE ROAD, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 04/01/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148359 **End Date:** 12/04/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0YO13 Served 01/02/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147712 **End Date:** 09/03/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0YO12 Served 10/01/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.09(1)(d)11	RESIDENT FUNDS		

Survey ID: 0147310 **End Date:** 08/08/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Survey ID: 0146351 **End Date:** 04/08/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I0YO11 Served 05/09/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/3/24	No
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/3/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/3/24	No
88.05(3)(b)	FREE OF HAZARDS	9/3/24	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	9/3/24	No
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	9/3/24	No
88.07(2)(b)5	MONITORING HEALTH	9/3/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	9/3/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	9/3/24	Yes
88.09(1)(d)11	RESIDENT FUNDS	9/3/24	No
88.10(3)(q)	MEDICATIONS	9/3/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140530 **End Date:** 08/16/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139098 **End Date:** 02/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HRH11 Served 03/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	8/16/22	Yes

Enforcement History (MIDWEST ADULT FAMILY HOME--0016671)

Date: 01/02/2025 **SOD #**I0YO13 **Appealed:** No

Sanctions

Date: 10/01/2024 **SOD #**I0YO12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/09/2024 **SOD #**I0YO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/30/2022 **SOD #**2HRH11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MOUNT VERNON QUALITY CARE LLC (0017785)

Address: 11 MOUNT VERNON CT, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/05/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148610 **End Date:** 01/15/2025 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141749 **End Date:** 01/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140883 **End Date:** 07/06/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BGEH11 Served 09/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/2/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/2/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/2/23	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	1/2/23	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/2/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/2/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	1/2/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	1/2/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(3)(a)	PRESCRIPTION MEDICATIONS	1/2/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	1/2/23	Yes
88.09(2)(a)1	NAME AND ADDRESS	1/2/23	Yes

Enforcement History (MOUNT VERNON QUALITY CARE LLC--0017785)

Date: 09/29/2022 SOD #BGEH11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: MOUNT VERNON QUALITY CARE (0018564)
Address: 9 MOUNT VERNON CT, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 08/24/2021 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148438 **End Date:** 11/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147590 **End Date:** 08/21/2024 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z73511 Served 09/18/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/25/25	Yes
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	11/25/25	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/25/25	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	11/25/25	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/25/25	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/25/24	Yes

Survey ID: 0146167 **End Date:** 04/10/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0143396 **End Date:** 06/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141951 **End Date:** 01/05/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYFZ12 Served 02/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/12/23	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/12/23	Yes
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS	6/12/23	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/12/23	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	6/12/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/12/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/12/23	Yes
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE	6/12/23	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	6/12/23	Yes
88.06(3)(f)	REVIEW OF ISP	6/12/23	Yes
88.07(2)(b)5	MONITORING HEALTH	6/12/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	6/12/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/12/23	Yes
88.10(3)(q)	MEDICATIONS	6/12/23	Yes

Survey ID: 0141185 **End Date:** 07/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KYFZ11 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	1/5/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139118 **End Date:** 02/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1THR11 Served 03/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	3/31/22	Yes
88.09(1)(a)	RESIDENT RECORDS	3/31/22	Yes

Enforcement History (MOUNT VERNON QUALITY CARE--0018564)

Date: 09/16/2024 **SOD #**Z73511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 02/16/2023 **SOD #**KYFZ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 10/31/2022 **SOD #**KYFZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/31/2022 **SOD #**1THR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (MOUNT VERNON QUALITY CARE--0018564)

Date Complaint Received: 08/07/2024

Date Investigation Completed: 08/21/2024

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 03/05/2024

Date Investigation Completed: 04/10/2024

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 12/21/2022

Date Investigation Completed: 01/02/2023

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 06/21/2022

Date Investigation Completed: 07/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: ODANA ROAD HOUSE (0017358)

Address: 4222 ODANA RD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 07/12/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148448 **End Date:** 11/25/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #YX8312 Served 01/07/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/21/25	Yes

Survey ID: 0147553 **End Date:** 08/19/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YX8311 Served 09/17/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	11/25/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/25/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/25/24	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/25/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	11/25/24	No
88.09(2)(a)	SERVICE PROVIDER RECORD	11/25/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0140337 **End Date:** 07/25/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139558 **End Date:** 04/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2KK911 Served 05/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	7/25/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/25/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	7/25/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/25/22	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	7/25/22	Yes
88.09(1)(a)	RESIDENT RECORDS	7/25/22	Yes

Enforcement History (ODANA ROAD HOUSE--0017358)

Date: 01/07/2025 **SOD #**YX8312 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/17/2024 **SOD #**YX8311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/16/2022 **SOD #**2KK911 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: One Lakeview Home Care LLC (0020399)

Address: 6406 Toribrooke Ln, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/18/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148365 **End Date:** 12/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Orchard Place (0020444)

Address: 302 Orchard Drive, Madison, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 09/20/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147633 **End Date:** 09/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Pacific Care Services LLC (0020087)

Address: 2018 Adderbury Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 07/03/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146889 **End Date:** 07/03/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: PAT ADULT FAMILY HOME (0019092)

Address: 2801 WENTWORTH DRIVE, MADISON, WI 537193419

License Status: REGULAR

Licensed/Certified/Registered 12/07/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141578 **End Date:** 12/07/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Peoples AFH LLC (0020090)

Address: 6757 Hammersley Rd, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 05/14/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146454 **End Date:** 05/14/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Post Rd Facility (0019301)

Address: 2705 Post Rd, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 02/15/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142225 **End Date:** 02/15/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Praise Home (0019898)

Address: 7302 W VALLEY RIDGE RD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/06/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145539 **End Date:** 02/06/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RANGLES HOMECARE (0018521)

Address: 626 BURDETTE CT, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 07/09/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148376 **End Date:** 12/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HH912 Served 12/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0147704 **End Date:** 08/26/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2HH911 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	12/5/24	No
88.03(3)(b)	CRIMINAL RECORDS CHECK	12/5/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/5/24	No
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/4/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	12/5/24	No
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	12/5/24	No
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/5/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	12/4/24	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	12/5/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	12/5/24	No

Survey ID: 0140757 **End Date:** 09/09/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139791 **End Date:** 05/17/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U6O511 Served 06/08/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	9/9/22	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	9/9/22	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/9/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/9/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	9/9/22	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	9/9/22	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	9/9/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (RANGLES HOMECARE--0018521)

Date: 01/08/2025 **SOD #**2HH912 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 09/30/2024 **SOD #**2HH911 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 06/08/2022 **SOD #**U6O511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (RANGLES HOMECARE--0018521)

Date Complaint Received: 05/06/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

U6O511

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 04/28/2022

Date Investigation Completed: 05/17/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

U6O511

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: RAYMONDS HOME CARE LLC (0017974)

Address: 6014 RAYMOND ROAD, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/23/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148226 **End Date:** 11/04/2024 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V0W011 Served 12/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/19/24	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	1/19/24	Yes

Survey ID: 0140450 **End Date:** 08/11/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (RAYMONDS HOME CARE LLC--0017974)

Date: 12/05/2024 **SOD #**V0W011 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM BRADFORD (190013)

Address: 22 BRADFORD LN, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/12/1987 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146735 **End Date:** 06/14/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146105 **End Date:** 03/29/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #A9UF11 Served 04/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	6/14/24	Yes
88.07(2)(b)3	TRANSPORTATION TO MEDICAL	6/14/24	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	6/14/24	Yes
88.09(1)(a)	RESIDENT RECORDS	6/14/24	Yes

Survey ID: 0143156 **End Date:** 05/18/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142366 **End Date:** 02/08/2023 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XLXY11 Served 03/06/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/18/23	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	5/18/23	Yes

Survey ID: 0140403 **End Date:** 07/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #L2MT13 Served 08/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(a)	RESIDENT RECORDS	7/21/22	Yes

Survey ID: 0139542 **End Date:** 01/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L2MT12 Served 05/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	7/21/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	7/21/22	Yes
88.07(2)(b)	SERVICES DIRECTED TO GOALS	7/21/22	Yes
88.07(2)(b)5	MONITORING HEALTH	7/21/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM BRADFORD--190013)

Date: 04/10/2024 **SOD #**A9UF11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 03/06/2023 **SOD #**XLXY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 08/09/2022 **SOD #**L2MT13 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/13/2022 **SOD #**L2MT12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (REM BRADFORD--190013)

Date Complaint Received: 03/25/2024

Date Investigation Completed: 03/27/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

A9UF11

RESIDENT RIGHTS

SUBSTANTIATED

A9UF11

Date Complaint Received: 03/05/2024

Date Investigation Completed: 03/14/2024

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 01/30/2023

Date Investigation Completed: 02/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

XLXY11

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM HARMONY (0013180)

Address: 5333 KEVINS WAY, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 02/19/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146081 **End Date:** 04/05/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145443 **End Date:** 10/27/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #805Z11 Served 01/31/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	4/5/24	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	4/5/24	Yes
88.05(3)(a)	HOME ENVIRONMENT	4/5/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	4/5/24	Yes
88.06(3)(f)	REVIEW OF ISP	4/5/24	Yes
88.07(2)(b)5	MONITORING HEALTH	4/5/24	Yes

Survey ID: 0143390 **End Date:** 06/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142215 **End Date:** 02/06/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5CS614 Served 02/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/9/23	Yes

Survey ID: 0141040 **End Date:** 09/29/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

88.05(3)(a)	HOME ENVIRONMENT	2/6/23	Yes
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Survey ID: 0140186 **End Date:** 03/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IZEG11 Served 07/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	9/29/22	Yes
88.10(3)(a)	FAIR TREATMENT	9/29/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM HARMONY--0013180)

Date: 01/31/2024 **SOD #805Z11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/20/2023 **SOD #5CS614** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 10/25/2022 **SOD #5CS613** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 07/21/2022 **SOD #1ZEG11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/23/2022 **SOD #5CS612** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM INC BROAD CREEK (0017220)

Address: 6601 BROAD CREEK BLVD, MADISON, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/23/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148589 **End Date:** 11/18/2024 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #H9LW11 Served 01/27/2025

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/13/25	Yes

Survey ID: 0140304 **End Date:** 07/18/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (REM INC BROAD CREEK--0017220)

Date Complaint Received: 10/09/2024

Date Investigation Completed: 11/14/2024

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

H9LW11

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM INC DRYDEN (0017221)

Address: 2702 DRYDEN DR, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 04/30/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146904 **End Date:** 07/02/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EUPM11 Served 07/10/2024

Deficiencies Cited
50.065(6)(am)

Subject Area
FOUR YEAR CAREGIVER BACKGROUND
REQUIREMENT

Compliance
Verified
8/24/24

Corrected
Yes

Survey ID: 0140307 **End Date:** 07/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139458 **End Date:** 04/12/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8OXD11 Served 05/05/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/21/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	7/21/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	7/21/22	Yes
88.06(3)(f)	REVIEW OF ISP	7/21/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/21/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	7/21/22	Yes
88.10(3)(i)	CHOICE OF PROVIDERS	7/21/22	Yes

Enforcement History (REM INC DRYDEN--0017221)

Date: 07/10/2024 **SOD #**EUPM11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 05/05/2022 **SOD #**8OXD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM INC MARIA PLACE (0017219)

Address: 1 MARIA PLACE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 04/22/2019 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142599 **End Date:** 03/23/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #28AE11 Served 03/29/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM KNIGHTSBRIDGE (0018195)

Address: 5217 KNIGHTSBRIDGE ROAD, MADISON, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/27/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145853 **End Date:** 03/06/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0145181 **End Date:** 10/10/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDM113 Served 01/05/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/7/24	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	3/7/24	Yes

Survey ID: 0143705 **End Date:** 07/10/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDM112 Served 07/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	10/10/23	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	10/10/23	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142720 **End Date:** 03/02/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDM111 Served 04/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	7/10/23	Yes
88.05(4)(d)1	FIRE SAFETY EVACUATION PLAN	7/10/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	7/10/23	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/10/23	No
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	7/10/23	Yes
88.06(3)(f)	REVIEW OF ISP	7/10/23	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/10/23	No
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/10/23	Yes

Enforcement History (REM KNIGHTSBRIDGE--0018195)

Date: 01/05/2024 **SOD #**XDM113 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 07/20/2023 **SOD #**XDM112 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 04/10/2023 **SOD #**XDM111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (REM KNIGHTSBRIDGE--0018195)

Date Complaint Received: 05/30/2023

Date Investigation Completed: 07/10/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM MILLSTONE (190012)

Address: 41 MILLSTONE RD, MADISON, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 07/01/1994 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144548 **End Date:** 10/02/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143772 **End Date:** 06/20/2023 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V14 Served 07/27/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	10/2/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/2/23	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	10/2/23	Yes
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	10/2/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142546 **End Date:** 01/16/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V13 Served 03/23/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	6/19/23	Yes

Survey ID: 0140581 **End Date:** 08/19/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141218 **End Date:** 07/18/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V12 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	1/10/23	Yes

Survey ID: 0139938 **End Date:** 03/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HZSW13 Served 06/24/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	8/25/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	8/25/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/25/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	8/25/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0139431 **End Date:** 02/02/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WW9V11 Served 05/02/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	7/18/22	No

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM MILLSTONE--190012)

Date: 07/27/2023 **SOD #**WW9V14 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 03/23/2023 **SOD #**WW9V13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/03/2022 **SOD #**WW9V12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 06/24/2022 **SOD #**HZSW13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 05/02/2022 **SOD #**WW9V11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (REM MILLSTONE--190012)

Date Complaint Received: 05/18/2022

Date Investigation Completed: 07/18/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

WW9V12

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: REM WISCONSIN INC CRESTLINE (0017298)
Address: 2506 CRESTLINE DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 04/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147456 **End Date:** 07/23/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2LVY11 Served 08/29/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0143765 **End Date:** 07/12/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143132 **End Date:** 03/07/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6813 Served 05/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	7/12/23	Yes
88.09(1)(a)	RESIDENT RECORDS	7/12/23	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0141680 End Date: 11/23/2022 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6812 Served 12/22/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	3/7/23	Yes
88.06(3)(f)	REVIEW OF ISP	3/7/23	No
88.09(1)(a)	RESIDENT RECORDS	3/7/23	No

Survey ID: 0140613 End Date: 06/01/2022 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #7F6811 Served 08/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.04(2)(g)2	COMMUNICABLE DISEASE	11/23/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	11/23/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	11/23/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	11/23/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	11/23/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/23/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	11/23/22	Yes
88.06(3)(f)	REVIEW OF ISP	11/23/22	No
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY	11/23/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/23/22	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Enforcement History (REM WISCONSIN INC CRESTLINE--0017298)

Date: 08/29/2024 **SOD #2LVY11** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 05/22/2023 **SOD #7F6813** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 12/22/2022 **SOD #7F6812** **Appealed: No**

Sanctions

ORDER TO COMPLY

Date: 08/31/2022 **SOD #7F6811** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Roseberg (0019721)

Address: 6125 Roseberg Rd, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 03/05/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145851 **End Date:** 03/05/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Saab Home Care LLC II (0020066)

Address: 5933 Meadowood Dr, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/04/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147763 **End Date:** 10/04/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Saab Home Care LLC (0019412)

Address: 5906 Meadowood Drive, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 02/16/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148041 **End Date:** 09/09/2024 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0146884 **End Date:** 05/09/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CM2011 Served 07/10/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	9/9/24	Yes
88.04(2)(a)	RESPONSIBILITIES	9/9/24	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/9/24	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	9/9/24	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	9/9/24	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	9/9/24	Yes
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW	9/9/24	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	9/9/24	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	9/9/24	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	9/9/24	Yes
88.06(3)(f)	REVIEW OF ISP	9/9/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/9/24	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	9/9/24	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	9/9/24	Yes

Survey ID: 0145759 **End Date:** 02/15/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144467 **End Date:** 09/08/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0K7L11 Served 10/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	2/15/24	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/15/24	Yes

Survey ID: 0142254 **End Date:** 02/16/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Saab Home Care LLC--0019412)

Date: 07/09/2024 **SOD #**CM2011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/13/2023 **SOD #**0K7L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Complaint History (Saab Home Care LLC--0019412)

Date Complaint Received: 08/29/2023

Date Investigation Completed: 09/08/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sandstone Home (0019463)

Address: 6225 Sandstone Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/06/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145718 **End Date:** 02/19/2024 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0144045 **End Date:** 08/21/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0143596 **End Date:** 07/06/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SAWMILL HOUSE (0018162)

Address: 7202 SAWMILL ROAD, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/01/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141233 **End Date:** 10/04/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UBIL11 Served 11/03/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	10/4/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	10/4/22	Yes

Enforcement History (SAWMILL HOUSE--0018162)

Date: 11/03/2022 **SOD #**UBIL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Scenic Ridge (0020298)

Address: 2521 Scenic Ridge Drive, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/10/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148287 **End Date:** 12/10/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Serenity Springs Residences (0020331)

Address: 5217 Odana Rd, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 08/15/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147490 **End Date:** 08/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Shaddai Care Adult Family Home LLC (0020409)

Address: 6129 Misty Bridge Road, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 12/19/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148382 **End Date:** 12/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHALOM FAMILY HOME (0018382)

Address: 3310 HEATHERDELL LANE, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 01/06/2021 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143403 **End Date:** 05/26/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: SHIFA HOME HEALTHCARE INC (0020172)

Address: 707 Fairmont Ave, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 10/22/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147921 **End Date:** 10/22/2024 **Type:** INITIAL **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Smiling Faces Home Health LLC (0019720)

Address: 3134 Silverton Trl, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 09/08/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144201 **End Date:** 09/08/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Smiling Faces Home Health LLC (0020343)

Address: 7 Connecticut Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 10/12/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147825 **End Date:** 10/12/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Socorro Home Health Care Inc (0020326)

Address: 4910 Marvin Ave, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/09/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147822 **End Date:** 10/09/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Solace Friends Inc (0019727)

Address: 4142 Monona Drive, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 04/08/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146258 **End Date:** 04/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Springs 1 (0020398)

Address: 1814 Spohn Ave, Madison, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 02/13/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Strathmore Facility (0019614)

Address: 6200 Strathmore Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 11/14/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144878 **End Date:** 11/14/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Strathmore Home (0019202)

Address: 6202 Strathmore Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 10/27/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141358 **End Date:** 10/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Sunshine Care Center II (0020395)

Address: 14 Mark Twain St., Madison, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 11/27/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148242 **End Date:** 12/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Tempe Adult Family Home (0019746)

Address: 7113 Tempe Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 01/08/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145349 **End Date:** 01/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Tempe Drive Home (0020126)

Address: 7105 Tempe Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 08/19/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147491 **End Date:** 08/19/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Tempe Facility (0019520)

Address: 7111 Tempe Dr, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 07/12/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143658 **End Date:** 07/12/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Total Care 646 Midvale Blvd (0020492)

Address: 646 S Midvale Blvd, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 11/15/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148140 **End Date:** 11/15/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TOTAL CARE (0016098)

Address: 3022 EDENSWAY, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 06/08/2016 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141928 **End Date:** 01/09/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141054 **End Date:** 09/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HH9L11 Served 10/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/9/23	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/9/23	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/9/23	Yes

Enforcement History (TOTAL CARE--0016098)

Date: 10/17/2022 **SOD #**HH9L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Total Quality Care Alamosa (0020553)

Address: 2 Alamosa Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/06/2025 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Trinity Adult Family Home LLC (0019470)

Address: 2813 Wimbledon Way, Madison, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 05/02/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142960 **End Date:** 05/02/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TRINITY ADULT FAMILY HOME LLC (0019923)

Address: 2901 Wimbledon Way, Madison, WI 537133427

License Status: REGULAR

Licensed/Certified/Registered 03/20/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145951 **End Date:** 03/20/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: TRINITY ADULT FAMILY HOME (0016165)

Address: 2925 WIMBLEDON WAY, MADISON, WI 53713

License Status: REGULAR

Licensed/Certified/Registered 05/08/2017 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148524 **End Date:** 01/15/2025 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0147705 **End Date:** 08/29/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RQIP11 Served 09/30/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	1/15/25	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/15/25	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	1/15/25	Yes
88.07(2)(b)5	MONITORING HEALTH	1/15/25	Yes
88.10(3)(q)	MEDICATIONS	1/15/25	Yes

Survey ID: 0143590 **End Date:** 07/05/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0142300 **End Date:** 02/21/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141275 **End Date:** 06/16/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0FXV11 Served 11/09/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	2/21/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	2/21/23	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	2/21/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	2/21/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	2/21/23	Yes

Enforcement History (TRINITY ADULT FAMILY HOME--0016165)

Date: 09/30/2024 **SOD #**RQIP11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 11/09/2022 **SOD #**0FXV11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (TRINITY ADULT FAMILY HOME--0016165)

Date Complaint Received: 06/22/2023 **Date Investigation Completed:** 07/05/2023

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: United AFH Alison Ln Home LLC (0020360)

Address: 6322 Alison Ln, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 07/11/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146947 **End Date:** 07/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: United Afh LLC (0020355)

Address: 6324 Alison LN, madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 07/11/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146946 **End Date:** 07/11/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: UNIVERSE ADULT FAMILY HOME LLC (0015384)

Address: 4006 MANDRAKE RD, MADISON, WI 53704

License Status: REGULAR

Licensed/Certified/Registered 01/27/2015 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0144698 **End Date:** 10/30/2023 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Upliftinghomes LLC (0019519)

Address: 2847 Cimarron Trail, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 01/18/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145393 **End Date:** 01/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Upright Care Services LLC (0019932)

Address: 6130 Driscoll Dr, Madison, WI 53718

License Status: REGULAR

Licensed/Certified/Registered 04/02/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146065 **End Date:** 04/02/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Vertex Care LLC Axel House (0019786)

Address: 2002 Axel Ave, Madison, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 01/12/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0145286 **End Date:** 01/12/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Westland Care LLC (0020124)

Address: 1112 N Gammon Rd, Madison, WI 53717

License Status: REGULAR

Licensed/Certified/Registered 07/08/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0146891 **End Date:** 07/08/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Westover Home (0019236)

Address: 12 Westover Ct, Madison, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 02/16/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142253 **End Date:** 02/17/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Yasmins Loving Care (0019774)

Address: 1405 Droster Rd, Madison, WI 53716

License Status: REGULAR

Licensed/Certified/Registered 06/29/2023 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148039 **End Date:** 10/22/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3DR13 Served 11/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING		

Survey ID: 0146455 **End Date:** 04/16/2024 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3DR12 Served 05/20/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	10/22/24	No
88.07(3)(c)	MEDICATION ASSISTANCE	10/22/24	Yes

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Survey ID: 0145522 **End Date:** 01/09/2024 **Type:** OTHER **Purpose:** OTHER

Results: ENFORCEMENT ACTION

Statement of Deficiency: #H3DR11 Served 02/07/2024

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(2)(a)	DIFFICULTY WALKING	4/16/24	No
88.05(3)(l)	BEDROOMS-PRIVACY	4/16/24	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	4/16/24	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	4/16/24	Yes
88.09(1)(a)	RESIDENT RECORDS	4/16/24	Yes

Survey ID: 0143549 **End Date:** 06/29/2023 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (Yasmins Loving Care--0019774)

Date: 11/07/2024 **SOD #**H3DR13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 05/20/2024 **SOD #**H3DR12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 02/07/2024 **SOD #**H3DR11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: YOYO QUALITY CARE LLC (0018821)

Address: 5509 KRONCKE DR, MADISON, WI 53711

License Status: REGULAR

Licensed/Certified/Registered 04/18/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0147402 **End Date:** 08/07/2024 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T3WM11 Served 08/22/2024

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified
10/6/24

Corrected
Yes

Survey ID: 0139420 **End Date:** 04/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (YOYO QUALITY CARE LLC-0018821)

Date: 08/22/2024 **SOD #**T3WM11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 01/21/2022 to 01/20/2025

Adult Family Home

Facility Information

Facility Name: Ziegler Home (0020696)

Address: 810 Ziegler Rd, Madison, WI 53714

License Status: REGULAR

Licensed/Certified/Registered 12/18/2024 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0148356 **End Date:** 12/18/2024 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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