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 79.00 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 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: 4542 CWC (0017269)
Address: 4542 STEIN AVE, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 9/27/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128195   End Date: 9/27/2018   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Facility Information

Facility Name: 4544 CWC (0017268)
Address: 4544 STEIN AVE, MADISON, WI 53714
License Status: REGULAR
Licensed/Certified/Registered 9/27/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0128196 End Date: 9/27/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ABLE HOME LLC (0017882)
Address: 2005 MANLEY ST, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 1/18/2020 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132427    End Date: 1/18/2020    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0131054</td>
<td>4/24/19</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td>0127728</td>
<td>7/6/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0125056</td>
<td>11/1/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

**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**

1. **Survey ID:** 0131054  **End Date:** 4/24/19  **Type:** OTHER  **Purpose:** VERIFICATION VISIT
   - **Results:** ENFORCEMENT ACTION
   - **Statement of Deficiency:** #PNH412 Served 8/17/2019
     - **Deficiencies Cited:**
       - 88.05(3)(a) HOME ENVIRONMENT
       - 88.07(3)(a) PRESCRIPTION MEDICATIONS

2. **Survey ID:** 0127728  **End Date:** 7/6/2018  **Type:** OTHER  **Purpose:** COMPLAINT
   - **Results:** ENFORCEMENT ACTION
   - **Statement of Deficiency:** #PNH411 Served 8/20/2018
     - **Deficiencies Cited:**
       - 88.05(3)(a) HOME ENVIRONMENT
       - 88.07(3)(a) PRESCRIPTION MEDICATIONS
     - **Compliance:**
       - Verified: 4/24/19
       - Corrected: No

3. **Survey ID:** 0125056  **End Date:** 11/1/2017  **Type:** ABBREVIATED  **Purpose:** SURVEY
   - **Results:** NO STATEMENT OF DEFICIENCY ISSUED

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### Enforcement History (ADVANCED FAMILY HOME--0013525)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/5/2019</td>
<td>PNH412</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td>8/9/2018</td>
<td>PNH411</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
</tbody>
</table>

### Complaint History (ADVANCED FAMILY HOME--0013525)

<table>
<thead>
<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>6/25/2018</td>
<td>7/6/2018</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>SUBSTANTIATED</td>
<td>PNH411</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: AGATE REM WISCONSIN I INC (0016801)
Address: 4614 AGATE LANE, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 10/6/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0124657    End Date: 10/5/2017    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: ALLIANCE ADULT HOME CARE (0016330)
Address: 6331 ALISON LANE, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 12/9/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132114  End Date: 8/1/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #LT8911 Served 12/6/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
<td>Verified</td>
</tr>
<tr>
<td>88.04(2)(g)(1)</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>Corrected</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
</tr>
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</table>

Enforcement History (ALLIANCE ADULT HOME CARE--0016330)

Date: 12/6/2019  SOD #LT8911  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

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Facility Name: AXEL AVENUE HOUSE (0016254)
Address: 2002 AXEL AVE, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 12/16/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History
Survey ID: 0131521 End Date: 5/20/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #QMME11 Served 9/21/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Verification</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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<tr>
<td>88.04(2)(b)</td>
<td>AWAKE STAFF FOR CONTINUOUS CARE</td>
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<tr>
<td>88.04(2)(c)</td>
<td>CHANGE IN TYPE OF INDIVIDUAL SERVED</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td></td>
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<tr>
<td>88.05(3)(b)</td>
<td>FREE OF HAZARDS</td>
<td></td>
<td></td>
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<tr>
<td>88.05(3)(c)</td>
<td>INSPECTIONS-GAS FURNACE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(4)(b)</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88.05(4)(d)</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td></td>
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</tr>
<tr>
<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
<td></td>
<td></td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td></td>
<td></td>
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<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td></td>
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<tr>
<td>88.09(2)(a)</td>
<td>HEALTH SCREENING</td>
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</tbody>
</table>

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<table>
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<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
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<tbody>
<tr>
<td>9/19/2019</td>
<td>QMME11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OTHER SANCTION</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: BAHR CIRCLE HOME (0016486)
Address: 7 BAHR CIRCLE, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 3/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132111 End Date: 6/5/2019 Type: STANDARD Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #T33H11 Served 12/6/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
</tr>
<tr>
<td>88.04(2)(d)</td>
<td>COPY OF RULES AVAILABLE</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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<tr>
<td>88.05(3)(e)2.b</td>
<td>INSPECTIONS-GAS FURNACE</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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<tr>
<td>88.06(2)(c)1</td>
<td>NAMES OF PARTIES</td>
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<td>88.06(2)(c)8</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
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</tbody>
</table>

Survey ID: 0122583 End Date: 2/28/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Enforcement History (BAHR CIRCLE HOME--0016486)

Date: 12/6/2019 SOD #T33H11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 2 (0011985)
Address: 3033 MAPLE GROVE DR, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 8/8/2007 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127184 End Date: 6/7/2018 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 3 (0013063)
Address: 110 N HIGH POINT RD, MADISON, WI 53717
License Status: REGULAR
Licensed/Certified/Registered 12/10/2009 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127358 End Date: 7/5/2018 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0127148 End Date: 5/8/2018 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #79DI11 Served 6/20/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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<tbody>
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<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
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<td>Yes</td>
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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: BETHSAIDA FAMILY HOME 4 (0014482)
Address: 2521 SCENIC RIDGE DR, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 2/20/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125322 End Date: 12/7/2017 Type: OTHER Purpose: SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: BLUFF POINT ADULT FAMILY HOME (0016159)
Address: 7018 BLUFF POINT DR, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 7/1/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131483   End Date: 8/13/2019   Type: OTHER   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130192   End Date: 2/20/2019   Type: STANDARD   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #260U11 Served 5/28/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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<tbody>
<tr>
<td>50.065(2)(d)</td>
<td>MAINTAIN BACKGROUND INFORMATION</td>
<td>8/13/19</td>
<td>Yes</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>8/13/19</td>
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<td>8/13/19</td>
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<td>ACCESS TO HOME AND WITHIN THE HOME</td>
<td>8/13/19</td>
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<tr>
<td>88.05(3)(e)1</td>
<td>HEATING SYSTEM REQUIREMENTS</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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<td>88.05(4)(d)2.b</td>
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<td>88.05(4)(d)2.c</td>
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<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>8/13/19</td>
<td>Yes</td>
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<tr>
<td>88.09(2)(a)</td>
<td>SERVICE PROVIDER RECORD</td>
<td>8/13/19</td>
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<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>8/13/19</td>
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</table>

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

<table>
<thead>
<tr>
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<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/6/2019</td>
<td>#260U11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: BRIGHT HOME (0016102)
Address: 7326 NEW WASHBURN WAY, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 5/2/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129594  End Date: 1/14/2019  Type: STANDARD  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: BRIGHTER LIFE LIVING (0011142)
Address: 924 EAST MIFFLIN ST, MADISON, WI 53703
License Status: REGULAR
Licensed/Certified/Registered 12/1/2005 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132576   End Date: 1/27/2020   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125044   End Date: 11/1/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: CCLS SAWMILL (190007)
Address: 7202 SAWMILL RD, MADISON, WI 53717
License Status: REGULAR
Licensed/Certified/Registered 7/31/1996 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131423 End Date: 5/6/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128913 End Date: 11/12/2018 Type: ABBREVIATED Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #54YS11 Served 1/4/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
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<tbody>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>5/6/19</td>
<td>Yes</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>5/6/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>5/6/19</td>
<td>Yes</td>
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<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
<td>5/6/19</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>5/6/19</td>
<td>Yes</td>
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</tbody>
</table>

Enforcement History (CCLS SAWMILL--190007)

Date: 1/4/2019 SOD #54YS11 Appealed: No
Sanctions
OTHER SANCTION

This is Page 21 of 79 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Facility Information

Facility Name:  CHERISH HOME LLC (0016864)
Address:  5 BOOK CT, MADISON, WI 53713
License Status:  REGULAR
Licensed/Certified/Registered 6/1/2018  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID:  0126913          End Date:  5/22/2018          Type:  INITIAL          Purpose:  SURVEY
Results:  LICENSE/CERT/REGISTRATION ISSUED

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Facility Information

Facility Name: CHHY HOME SWEET HOME (0014315)
Address: 6118 SANDSTONE DR, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 10/3/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125592  End Date: 1/5/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0124912  End Date: 10/24/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #RTQR11  Served 11/1/2017

<table>
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<tbody>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
<td>1/5/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 4/10/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130265   End Date: 4/18/2019   Type: STANDARD   Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0128326   End Date: 8/16/2018   Type: OTHER   Purpose: COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #4L8H11 Served 10/20/2018

<table>
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<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.10(3)(j)</td>
<td>TREATMENT CHOICE</td>
<td>4/18/19 Yes</td>
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Survey ID: 0123398   End Date: 5/30/2017   Type: STANDARD   Purpose: SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

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

Date: 10/15/2018   SOD #4L8H11   Appealed: No
Sanctions
COMPLY WITH FACILITY PLAN OF CORRECTION

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**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

---

<table>
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<tr>
<td>PROGRAM SERVICES</td>
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<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>RESIDENT RIGHTS</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
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## Facility Information

Facility Name: COMFORT CARE 4 U 4 LLC (0014985)
Address: 213 GLACIER DRIVE, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 2/25/2014  12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0131538</td>
<td>7/25/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<td>0128093</td>
<td>8/29/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127514</td>
<td>7/19/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0127038</td>
<td>6/1/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY/COMPLAINT</td>
<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Statement of Deficiency: #5IXK11   Served 6/13/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>Verified</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
<td>Corrected</td>
</tr>
</tbody>
</table>

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

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<tr>
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<th>6/6/2019</th>
<th>Date Investigation Completed:</th>
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<td>RESIDENT RIGHTS</td>
<td>Result</td>
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<td>Result</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td></td>
<td>RESIDENT RIGHTS</td>
<td>Result</td>
<td>NOT SUBSTANTIATED</td>
</tr>
</tbody>
</table>
### Facility Information

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

**Address:** 5126 WHITCOMB DRIVE, MADISON, WI 53711

**License Status:** REGULAR

Licensed/Certified/Registered 6/30/2015 12:00:00AM

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

### Survey History

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<tr>
<td>0130612</td>
<td>3/5/2019</td>
<td>STANDARD</td>
<td>SURVEY</td>
</tr>
</tbody>
</table>

**Results:**

- **Survey ID 0131810 End Date 10/22/2019**
  - Type: OTHER
  - Purpose: VERIFICATION VISIT
  - Results: NO STATEMENT OF DEFICIENCY ISSUED

- **Survey ID 0130612 End Date 3/5/2019**
  - Type: STANDARD
  - Purpose: SURVEY
  - Results: ENFORCEMENT ACTION

**Statement of Deficiency:** #2L7H11 Served 8/5/2019

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>10/22/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>10/22/19</td>
<td>Yes</td>
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<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>10/22/19</td>
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<td>88.05(3)(i)</td>
<td>BATHROOM LOCK</td>
<td>10/22/19</td>
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<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>10/22/19</td>
<td>Yes</td>
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<td>88.06(2)(a)</td>
<td>ADMISSION-HEALTH EXAM</td>
<td>10/22/19</td>
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<td>88.06(2)(b)</td>
<td>SERVICE AGREEMENT EXCEPT RESPITE</td>
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<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>10/22/19</td>
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<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/21/2019</td>
<td>2L7H11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>NO NEW ADMISSIONS</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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: 0132646  End Date: 1/27/2020  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0131680  End Date: 5/1/2019  Type: OTHER  Purpose: DESK REVIEW
Results: ENFORCEMENT ACTION
Statement of Deficiency: #0GEQ11 Served 10/9/2019

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<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
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<tbody>
<tr>
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<td>RESPONSIBILITIES</td>
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</tbody>
</table>

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Survey ID: 0129366   End Date: 10/18/2018   Type: ABBREVIATED   Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UIV011 Served 2/27/2019

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<td>88.05(2)(c)</td>
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<td>88.10(3)(m)</td>
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Enforcement History (COMFORT CARE 4 U LLC--0014380)

Date: 10/7/2019   SOD #0GEQ11   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 2/21/2019   SOD #UIV011   Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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

Date Complaint Received: 10/3/2018   Date Investigation Completed: 10/29/2019
Subject Area(s): RESIDENT RIGHTS
Result: SUBSTANTIATED   SOD #: UIV011

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## Facility Information

Facility Name: COMFORT CARE ADULT FAMILY HOME (0015428)
Address: 2921 WIMBLEDON WAY, MADISON, WI 537131971
License Status: REGULAR
Licensed/Certified/Registered 1/22/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

<table>
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<th>Results</th>
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<td>0131208</td>
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<td>SURVEY</td>
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<td>0127069</td>
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### Statement of Deficiency:

Statement of Deficiency: #YIRU11 Served 4/1/2017

<table>
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<td>11/22/17</td>
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<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
<td>11/22/17</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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## Enforcement History (COMFORT CARE ADULT FAMILY HOME--0015428)

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## Complaint History (COMFORT CARE ADULT FAMILY HOME--0015428)

<table>
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<th>Date Investigation Completed:</th>
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<td>2/20/2017</td>
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Facility Information

Facility Name: CONCORD ADULT FAMILY HOME (0016062)
Address: 1111 GAMMON LN, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 7/21/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History
Survey ID: 0130399 End Date: 5/31/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129744 End Date: 2/28/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #2J9L11 Served 4/11/2019

| Subject Area             | Compliance
|--------------------------|-------------
| HEATING SYSTEM REQUIREMENTS | Verified 5/24/19, Corrected Yes |

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<thead>
<tr>
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<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(e)1</td>
<td></td>
<td></td>
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</tbody>
</table>

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Facility Information

Facility Name: CUTTING EDGE COMMONS INC (0013810)
Address: 2411 MONROE ST, MADISON, WI 53711
License Status: CLOSED
Licensed/Certified/Registered 9/6/2011 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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<tbody>
<tr>
<td>0132377</td>
<td>10/10/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0125360</td>
<td>12/13/2017</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>NO STATEMENT OF DEFICIENCY ISSUED</td>
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<tr>
<td>0124525</td>
<td>9/7/2017</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
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Statement of Deficiency: #G3UX11 Served 10/7/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.07</td>
<td>PROHIBITED ACTS</td>
<td>Verified: 12/13/17, Corrected: Yes</td>
</tr>
<tr>
<td>88.09(1)(a)</td>
<td>RESIDENT RECORDS</td>
<td>Verified: 12/13/17, Corrected: Yes</td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: DALE HEIGHTS ADULT FAMILY HOME (0014214)
Address: 1310 DALE AVE, MADISON, WI 53705
License Status: REGULAR
Licensed/Certified/Registered 7/16/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0124841         End Date: 10/19/2017         Type: ABBREVIATED         Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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### 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 8/22/2016 12:00:00AM

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

### Survey History

<table>
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<th>Results</th>
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<tr>
<td>0132639</td>
<td>1/29/2020</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
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<tr>
<td>0130955</td>
<td>3/4/2019</td>
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<td>ENFORCEMENT ACTION</td>
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#### Statement of Deficiency

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<tr>
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#### Deficiencies Cited

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<tr>
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<th>Subject Area</th>
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<tbody>
<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
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#### Statement of Deficiency

<table>
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#### Deficiencies Cited

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<th>Subject Area</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
</tr>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
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</tbody>
</table>

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

<table>
<thead>
<tr>
<th>Code</th>
<th>Regulation</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>88.05(4)(d)2.a</td>
<td>FIRE SAFETY EVACUATION PLAN REVIEW</td>
<td>88.06(3)(d)</td>
</tr>
<tr>
<td>88.07(3)(c)</td>
<td>MEDICATION ASSISTANCE</td>
<td>88.09(1)(d)</td>
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<tr>
<td>88.10(3)(b)</td>
<td>PRIVACY</td>
<td>88.10(3)(e)</td>
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<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</table>

| Date: 7/26/2019 | SOD #P21E11 | Appealed: No |

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: DIVINE HAVEN LLC (0016297)
Address: 106 CRYSTAL LN, MADISON, WI 53714
License Status: REGULAR
Licensed/Certified/Registered 11/3/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130429 End Date: 6/3/2019 Type: OTHER Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0129893 End Date: 3/12/2019 Type: ABBREVIATED Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #041U11 Served 4/19/2019

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified</td>
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<tr>
<td>HOME ENVIRONMENT</td>
<td>Corrected</td>
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<tr>
<td>SAFE PHYSICAL ENVIRONMENT</td>
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</tbody>
</table>

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This is Page 39 of 79 total pages. If printing this report ensure that your printer is set to print only the desired pages.
Facility Information

Facility Name: E HOME (0013341)
Address: 1138 SOUTHRIDGE CT, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 8/13/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132809 End Date: 9/24/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #3KEU12 Served 2/26/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<tbody>
<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
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<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
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<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
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<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
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</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0130711  End Date: 4/16/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency:  #3KEU11  Served 7/3/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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<tr>
<td>88.03(5)(e)1</td>
<td>SIGNIFICANT CHANGE TO THE RESIDENT</td>
<td>9/24/19</td>
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<tr>
<td>88.04(2)(a)</td>
<td>RESPONSIBILITIES</td>
<td>9/24/19</td>
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<tr>
<td>88.07(2)(b)5</td>
<td>MONITORING HEALTH</td>
<td>9/24/19</td>
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<tr>
<td>88.09(1)(d)2</td>
<td>RESIDENT RECORD-GUARDIAN INFORMATION</td>
<td>9/24/19</td>
<td>Yes</td>
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<td>88.10(3)(p)</td>
<td>PROMPT AND ADEQUATE TREATMENT</td>
<td>9/24/19</td>
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Survey ID: 0130144  End Date: 2/5/2019  Type: OTHER  Purpose: COMPLAINT
Results: ENFORCEMENT ACTION

Statement of Deficiency:  #B1FG13  Served 5/20/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<th>Compliance</th>
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<tbody>
<tr>
<td>50.065(2)(b)intro</td>
<td>ENTITY BACKGROUND CHECK REQUIREMENTS</td>
<td></td>
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<td></td>
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<tr>
<td>88.04(2)(g)1</td>
<td>HEALTH SCREENING FOR STAFF</td>
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</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
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</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
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</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0128245   End Date: 8/3/2018   Type: OTHER   Purpose: VERIFICATION VISIT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #B1FG12 Served 10/24/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>2/5/19</td>
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<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>2/5/19</td>
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</table>

Survey ID: 0126112   End Date: 10/26/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #B1FG11 Served 3/7/2018

<table>
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<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>8/3/18</td>
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</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>8/3/18</td>
<td>No</td>
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</tr>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>8/3/18</td>
<td>Yes</td>
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<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>8/3/18</td>
<td>Yes</td>
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</tbody>
</table>

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### Enforcement History (E HOME-0013341)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2/2019</td>
<td>3KEU11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NO NEW ADMISSIONS</td>
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<tr>
<td>5/7/2019</td>
<td>B1FG13</td>
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<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>10/5/2018</td>
<td>B1FG12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH FACILITY PLAN OF CORRECTION</td>
</tr>
<tr>
<td>3/5/2018</td>
<td>B1FG11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<td>COMPLY WITH REQUIREMENT</td>
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</table>

### Complaint History (E HOME-0013341)

<table>
<thead>
<tr>
<th>Date Complaint Received: 2/1/2019</th>
<th>Date Investigation Completed: 2/5/2019</th>
</tr>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>Result</td>
</tr>
<tr>
<td>PROGRAM SERVICES</td>
<td>SUBSTANTIATED</td>
</tr>
<tr>
<td>STAFF TRAINING AND PROFICIENCY</td>
<td>SUBSTANTIATED</td>
</tr>
</tbody>
</table>

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Facility Information

Facility Name: EMERSON ASSISTED LIVING BOUTIQUE (0014515)
Address: 402 RUSTIC DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 4/18/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125096   End Date: 11/2/2017   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
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: 0127128  End Date: 6/14/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
## Facility Information

Facility Name: EMMANUEL FAMILY HOME (0014637)
Address: 2941 TRACEWAY DR, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 7/15/2013 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

<table>
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<td>0127066</td>
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<td>ENFORCEMENT ACTION</td>
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</table>

### Statement of Deficiency:

Statement of Deficiency: #LMDE13 Served 3/5/2018

| Compliance Verified | Corrected
<table>
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<tr>
<td>88.06(3)(d)5</td>
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<tr>
<td>88.06(3)(f)</td>
<td>4/18/18</td>
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</tbody>
</table>

## Enforcement History (EMMANUEL FAMILY HOME--0014637)

Date: 2/28/2018
SOD #LMDE13
Appealed: No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
### Facility Information

- **Facility Name:** GRACE FAMILY HOME (0014116)
- **Address:** 1001 S THOMPSON DR, MADISON, WI 53716
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 6/1/2012 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

### Survey History

<table>
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<th>Purpose</th>
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<tr>
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<td>0127320</td>
<td>6/20/2018</td>
<td>ABBREVIATED</td>
<td>SURVEY</td>
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<td></td>
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<td>STATEMENT OF DEFICIENCY ISSUED</td>
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Facility Information

Facility Name: HAMMERSLEY HOME (0010700)
Address: 5101 HAMMERSLEY RD, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 9/1/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0125570  End Date: 1/3/2018  Type: OTHER  Purpose: DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0125404  End Date: 12/12/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED
Statement of Deficiency: #Y37F11 Served 12/20/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
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Compliance  Corrected
Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>HARTLAND HOUSE (199034)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>114 VIOLET CIRCLE, MADISON, WI 537142030</td>
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<tr>
<td>License Status:</td>
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<tr>
<td>Licensed/Certified/Registered:</td>
<td>10/27/1997 12:00:00AM</td>
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<td>Regional Office:</td>
<td>SOUTHERN REGION (MADISON), (608) 264-9888</td>
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Survey History

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Statement of Deficiency:

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<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
<th>Results</th>
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</thead>
<tbody>
<tr>
<td>0132750</td>
<td>11/4/2019</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0131087</td>
<td>4/30/2019</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
<tr>
<td>0129342</td>
<td>10/30/2018</td>
<td>OTHER</td>
<td>COMPLAINT</td>
<td>ENFORCEMENT ACTION</td>
</tr>
</tbody>
</table>

Deficiencies Cited

<table>
<thead>
<tr>
<th>Subject Area</th>
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</tr>
</thead>
<tbody>
<tr>
<td>HOME ENVIRONMENT</td>
<td></td>
</tr>
</tbody>
</table>

This is Page 49 of 79 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Enforcement History (HARTLAND HOUSE--199034)

<table>
<thead>
<tr>
<th>Date</th>
<th>SOD #</th>
<th>Appealed</th>
<th>Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/6/2019</td>
<td>QMJF12</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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<tr>
<td>2/21/2019</td>
<td>QMJF11</td>
<td>No</td>
<td>COMPLY WITH DEPARTMENT PLAN OF CORRECTION</td>
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Complaint History (HARTLAND HOUSE--199034)

<table>
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<tr>
<th>Date Complaint Received</th>
<th>Date Investigation Completed</th>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
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</thead>
<tbody>
<tr>
<td>10/9/2018</td>
<td>10/30/2019</td>
<td>PHYSICAL ENVIRONMENT/SAFETY</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>
Facility Information

Facility Name: HAVEY RD (0017578)
Address: 609 HAVEY RD, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 5/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130481 End Date: 5/29/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: HOME OF GOOD HOPE WEBER DRIVE (0015068)
Address: 1906 WEBER DR, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 5/1/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132309  End Date: 7/2/2019  Type: OTHER  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130181  End Date: 2/8/2019  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #Z18C11 Served 5/10/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND</td>
<td>7/2/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>7/2/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.07(3)(e)1</td>
<td>MEDICATION- RECORD KEEPING</td>
<td>7/2/19</td>
<td>Yes</td>
</tr>
<tr>
<td>88.10(3)(l)</td>
<td>SAFE PHYSICAL ENVIRONMENT</td>
<td>7/2/19</td>
<td>Yes</td>
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</tbody>
</table>

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

Date: 5/10/2019  SOD #Z18C11  Appealed: No
Sanctions
OTHER SANCTION

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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: 0125895 End Date: 12/29/2017 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: HOPE & A FUTURE III INC (0014946)
Address: 3440 S HIGH POINT ROAD, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 3/19/2014 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127191      End Date: 5/21/2018     Type: STANDARD     Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: INSPIRATIONAL CARE MADISON LLC (0017666)
Address: 7105 RESTON HEIGHTS DR, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 8/26/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131298   End Date: 8/26/2019   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: LUS FAMILY HOME (0016512)
Address: 2634 MCKENNA BLVD, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 4/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131249   End Date: 5/15/2019   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0122750   End Date: 2/27/2017   Type: INITIAL   Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: MADISON CREATIVE CARE LLC (0017592)
Address: 2908 TURBOT DRIVE, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 8/29/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0131351  End Date: 8/26/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>MANDRAKE (0017432)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>4106 MANDRAKE RD, MADISON, WI 53704</td>
</tr>
<tr>
<td>License Status:</td>
<td>REGULAR</td>
</tr>
<tr>
<td>Licensed/Certified/Registered:</td>
<td>3/18/2019 12:00:00AM</td>
</tr>
<tr>
<td>Regional Office:</td>
<td>SOUTHERN REGION (MADISON), (608) 264-9888</td>
</tr>
</tbody>
</table>

Survey History

| Survey ID:          | 0129575            |
| End Date:           | 3/18/2019          |
| Type:               | INITIAL            |
| Purpose:            | SURVEY              |
| Results:            | LICENSE/CERT/REGISTRATION ISSUED |

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Facility Information

Facility Name: MIDWEST ADULT FAMILY HOME (0016671)
Address: 5202 PRAIRIE ROSE ROAD, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/1/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0122910      End Date: 3/30/2017      Type: INITIAL      Purpose: DESK REVIEW
Results: LICENSE/CERT/REGISTRATION ISSUED
**Provider Inspection Summary**

For the period 2/8/2017 to 2/8/2020

Adult Family Home

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### Facility Information

| Facility Name: MOUNT VERNON QUALITY CARE LLC (0017785) |
| Address: 11 MOUNT VERNON CT, MADISON, WI 53719 |
| License Status: REGULAR |
| Licensed/Certified/Registered 9/5/2019 12:00:00AM |
| Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888 |

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### Survey History

| Survey ID: 0131400 | End Date: 9/5/2019 | Type: INITIAL | Purpose: SURVEY |
| Results: LICENSE/CERT/REGISTRATION ISSUED |

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: ODANA ROAD HOUSE (0017358)
Address: 4222 ODANA RD, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 7/12/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130902  End Date: 7/12/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
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: 0127089   End Date: 4/4/2018   Type: ABBREVIATED   Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: REM HARMONY (0013180)
Address: 5333 KEVINS WAY, MADISON, WI 53714
License Status: REGULAR
Licensed/Certified/Registered 2/19/2010 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0129288 End Date: 1/15/2019 Type: ABBREVIATED Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
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 4/23/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130169    End Date: 4/30/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Facility Name: REM INC DRYDEN (0017221)
Address: 2702 DRYDEN DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey ID: 0130171    End Date: 4/30/2019    Type: INITIAL    Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: REM INC MARIA PLACE (0017219)
Address: 1 MARIA PLACE, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 4/22/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130595  End Date: 4/22/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

Adult Family Home

Facility Information

Facility Name: REM INC TWIN PINES (0017218)
Address: 821 TWIN PINES, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130172 End Date: 4/30/2019 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: REM MILLSTONE (190012)
Address: 41 MILLSTONE RD, MADISON, WI 53717
License Status: REGULAR
Licensed/Certified/Registered 7/1/1994 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132885  End Date: 11/26/2019  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #HZSW11  Served 3/5/2020

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
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<tbody>
<tr>
<td>88.05(4)(c)1</td>
<td>EXITING FROM THE FIRST FLOOR</td>
<td>Verified</td>
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<tr>
<td>88.06(3)(d)</td>
<td>INDIVIDUAL SERVICE PLAN</td>
<td>Corrected</td>
</tr>
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<td>88.07(4)(e)</td>
<td>SPECIAL DIETS</td>
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</tbody>
</table>

Survey ID: 0127076  End Date: 4/18/2018  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
Facility Information

Facility Name: REM WISCONSIN INC CRESTLINE (0017298)
Address: 2506 CRESTLINE DR, MADISON, WI 53704
License Status: REGULAR
Licensed/Certified/Registered 4/30/2019 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130173  End Date: 4/30/2019  Type: INITIAL  Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED
Facility Information

Facility Name: SARAS HELPING HANDS (0015809)
Address: 1105/1107 SOUTH THOMPSON DR, MADISON, WI 53716
License Status: REGULAR
Licensed/Certified/Registered 9/24/2015 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127737  End Date: 8/8/2018  Type: STANDARD  Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0126560  End Date: 2/19/2018  Type: STANDARD  Purpose: SURVEY
Results: ENFORCEMENT ACTION
Statement of Deficiency: #O1MY11 Served 5/23/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>88.05(4)(d)2.c</td>
<td>SEMI-ANNUAL FIRE DRILLS</td>
<td>8/2/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.06(3)(a)</td>
<td>INDIVIDUAL SERVICE PLAN &amp; ASSESSMENT</td>
<td>8/2/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enforcement History (SARAS HELPING HANDS--0015809)

Date: 4/24/2018  SOD #O1MY11  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Facility Information

Facility Name: STRATHMORE HOME (0010699)
Address: 6216 STRATHMORE LA, MADISON, WI 53711
License Status: REGULAR
Licensed/Certified/Registered 9/1/2004 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0124315  End Date: 9/14/2017  Type: ABBREVIATED  Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED
DEPARTMENT OF HEALTH SERVICES  
Division of Quality Assurance  
Printed 3/9/2020

STATE OF WISCONSIN  
Bureau of Assisted Living  
P.O. Box 7940  
Madison WI 53707-7940

Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: TOTAL CARE (0016098)
Address: 3022 EDENSWAY, MADISON, WI 53719
License Status: REGULAR
Licensed/Certified/Registered 6/8/2016 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0130708  End Date: 2/25/2019  Type: ABBREVIATED  Purpose: SELF REPORT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #D0W211  Served 7/1/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
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<tbody>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS</td>
</tr>
<tr>
<td>88.05(4)(b)1</td>
<td>FIRE SAFETY-SMOKE DETECTORS</td>
</tr>
<tr>
<td>88.05(4)(d)2.b</td>
<td>FIRE EVACUATION ANNUAL EVALUATION</td>
</tr>
<tr>
<td>88.06(3)(f)</td>
<td>REVIEW OF ISP</td>
</tr>
<tr>
<td>88.07(3)(a)</td>
<td>PRESCRIPTION MEDICATIONS</td>
</tr>
<tr>
<td>88.09(1)(d)</td>
<td>RESIDENT RECORDS REQUIREMENTS</td>
</tr>
<tr>
<td>88.10(3)(i)</td>
<td>CHOICE OF PROVIDERS</td>
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</tbody>
</table>

Enforcement History (TOTAL CARE--0016098)

Date: 7/2/2019  SOD #D0W211  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Facility Information

Facility Name: TRINITY ADULT FAMILY HOME LLC (0017147)
Address: 3310 HEATHERDELL LN, MADISON, WI 53713
License Status: REGULAR
Licensed/Certified/Registered 6/7/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0127004 End Date: 6/6/2018 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/8/2017 to 2/8/2020

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 5/8/2017 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0132305 End Date: 11/8/2019 Type: OTHER Purpose: VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0130655 End Date: 3/22/2019 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #E7CO11 Served 6/28/2019

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
<th>Verified</th>
<th>Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>11/8/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.07(3)(d)</td>
<td>MEDICATION- WRITTEN ORDER</td>
<td>11/8/19</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>88.09(1)(d)9</td>
<td>RESIDENT RECORD-RESIDENT RIGHTS</td>
<td>11/8/19</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Survey ID: 0123247 End Date: 5/8/2017 Type: INITIAL Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (TRINITY ADULT FAMILY HOME--0016165)

Date: 6/27/2019 SOD #E7CO11 Appealed: No
Sanctions
OTHER SANCTION

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<table>
<thead>
<tr>
<th>Date Complaint Received:</th>
<th>2/11/2019</th>
<th>Date Investigation Completed:</th>
<th>3/22/2019</th>
</tr>
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<tbody>
<tr>
<td>Subject Area(s)</td>
<td>PROGRAM SERVICES</td>
<td>Result</td>
<td>NOT SUBSTANTIATED</td>
</tr>
<tr>
<td>SOD #</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Facility Information**

Facility Name: UNIFIED ADULT FAMILY HOME (0017024)
Address: 5210 SIGGLEKOW RD, MADISON, WI 53718
License Status: REGULAR
Licensed/Certified/Registered 1/12/2018 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

**Survey History**

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0130303</td>
<td>5/10/2019</td>
<td>OTHER</td>
<td>COMPLAINT</td>
</tr>
<tr>
<td>0125649</td>
<td>1/12/2018</td>
<td>OTHER</td>
<td>DESK REVIEW</td>
</tr>
</tbody>
</table>

Results:
- NO STATEMENT OF DEFICIENCY ISSUED
- LICENSE/CERT/REGISTRATION ISSUED

**Complaint History (UNIFIED ADULT FAMILY HOME--0017024)**

Date Complaint Received: 4/24/2019
Date Investigation Completed: 5/9/2019

<table>
<thead>
<tr>
<th>Subject Area(s)</th>
<th>Result</th>
<th>SOD #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM SERVICES</td>
<td>NOT SUBSTANTIATED</td>
<td></td>
</tr>
</tbody>
</table>

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## Facility Information

- **Facility Name:** UNIVERSE ADULT FAMILY HOME LLC (0015384)
- **Address:** 4006 MANDRAKE RD, MADISON, WI 53704
- **License Status:** REGULAR
- **Licensed/Certified/Registered:** 1/27/2015 12:00:00AM
- **Regional Office:** SOUTHERN REGION (MADISON), (608) 264-9888

## Survey History

- **Survey ID:** 0129260
- **End Date:** 12/17/2018
- **Type:** STANDARD
- **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Facility Information

Facility Name: YASMIN'S LOVING CARE (0013935)
Address: 5213 ACADEMY DR, MADISON, WI 53716
License Status: REGULAR
Licensed/Certified/Registered 3/19/2012 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

<table>
<thead>
<tr>
<th>Survey ID</th>
<th>End Date</th>
<th>Type</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>0128159</td>
<td>6/20/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
<tr>
<td>0126504</td>
<td>2/23/2018</td>
<td>OTHER</td>
<td>VERIFICATION VISIT</td>
</tr>
</tbody>
</table>

Results:

Survey ID: 0128159
End Date: 6/20/2018
Type: OTHER
Purpose: VERIFICATION VISIT
No Statement of Deficiency Issued

Survey ID: 0126504
End Date: 2/23/2018
Type: OTHER
Purpose: VERIFICATION VISIT
Enforcement Action

Statement of Deficiency: #C3YX12 Served 4/17/2018

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance Verified</th>
<th>Corrected</th>
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</thead>
<tbody>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
<td>6/21/18</td>
<td>Yes</td>
</tr>
<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>6/21/18</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Provider Inspection Summary
For the period 2/8/2017 to 2/8/2020
Adult Family Home

Survey ID: 0124690  End Date: 8/17/2017  Type: ABBREVIATED  Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #C3YX11  Served 10/11/2017

<table>
<thead>
<tr>
<th>Deficiencies Cited</th>
<th>Subject Area</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.065(6)(am)</td>
<td>FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT</td>
<td>Verified: 2/23/18  Corrected: No</td>
</tr>
<tr>
<td>88.04(5)(a)</td>
<td>TRAINING-15 HOURS WITHIN 6 MONTHS</td>
<td>Verified: 2/23/18  Corrected: Yes</td>
</tr>
<tr>
<td>88.04(5)(b)</td>
<td>TRAINING-8 HOURS ANNUALLY</td>
<td>Verified: 2/23/18  Corrected: Yes</td>
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<tr>
<td>88.05(3)(a)</td>
<td>HOME ENVIRONMENT</td>
<td>Verified: 2/23/18  Corrected: No</td>
</tr>
<tr>
<td>88.05(4)(a)</td>
<td>FIRE SAFETY-FIRE EXTINGUISHERS MAINTENANCE</td>
<td>Verified: 2/23/18  Corrected: Yes</td>
</tr>
<tr>
<td>88.05(4)(b)2</td>
<td>SMOKE DETECTORS-TESTING AND MAINTENANCE</td>
<td>Verified: 2/23/18  Corrected: Yes</td>
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</tbody>
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Enforcement History (YASMIN'S LOVING CARE--0013935)

Date: 4/17/2018  SOD #C3YX12  Appealed: No
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Date: 10/11/2017  SOD #C3YX11  Appealed: 
Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (YASMIN'S LOVING CARE--0013935)

Date Complaint Received: 8/9/2017  Date Investigation Completed: 8/15/2017

<table>
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<tr>
<th>Subject Area(s)</th>
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<td>PROGRAM SERVICES</td>
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