STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110310	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORCHLIGHT	902 NORTHPORT DR MADISON, WI 53704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 02/11/2026 with information gathered through 02/12/2026, Surveyor conducted a standard licensing survey at Porchlight, a CBRF located in Madison, WI. As a result of the survey, 5 violations of Chapter DHS 83 were issued. Census: 6	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a comprehensive assessment for 1 of 3 residents prior to admission. Resident 3 did not have a documented completed assessment. Findings include: On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was	N 381		

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

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N 381	Continued From page 1 admitted 02/10/2024. There was no documented comprehensive assessment in Resident 3's file. On 02/11/2026 at 11:56 PM, Executive Director A sent an email asking what is required to be included in a comprehensive assessment. On 02/12/2026 at 8:08 AM, Surveyor emailed Executive Director A the Chapter DHS 83 regulations regarding comprehensive assessment requirements. As of 02/12/2026 at 4:30 PM, no further information was provided.	N 381		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by:	N 387		

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N 387	Continued From page 2 Based on record review and interview, the provider did not ensure that 3 of 4 Individual Service Plan (ISP) were signed by the resident and/or legal representative. Resident 1, 2 and 3 had ISPs that were not signed. Findings include: On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 03/26/2024. Resident 1's ISP was not dated or signed by Resident 1. Resident 1 is his/her own decision maker. On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 08/14/2024. Resident 2's ISP was not dated or signed by Resident 2. Resident 2 is his/her own decision maker. On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 02/10/2024. Resident 3's ISP was not dated or signed by Resident 3. Resident 3 is his/her own decision maker On 02/11/2026 at 5:15 PM, Surveyor received an email from Executive Director A. Executive Director A stated that Residents 1, 2 and 3 were unsure of when their ISPs were written so they signed the ISP using 02/11/2026, the day of survey.	N 387		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or	N 394		

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N 394	Continued From page 3 physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 4 of 4 residents reviewed were evaluated annually for mental or physical capability to respond to a fire alarm. Resident 1, 2, 3 and 4 did not have current documented resident evacuation assessment completed. This is a repeat violation from previous Statement of Deficiency (SOD) G3PZ11 dated 10/13/2021.. Findings include: On 02/11/2026, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 03/26/2024. The most current resident evacuation assessment in Resident 1's file was dated 03/24/2024. On 02/11/2026, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 08/14/2024. The most current resident evacuation assessment in Resident 2's file was dated 08/14/2024. On 02/11/2026, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 002/10/2024. The most current resident evacuation assessment in Resident 3's file was dated 02/10/2024. On 02/11/2026, Surveyor reviewed Resident 4's medical record. Resident 4 was admitted 08/31/2024. The most current resident evacuation assessment in Resident 4's file was dated 08/31/2024.	N 394		

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N 394	Continued From page 4 On 02/11/2026 at 5:58 PM, Surveyor received an email from Executive Director A. Executive Director A stated that the resident evacuation assessments were completed within 3 days of admission, and s/he was not aware that the resident evacuation assessments are required to be completed annually. Executive Director A stated that the resident evacuations would be completed as soon as possible.	N 394		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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N 431	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 4 residents' health was monitored. Residents 2 and 3 did not have a documented annual physical exam completed by a physician. Findings include: On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 08/14/2024 with a primary diagnosis of schizoaffective disorder, bipolar type. There was no documented annual physical exam in Resident 2's file. On 02/11/2026 at 9:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 02/10/2024 with a primary diagnosis of schizoaffective disorder, bipolar type. There was no documented annual physical exam in Resident 3's file. On 02/11/2026 at 12:57 PM, Surveyor sent Executive Director A an email requesting documented annual physical exam for Resident 2 and Resident 3 to be sent to Surveyor by 12:00 PM 02/12/2026. Executive Director A responded by email on 02/11/2026 at 1:00 PM stating the requested information would be provided to Surveyor by 02/12/2026 at 12:00 PM. As of 02/12/2026 at 12:00 PM, no further information was provided.	N 431		
N 526	83.47(2)(e) Other evacuation drills.	N 526		

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N 526	Continued From page 6 Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that other evacuation drills (tornado, flooding or other emergency) were conducted at least semi-annually. There was 1 documented evacuation drill for calendar year 2025. This is a repeat violation from previous Statement of Deficiency (SOD) R38911 dated 03/27/2023. Findings include: On 02/11/2026 at 10:00 AM, Surveyor reviewed the facility evacuation records for calendar year 2025. There was 1 evacuation drill dated 04/2025. On 02/11/2026 at 10:15 AM, Surveyor asked Caregiver B if there were any other documented evacuation drills for calendar year 2025? Caregiver B stated, "that's what's in the file, if it's not there, we don't have it." Surveyor gave facility until 02/12/2026 at 12:00 PM to provide further information. As of 02/12/2026 at 12:00 PM, no further information was provided.	N 526		