STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016091	A. BUILDING: _____ B. WING _____	C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE ADULT FAMILY HOME LLC	401 N HIGH POINT RD MADISON, WI 53717

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 05/12/2026, Surveyor conducted a complaint investigation at Divine Adult Family LLC, an AFH in Madison, WI. One deficiency of Chapter DHS 88 was identified. The complaint was substantiated. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 24 hours a significant change in resident status when a resident was missing from the home. Resident 1 eloped from the home on 03/06/2026. Findings include: On 05/11/2026, prior to on-site visit, Surveyor reviewed the facility's file maintained by the	M 134		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 134	Continued From page 1 Department. There were no self-reports in the provider's file. On 05/12/2026 Surveyor conducted a complaint investigation at the home. Surveyor reviewed Resident 1's records which documented the following: Resident 1 admitted to the provider on 07/10/2025 with diagnosis including dementia. Resident 1's record included several behavioral incident reports. One of the reports was dated 03/06/2026 and the report explained that Resident 1 was found approximately 2 miles from the home at approximately 7:40 AM in front of a hotel. The hotel staff called 911 and Resident 1 was transported to the emergency department for evaluation. There were no findings and Resident 1 was transported back to the home without further incident. On 05/12/2026 at approximately 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 had eloped from the home on 03/06/2026. Surveyor asked Licensee A if a self-report had been submitted for the elopement. Licensee A stated s/he did not submit a report, as s/he was not aware of that reporting requirement. Surveyor reviewed the requirement with Licensee A at that time.	M 134		