STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018209	A. BUILDING: _____ B. WING _____	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
E HOME	1138 SOUTHRIDGE CT 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
M 000	INITIAL COMMENTS On 01/10/2025, Surveyors conducted an abbreviated survey at E Home, an AFH in Madison. One deficiency was identified. Census: 4	M 000		
M 128	88.03(5)(b) CHANGE IN HOUSEHOLD MEMBERS A change in household members except paid staff. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not report changes in household members to the department within 7 days. Findings include: On 01/10/2025 at approximately 8:40 a.m., Surveyors entered the provider's home. Surveyors began conversing with Resident 1, who informed them a family of 5 had recently moved in upstairs. On 01/10/2025 at approximately 9:00 a.m., Surveyor reviewed the provider's biennial report, dated 07/28/2024, which identified Licensee A's 16-year-old family member as the only non-client, non-staff residing in the home. On 01/10/2025 at approximately 9:15 a.m., Surveyor interviewed Licensee A. Licensee A confirmed a family of 5 had moved into the home in August 2024. Surveyor asked Licensee A if s/he notified the department regarding the	M 128		

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 128	Continued From page 1 change in household members. Licensee A stated s/he thought s/he included that information on his/her biennial report. Surveyor reviewed the biennial report, dated 07/28/2024, with Licensee A. Licensee A then stated s/he must not have updated the department because s/he knew we would be coming for a licensing visit soon. On 01/10/2025 at approximately 9:25 a.m., Surveyor reviewed the provider's roster information, which identified the following regarding the family of 5 that moved into the provider's home in August 2024: - Person B and Person C were caregivers, so would not need to be reported to the department. - Person D, Person E and Person F were the children of Person B and Person C and not employees of the provider. The provider did not report a change in household members to the department when Person D, Person E and Person F moved into the home in August 2024.	M 128		