Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016801	A. BUILDING: _____ B. WING _____	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGATE REM WISCONSIN I INC	4614 AGATE LANE MADISON, WI 53713

(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 06/05/2025, Surveyor conducted a standard licensing survey at Agate Rem Wisconsin I Inc, an AFH located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. Census: 4	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and well maintained environment appropriate for residents. There was mildew in Resident 1's shower, 2 smoke/heat detectors were missing. This is a repeat violation from previous Statement of Deficiency (SOD) # KGYV11 dated 08/05/2022. Findings include: On 06/05/2025 at 9:00 AM, Surveyor toured the physical environment: OBSERVATIONS:	M 276		

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
	0016801	A. BUILDING: _____ B. WING _____	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGATE REM WISCONSIN I INC	4614 AGATE LANE MADISON, WI 53713

(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 276	Continued From page 1 There was a buildup of a mildew like substance at the base of Resident 1's shower. Manager A stated that it is extremely hard to get off and that s/he would have to hire someone with a professional grade cleaner to get it cleaned up. There was a smoke/heat detector missing from Resident 2's bedroom. Manager A stated that the detector would be replaced as soon as possible. The heating vents in Resident 2's room were very dusty and dirty. There was a smoke/heat detector missing from Resident 3's bedroom. Manager A stated that the detector would be replaced as soon as possible. The heating vents were very dusty and dirty. There was a cardboard box of cardboard furnace filters adjacent to the furnace. On 06/05/2025 at 11:00 AM, Surveyor interviewed Manager A. Manager A stated that s/he did not know that the smoke/heat detectors were missing or why. Manager A stated that the shower and heating vents would be cleaned as soon as possible. Manager a stated that the smoke/heat detectors would be replaced as soon as possible.	M 276		