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
	0016159	A. BUILDING: _____ B. WING _____	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUFF POINT ADULT FAMILY HOME	7018 BLUFF POINT DR 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 08/07/2024, Surveyor conducted a desk review for Bluff Point Adult Family Home. One deficiency was identified.	M 000		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review and attempted interview, the licensee did not ensure the biennial report and fee were submitted to the department within 30 days prior to the license expiration date. Findings include: On 04/04/2024, the department sent a notice to Licensee A informing them the license for Bluff Point Adult Family Home, would expire on	M 122		

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

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M 122	Continued From page 1 06/30/2024. The notice indicated the biennial report and license fee were due to the department by 05/31/2024. On 05/31/2024, the department received a confirmation of delivery for the above notice. On 06/21/2024, the department sent a second notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice indicated the biennial report and license fee were due immediately after receipt of the emailed notice. On 06/21/2024, the department received a confirmation of delivery for the above notice. On 07/30/2024, Assisted Living Regional Director A (ALRD-B) emailed Licensee A inquiring about the biennial report and fees and requested a call in an attempt to interview Licensee A as to the status of the biennial report and fees. No follow up correspondence from Licensee A was received including a call back or submission of the biennial form or payment. On 08/07/2024, ALRD-B reviewed department records and found no evidence a biennial report or license fees were received from the provider. The license expired on 06/30/2024.	M 122		