STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110377	A. BUILDING: _____ B. WING _____	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOSTER COMMUNITY CORRECTIONS CENTER	5706 ODANA RD MADISON, WI 53719

(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 11/04/2025, Surveyor conducted a standard survey at Foster Community Corrections Center. Two (2) deficiencies were identified. Census: 20	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a living environment that was safe, comfortable, and homelike. Findings include: On 11/04/2024, at approximately 10:00 a.m., Surveyor toured the environment with Director A and observed the following concerns: Hallways: - Ceiling tiles were missing that exposed facility piles and wires - Light fixtures were missing covers in the hallway and the kitchen area - Ceiling and floor vents had a layer of dust on them Bathrooms: - Two bathrooms did not have dispensers for	N 481		

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

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N 481	Continued From page 1 single use paper towels Storage: -The storage room, located behind the laundry room, had boxes and other storage containers piled into and on top of the hot water heater. Director A began removing and organizing the boxes during the tour. At approximately 11:45 a.m., Surveyor reviewed the above concerns with Director A stated s/he would put in work orders to have environmental repairs made.	N 481		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the enclosed laundry room had a self-closing door. The laundry room was located on the same level as all resident bedrooms. Findings include:	N 640		

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	110377	A. BUILDING: _____ B. WING _____	11/06/2025

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N 640	Continued From page 2 On 11/04/2024, at 10:06 a.m., while touring the environment with Director A, Surveyor observed the laundry room door that was on the same level as the resident bedrooms. The door was not self-closing and did not have a door knob on it. Director A stated that s/he was not sure why the door did not have a knob and how long it had been that way. Director A stated s/he would contact maintenance to ensure a door knob gets put on the door and that a self-closing mechanism is added to the door as well.	N 640		