STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019614	A. BUILDING: _____ B. WING _____	C 04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATHMORE FACILITY	**6200 STRATHMORE LN MADISON, WI 53711**

(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 03/23/2026, with information gathered through 04/06/2026, Surveyor conducted a complaint investigation. Two deficiencies were identified. Complaint was substantiated. Census: 3	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 when Resident 1 eloped from the home. Findings include: On 03/17/2026, the Department received a concern alleging Resident 1 had eloped from the facility and did not return until the next day. On 03/23/2026, at approximately 2:30 PM, Surveyor interviewed Caregiver B. Caregiver B explained to the Surveyor that Resident 1 had	M 134		

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

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M 134	Continued From page 1	M 134		

eloped from the home and that s/he required 24/7 supervision. Caregiver B stated s/he was not aware that a written report needed to be filed with the Department.

On 03/23/2026, Surveyor reviewed the provider's self-reporting file held by the Department. Surveyor found no written report(s) had been submitted to the Department for Resident 1's change in status.

On 03/25/2026, Surveyor reviewed Resident 1's record provided by Licensee A.

Resident 1 moved into the home on 08/09/2024 and was represented by Guardian C.

Resident 1's "Individual Support Plan," dated 01/06/2026, documented:
Staffing type: [Resident 1] has a dedicated staff (1:1) for 12 hours each day and general staff for the remaining 12 hours. This staffing arrangement ensures [his/her] safety, supports [his/her] behavioral needs, and assists [him/her] in maintaining [his/her] daily routine.

Resident 1's "Incident Report," dated 02/17/2026, documented:
"At approximately 10:50 PM, [Resident 1] eloped from the facility. Staff immediately followed and maintained visual contact; however, due to darkness and safety concerns, staff eventually lost sight of [him/her]. The on-call manager was notified per protocol and assisted in searching surrounding areas and locations [Resident 1] frequently visits. Law enforcement was contacted, and a missing persons report was filed. On February 19 at approximately 6:44 PM, law enforcement located [Resident 1] near Park Ridge Drive and transported [him/her] back to the

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M 134	Continued From page 2 facility." On 03/25/2026 at 2:45 PM, Licensee A sent Surveyor an attachment labeled "AFH Self-Report. Madison Residential Care LLC," which could not be opened.	M 134		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 1) was developed together with the resident representative, the placing agency and the provider. Findings include: On 03/25/2026, Surveyor reviewed Resident 1's record provided by Licensee A. Resident 1 moved into the home 08/09/2024 and was represented by Guardian C and managed	M 406		

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M 406	Continued From page 3 care organization (MCO) Care Manager (CM) D. Resident 1's Individual Service Plan (ISP), dated 01/06/2026, listed the names of Guardian C, MCO CM D and Licensee A but did not include signatures. On 04/05/2026 at 5:00 PM, Surveyor emailed Licensee A and commented that Resident 1's ISP signature page did not contain signatures. As of 04/06/2026 at 5:00 PM, Surveyor did not receive a response.	M 406		