STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017592	A. BUILDING: _____ B. WING _____	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CREATIVE CARE LLC	2908 TURBOT DRIVE MADISON, WI 53713

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M 000	INITIAL COMMENTS From 09/02/2025 to 09/03/2025, Surveyor conducted a standard survey at Madison Creative Care LLC, an AFH in Madison. Four deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) SPZV11, dated 09/08/2021, SOD SPZV12, dated 04/08/2022, SOD SPZV13, dated 10/17/2022 and SOD YCIG11, dated 07/24/2023. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation from a physician, registered nurse or physician's assistant indicating they had been screened for illness detrimental to residents, including tuberculosis, was obtained for 1 of 2 caregivers reviewed. Caregiver C did not have a tuberculosis	M 232		

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

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M 232	Continued From page 1 test completed. Findings include: On 09/02/2025 at 11:15 a.m., Surveyor reviewed employee records. Caregiver C's record documented that s/he was hired on 02/17/2025. The record did not include a tuberculosis test. On 09/02/2025 at approximately 11:30 a.m., Surveyor shared concern with Manager A that Caregiver C's record did not include a tuberculosis test. Manager A stated s/he would check with the clinic to obtain a copy. On 09/03/2025 at 1:15 p.m., Manager A followed up with Surveyor and stated s/he was unable to locate a tuberculosis test for Caregiver C and would have a new one completed.	M 232		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each smoke detector was tested monthly to ensure it was working. The provider's smoke detectors had not been tested	M 336		

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M 336	Continued From page 2 since February 2025. Findings include: On 09/02/2025 at approximately 10:30 a.m., Surveyor reviewed the provider's environmental records. The records indicated the home's smoke detectors had not been tested to ensure they were working since February 2025. On 09/02/2025 at approximately 11:00 a.m., Surveyor reviewed concern with Manager A that the provider's smoke detectors had not been tested since February 2025. Manager A asked how often the smoke detectors needed to be tested.	M 336		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 exits provided unobstructed access to the outside. The provider's exits were obstructed with multiple locks. Findings include: On 09/02/2025 at approximately 10:30 a.m., Surveyor arrived to the provider's home and heard 3 locks "unlatch" prior to the door being opened by a caregiver. Surveyor then observed	M 338		

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M 338	Continued From page 3 the door, which had a lock on the door handle, a deadbolt and a latch lock above the deadbolt. Surveyor then observed the 2nd exit, which went to the garage, had a door knob lock and deadbolt lock on the door leading from the house to the garage and a door lock, deadbolt and latch lock on the service door from the garage to the exterior of the home. On 09/02/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Manager A that the home's exits were obstructed with multiple locks. Manager A stated the home had always had the locks, but that s/he would ensure the locks were removed.	M 338		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) of 2 of 2 residents reviewed was updated every 6 months and when there was a change in need or preferences. Resident 1's ISP had not been updated in greater than 6 months and was not updated to indicate s/he could leave the home independently. Resident 2's ISP had not been updated in greater than 6 months and referenced a behavioral support plan (BSP) that didn't exist. This is a repeat deficiency. See Statement of Deficiency (SOD) SPZV11, dated 09/08/2021, SOD SPZV12, dated 04/08/2022, SOD SPZV13, dated 10/17/2022 and SOD YCIG11, dated 07/24/2023. Findings include: On 09/02/2025 at 10:45 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 1: Resident 1 was admitted to the provider's home on 12/26/2024 with diagnoses included alcohol abuse, opioid abuse, schizoaffective disorder and moderate intellectual disability. Resident 1's ISP, dated 01/13/2025, stated Resident 1 had a history of elopement and required staff to ensure safety at all times. Resident 1's BSP, dated July 2025, stated staff must remain vigilant to prevent Resident 1 from leaving the facility unattended, particularly to seek illegal substances. The BSP stated, "[Resident 1] benefits from staff	M 424		

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M 424	Continued From page 5	M 424		

supervision, redirection and interventions." The BSP also identified past aggressive behaviors.

On 09/02/2025 at 10:55 a.m., Surveyor observed Resident 1 walk into the house on his/her own. Surveyor asked Caregiver B where Resident 1 had been and if s/he had been with a staff member. Caregiver B stated Resident 1 had gone to the gas station independently and didn't require staff to be with him/her 24/7.

On 09/02/2025 at approximately 11:00 a.m., Surveyor interviewed Manager A and shared concern that Resident 1's ISP identified him/her as an elopement risk yet Resident 1 left the facility on his/her own. Manager A stated Resident 1 was not an elopement risk and was able to leave the facility on his/her own as long as s/he signed out. Manager A stated s/he would update Resident 1's ISP.

Example 2 - Resident 2:

Resident 2 was admitted to the provider's home on 07/11/2024 with diagnoses including mild cognitive impairment, psychotic disorder adjustment disorder and personality disorder. Resident 2's ISP, dated 02/13/2025, stated Resident 2 had bizarre behaviors and lack of insight. The ISP directed staff to a BSP for management of behaviors; however, Resident 2's record did not include a BSP.

On 09/02/2025 at approximately 11:00 a.m., Surveyor interviewed Manager A and requested Resident 2's BSP. Manager A stated Resident 2 did not have a BSP. Manager A stated Resident 2 had not had behaviors while residing in the home and did not require supervision in the community. Manager A stated s/he would update Resident 2's

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M 424	Continued From page 6 BSP.	M 424		