STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009449	A. BUILDING: _____ B. WING _____	R 11/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF GOOD HOPE	2010 LAKE POINT DRIVE 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 11/24/2023/2023, the Bureau of Assisted Living, Southern Regional Office conducted an enforcement verification visit at Home of Good Hope, an AFH located in Madison, WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. One violation is a repeat violation from previous SOD# FDT411 dated 05/26/2022, SOD FDT412 dated 01/06/2023, SOD FDT413 dated 04/18/2023. Under statutory provisions of Wis. State. Ch 50, a $200 revisit fee is being assessed.	{M 000}		
M 276	88.05(3)(a) HOME 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 physical environment appropriate for residents. The entry door was damaged and there were several dirty heating registers. Findings include: On 11/24/2023 at 11:15 AM, Surveyor toured the physical environment.	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
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M 276	Continued From page 1 The closet door in the living room was broken. The heating registers in the kitchen were very dirty and covered in dust. The heating registers in the living room were very dirty and covered in dust. The front entry door was damaged and in need of replacement On 11/24/2023 at 1:25 PM, Surveyor interviewed Licensee A who acknowledged that the front door needed to be replaced. Licensee A acknowledged that the heating registers were dirty and would clean them as soon as possible.	M 276		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment appropriate for residents. The light fixture was	{M 570}		

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	0009449	A. BUILDING: _____ B. WING _____	R 11/24/2023

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{M 570}	Continued From page 2 still broken, the fire extinguisher was still blocked. This is a repeat violation from previous Statement of Deficiency (SOD) # FDT413 dated 04/18/2023, SOD # FDT412 dated 01/06/2023, SOD # FDT411 dated 05/26/2022. Findings include: On 11/24/2023 at 11:15 AM, Surveyor toured the physical environment. There was a light fixture with sharp edges exposed still without a cover on the stairway leading to a resident common area. Licensee A stated that a resident had broken the light fixture, but had not fixed it. The fire extinguisher in the kitchen was still blocked by a large plant stand, that was not easily moved. The fire extinguisher in the living room was blocked by a recliner chair. On 11/24/2023 at 1:25 PM, Surveyor interviewed Licensee A, who stated that the light fixture would be replaced within the day and the plant stand moved.	{M 570}		