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
	110326	A. BUILDING: _____ B. WING _____	R 06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD MADISON, WI 53714

(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 06/24/2025, Surveyor conducted a verification visit at Tellurian Acewood House, a CBRF located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) HUT711 dated 01/03/2024. Four violations from previous SOD HUT711 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{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 ensure a safe, clean, comfortable and homelike environment. There was a hole in the closet door in a common area, a dusty heating register in the hallway and 3 of 3 paper towel dispensers were empty. This is a repeat violation from previous Statement of Deficiency (SOD) HUT711 dated 01/03/2024.	{N 481}		

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

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{N 481}	Continued From page 1 Findings include: On 06/24/2025 at 9:30 AM, Surveyor observed the physical environment. OBSERVATIONS: There was a hole in a closet door in the common area. The hole in the door measured approximately 1.5 inches by 1.5 inches. There was a dirty heating register in the hallway leading to/from resident bedrooms. The paper towel dispenser in the bathroom on main floor used by residents was empty. The paper towel dispenser in the bathroom on second floor was empty. The paper towel dispenser in the kitchen was empty. On 06/24/2025 at 10:00 AM, Surveyor interviewed Program Assistant A. Program Assistant A stated that s/he had been off duty for a week and noticed that all 3 of the paper towel dispensers were empty when s/he arrived at work on day of survey. Program Assistant A stated that some of the heating registers had been replaced but not all and acknowledged that the heating register in the hallway was very dirty. Program Assistant A acknowledged that there was a hole in the closet door and the door needed to be replaced.	{N 481}		