

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016864	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2023
NAME OF PROVIDER OR SUPPLIER CHERISH HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5 BOOK CT 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 10/24/2023, with information obtained through 10/26/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Cherish Home LLC, an adult family home located in Madison, WI. As a result of the survey, 1 deficiency was identified. Census: 1	M 000		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a current record of all medical visits, reports, and recommendations for Resident 1 was maintained. Findings include: On 10/24/2023, at approximately 3:30 p.m., Surveyor interviewed Licensee A. Licensee A reported that Resident 1 has been his/her only resident since his/her admission around June 2020. Licensee A reported that Resident 1 had a diagnosis of autism. When asked if Resident 1 demonstrated any behaviors, Licensee A replied that Resident 1 demonstrated infrequent physical aggression, and described an incident where Resident 1 had grabbed his/her legs. Licensee A reported that Resident 1 sometimes shouted and screamed.	M 446		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 446	Continued From page 1 On 10/24/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/27/2020. In reviewing Resident 1's most recent individual service plan (ISP), dated 09/28/2023, Surveyor observed a list of various providers involved in Resident 1's medical care, which included psychiatry services. At approximately 4:07 p.m., Surveyor requested from Licensee A the results of Resident 1's most recent annual health exam and his/her most recent psychiatry visit report. After looking through Resident 1's record, Licensee A reported s/he wasn't able to find either record. Licensee A reported that Resident 1's last annual health exam was on 06/23/2023 and that Resident 1's most recent psychiatry appointment was around 08/09/2023 via telehealth. Licensee A reported s/he would have to reach out to Resident 1's guardian and/or his/her medical providers in order to obtain the records. Licensee A acknowledged Surveyor's concern that without the information from these appointments that it wasn't clear how s/he would know if recommendations or changes were made to Resident 1's medical and psychiatric care.	M 446		