STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 03/17/2026, Surveyor conducted a standard survey at Arc Maternal & Infact Program in Madison, WI. Four (4) deficiencies were identfied. Census: 8	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed that required continuing education had at least 15 hours of continuing education annually. Caregiver C did not receive 15 hours of continuing education in 2024 or 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 55I411, dated 07/26/2021 and SOD PEPM11, dated 09/22/2023. Findings include:	N 277		

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
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 277	Continued From page 1 On 03/17/2026 at approximately 10:00 a.m., Surveyor reviewed Caregiver C's record. Caregiver C was hired on 06/30/2023. Caregiver C's record did not include any continuing education. Surveyor stated that if the provider was able to find documentation of continuing education for Caregiver C for 2024 or 2025, to send it to Surveyor by 11:00 a.m. on 03/18/2026. On 03/18/2026 at 10:58 a.m., President A provided HIPAA training and medication training for Caregiver C from 2025. On 03/23/2026 at 2:09 p.m., President A confirmed the only training that President A was able to find for Caregiver C was the Medication Administration and HIPAA training in 2025 that was sent.	N 277		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than	N 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 404	Continued From page 2 the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that in 2024 and 2025, the CBRF had a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication administration and medication storage systems. Findings include: On 03/17/2026, Surveyor conducted a standard survey. At approximately 10:15 a.m., Surveyor asked President A for the provider's annual medication storage system review for 2024 and 2025. President A stated the provider has not done that. Surveyor stated that if the provider was able to find documentation of the provider's medication administration review or medication storage review, to send them by 11:00 a.m. on 03/18/2026. On 03/18/2026 at 10:58 a.m., President A stated, "We did not have the annual medication storage review report per DHS 83.37(1)(e)2. We will begin this process."	N 404		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 452	Continued From page 3 conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored under sanitary conditions for the prevention of food borne illnesses. Surveyor observed the provider thawing 2 steaks in the kitchen sink. Findings include: On 03/17/2026 at approximately 10:30 a.m., Surveyor toured the provider's kitchen with Manager B. Surveyor observed two packages of steak thawing in the kitchen sink. Manager B picked up the steaks and placed them in the refrigerator. Manager B stated that one of the resident's must have taken the steaks out to thaw and stated s/he would would speak with them about the appropriate way to thaw raw meat.	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 452	Continued From page 4 "Perishable foods should never be thawed on the counter, or in hot water and must not be left at room temperature for more than two hours. Even though the center of the package may still be frozen as it thaws on the counter, the outer layer of the food could be in the "Danger Zone," between 40 and 140 °F - temperatures where bacteria multiply rapidly. When thawing frozen food, it's best to plan ahead and thaw in the refrigerator where it will remain at a safe, constant temperature - at 40 °F or below." (Source: USDA Food Safety and Inspection Service, The Big Thaw - Safe Defrosting Methods, June 15, 2013, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/big-thaw-safe-defrosting-methods (retrieval date - January 23, 2026).)	N 452		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 2 exits had unobstructed travel to the outside. One of 2 exits was obstructed by snow.	N 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 631	Continued From page 5 Findings include: On 03/17/2026 at approximately 8:35 a.m., Surveyor walked up to the provider's front door. Surveyor walked through approximately an inch of snow up and ramp and on the front porch that obstructed the entrance/exit to the facility. At approximately 10:00 a.m., Surveyor toured the facility with Manager B. Surveyor observed that the snow had not been removed from the exit, porch, or ramp leading up to the facility. Manager B stated s/he understands how the snow is an obstruction and stated s/he will make sure it is removed. On 03/17/2026 at approximately 4:30 p.m., Surveyor reviewed the past weather history, which documented the most recent snow fall was 03/16/2026, accumulating 5.6 inches of snow. (Source: National Weather Service website, https://www.weather.gov/wrh/Climate?wfo=mkx (retrieval date March 23, 2026).).	N 631		