STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017225	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT HOME AGAIN WAUNAKEE LLC	1120 CONNERY COVE WAUNAKEE, WI 53597

(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
U 000	INITIAL COMMENTS From 04/28/2026 through 05/07/2026, Surveyor conducted a standard survey at At Home Again Waunakee. One deficiency was identified. Census: 56	U 000		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 tenants reviewed entered into a signed, jointly negotiated risk agreement by the date of occupancy. Tenant 1, Tenant 2 and Tenant 3 did not have signed risk agreements at the date of occupancy. Findings include: On 04/28/2026 at approximately 11:00 a.m., Surveyor reviewed records for Tenant 1, Tenant 2 and Tenant 3 The records indicated the following: -Tenant 1 was admitted to the provider's complex on 03/01/2023. Tenant 1's service plan, dated 04/28/2026, indicated s/he was diabetic, and required sliding scale insulin. Tenant 1's record did not include a risk agreement.	U 189		

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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U 189	Continued From page 1 -Tenant 2 was admitted to the provider's complex on 08/01/2023. Tenant 2's service plan, dated 04/28/2026, indicated s/he was in hospice care and required oxygen. Tenant 2's record did not include a risk agreement. -Tenant 3 was admitted to the provider's complex on 09/25/2025. Tenant 3's service plan, dated 04/16/2026, indicated s/he was fall risk. Tenant 3 had a risk agreement dated 04/16/2026, and the risk agreement was for choking. Tenant 3's record did not have risk agreement at the date of occupancy. On 04/28/2026 at approximately 1:35 p.m., Surveyor interviewed RN B. RN B stated that the only risk agreement that the provider had was for Tenant 3. RN B stated that the provider does not do risk agreements unless there is a risk present. RN B stated that Tenant 3 had recently had a change in condition so the risk agreement for choking was put into Tenant 3's record. On 04/28/2026 at approximately 2:30 p.m., Surveyor reviewed concern with President A and Health that Tenant 1, Tenant 2 and Tenant 3's record did not include risk agreements at the date of occupancy. President A stated that the facility completed thorough care plan and assessments. President A stated that s/he felt that those care plans had captured any risk that the Tenants had.	U 189		