STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020254	A. BUILDING: _____ B. WING _____	C 02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHWABAY HOUSE	7310 ASHWABAY LANE MADISON, WI 53719

(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 02/18/2025, Surveyor conducted a standard licensing survey and complaint investigation at Ashwabay House, a CBRF located in Madison, WI. As a result of the survey, 3 violations were issued. The complaint was unsubstantiated. Census: 8	N 000		
N 189	83.13(3)(b) Post house rules, resident rights, grievances The CBRF shall post all of the following: House rules, resident rights and grievance procedures as required under s. DHS 83.32(2) (b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that house rules, resident rights and grievance procedures were posted. Findings include: On 02/18/2025, Surveyor toured the physical environment. The house rules, resident rights or grievance procedures were not posted in the common areas. On 02/18/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated, "I have been here for 1 month, so I don't know if they are posted. I know that they should be, and they will be as soon as possible.	N 189		

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

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N 190	83.13(3)(c) Posting long term care ombudsman program. The CBRF shall post all of the following: The poster provided by the board on aging and long term care ombudsman program as required under s. DHS 83.33(4). This Rule is not met as evidenced by: Based on observation and interview, the ombudsman poster was not posted in the common area. Findings include: On 02/18/2025 at 9:00 AM, Surveyor toured the physical environment. There was no ombudsman poster posted in the common area. On 02/18/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated, "I have been here for 1 month, and I have not seen the poster. I know that it should be posted and it will be as soon as possible."	N 190		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the facility conducted semi-annual emergency evacuation drills. There were no documented other evacuation drills for	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 526	Continued From page 2 calendar year 2024. Findings include: On 02/18/2025 at 9:15 AM, Surveyor reviewed the facility evacuation records. There were no documented other evacuation drills for calendar year 2024. On 02/18/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated that she could not locate the binder that contained the emergency evacuation drills, but would contact Administrator B. On 02/18/2025 at 5:00 PM, Administrator B emailed Surveyor documents requested but documents did not contain any documented emergency evacuation drills. Surveyor gave Administrator B until 02/19/2025 at 1:00 PM to provide further documentation. As of 02/19/2025 at 1:00 PM, no further documentation was provided.	N 526		