STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019868	A. BUILDING: _____ B. WING _____	C 12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVINE ADULT FAMILY HOME LLC 3	3405 DORCHESTER WAY 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
M 000	INITIAL COMMENTS On 12/17/2024-12/20/2024, Surveyor conducted a complaint investigation at Divine Adult Family Home LLC 3. Two deficiencies were identified. The complaint was substantiated. Census: 3	M 000		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 resident's individual service plan (ISPs) identified the level of supervision in the home and community. Findings include: On 11/07/2024, the Department received a complaint alleging the provider was not supervising their residents. On 12/17/2024, Surveyor reviewed resident records and identified the following: Example 1: Resident 1 On 12/17/2024 at 10:11 AM, Surveyor interviewed Caregiver B regarding Resident 1's level of supervision. Caregiver B reported Resident 1	M 414		

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

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M 414	Continued From page 1	M 414		

displays daily episodes of delusions and paranoia, smokes outside on the back porch many times per day, and will often yell while on the phone. Caregiver B reported staff will redirect Resident 1 if s/he gets loud, but staff are unsure if s/he understands. Caregiver B stated Resident 1 is allowed to go for walks in the community and s/he has a cellphone. Caregiver B reported Resident 1 will threaten to not return to the adult family home (AFH) but s/he always does when running out of cigarettes.

On 12/17/2024 from 11:15 AM-12:00 PM, Surveyor observed Resident 1 displaying delusional thoughts and paranoia related to staff poisoning his/her coffee, medications, and having people out to get him/her. Staff directed Resident 1 to call crisis with his/her cellphone. Resident 1 continued to state s/he was going to go for walk and hide out in the woods.

Resident 1 was admitted to the facility on 06/28/2024 and readmitted on 08/07/2024 with diagnosis including schizoaffective disorder, bipolar disorder, major depressive disorder, and post traumatic stress disorder. Resident 1 had a guardian that made decisions on his/her behalf. Resident 1's most recent ISP dated 07/02/2024 documents the following: "Is 24/7 supervision required both at home and in community? No. If not, please describe the circumstances for which and length of time that the team has determined safe to be without supervision." Surveyor did not find documentation which stated Resident 1's level of supervision required in the home and community.

Example 2: Resident 2

On 12/17/2024 at 10:11 AM, Surveyor interviewed

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M 414	Continued From page 2	M 414		

Caregiver B regarding Resident 2's level of supervision. Caregiver B reported Resident 2 was a registered sex offender but s/he was able to leave by him/herself per Parole Agent C. Caregiver B reported Resident 2 had his/her own car and had freedom to come/go from the AFH.

On 12/19/2024 at 4:23 PM, Surveyor interviewed Parole Agent C regarding Resident 2's level of supervision. Parole Agent C confirmed Resident 2 was a registered sex offender but noted his/her crimes dated back to 2005. Parole Agent C reported Resident 2's placement at the provider was temporary until s/he completed their conditions to the department of corrections (DOC) in May 2025. Parole Agent C confirmed Resident 2 was able to come/go from the AFH without supervision but added s/he had a nightly curfew. Parole Agent C stated after talking to a concerned neighbor about Resident 2's status, a GPS monitor was added to Resident 2's treatment plan. Parole Agent C noted Resident 2 did not have any concerns since admission to the provider and the provider had a good working relationship managing DOC clients.

Resident 2 was admitted to the facility on 10/17/2024 with diagnoses including schizoaffective disorder, Bipolar disorder, and adult personality and behavior disorder. Resident 2 was their own legal decision maker. Resident 2's most recent ISP dated 10/18/2024 documented the following: "Is 24/7 supervision required both at home and in community? No. If not, please describe the circumstances for which and length of time that the team has determined safe to be without supervision." Surveyor did not find documentation which stated Resident 2's level of supervision required in the home and community.

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M 414	Continued From page 3 On 12/20/2024 at 3:28 PM, Surveyor interviewed Licensee A regarding Resident 1's and Resident 2's lack of supervision identified in their ISPs. Licensee A confirmed Resident 1 was allowed to go for walks in the community without staff supervision. Licensee A acknowledged Resident 1's ISP should have further explained the level of supervision required in the home and community. Licensee A acknowledged Resident 2 had a nightly curfew and a GPS monitor, and both interventions were not identified on his/her ISP. Licensee A stated s/he would have House Manager D update both Resident 1's and Resident 2's ISPs.	M 414		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's individual service plan (ISP) included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 12/17/2024, Surveyor reviewed Resident 2's record and identified the following:	M 420		

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M 420	Continued From page 4 -Resident 2 was admitted to the provider's home on 10/17/2024. Resident 2 was his/her own person. Resident 2's care included support from Case Manager E, Parole Agent C, and the provider. The signature page was blank and not signed by any parties involved. On 12/20/2024 at 3:28 PM, Surveyor interviewed Licensee A. Licensee A acknowledged Resident 2's ISP was not signed by all parties involved including Resident 2. Licensee A did not provide a reason to why the ISP was missing signatures. Licensee A stated s/he would have House Manager D get the required signatures after updating.	M 420		