STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 06/02/2026, Surveyor conducted a verification visit at Whitney Lodge II, a CBRF located in Madison, WI. As a result of the survey, violations of Chapter DHS 83 were issued. Four violations from previous Statement of Deficiency (SOD) 0CT611 dated 10/15/2025 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 387	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 8 of 8 resident Individual Service Plans (ISP) were signed by the resident and/or legal representative. Residents 1, 2, 3, 4, 5, 6, 7 and 8 had ISPs that were not signed by the resident or legal representative. Findings include: On 06/02/2026 at 9:00 AM, Surveyor interviewed Caregiver B regarding Resident ISPs. Caregiver B stated that all resident ISPs were updated on 05/18/2026. Surveyor asked Caregiver B if the ISPs were signed by either the resident or guardian/POA. Caregiver B shrugged his/her shoulders and stated that Licensee A took care of that. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 1's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 1's ISP. Licensee A sent Surveyor Resident 1's ISP via email on 06/02/2026 at 4:00 PM. Resident 1 was admitted 05/20/2025. Resident 1 is their own person. Resident 1's ISP was not signed by either Resident 1 or a CBRF representative. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 2's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 2's ISP. Licensee A sent Surveyor Resident 2's ISP via email on 06/02/2026 at 4:00 PM. Resident 2 was admitted 05/31/2021. Resident 2 has a guardian. Resident 2's ISP was not signed by either	N 387		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 387	Continued From page 2 Resident 2, their Guardian or a CBRF representative. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 3's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 3's ISP. Licensee A sent Surveyor Resident 3's ISP via email on 06/02/2026 at 4:00 PM. Resident 3 was admitted 03/09/2020. Resident 3 has a guardian. Resident 3's ISP was not signed by either Resident 3, their Guardian or a CBRF representative. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 4's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 4's ISP. Licensee A sent Surveyor Resident 4's ISP via email on 06/02/2026 at 4:00 PM. Resident 4 was admitted 10/24/2023. Resident 4 has a guardian. Resident 4's ISP was not signed by either Resident 4, their Guardian or a CBRF representative. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 5's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 5's ISP. Licensee A sent Surveyor Resident 5's ISP via email on 06/02/2026 at 4:00 PM. Resident 5 was admitted 01/07/2023. Resident 5 has a guardian. Resident 5's ISP was not signed by either Resident 5, guardian or CBRF representative. On 06/02/2026 at 9:00 AM, Surveyor requested Resident 6's ISP from Caregiver B. Caregiver B	N 387		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 387	Continued From page 3	N 387		

stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 6's ISP. Licensee A sent Surveyor Resident 6's ISP via email on 06/02/2026 at 4:00 PM. Resident 6 was admitted 11/15/2024. Resident 6 has a guardian. Resident 6's ISP was not signed by either Resident 6, their Guardian or a CBRF representative.

On 06/02/2026 at 9:00 AM, Surveyor requested Resident 7's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 7's ISP. Licensee A sent Surveyor Resident 7's ISP via email on 06/02/2026 at 4:00 PM. Resident 1 was admitted 05/18/2026. Resident 5 is own person. Resident 5's ISP was not signed by either Resident 5 or a CBRF representative.

On 06/02/2026 at 9:00 AM, Surveyor requested Resident 8's ISP from Caregiver B. Caregiver B stated that Licensee A had all ISPs at his/her home for review. Caregiver B sent a message to Licensee A requesting Resident 8's ISP. Licensee A sent Surveyor Resident 8's ISP via email on 06/02/2026 at 4:00 PM. Resident 1 was admitted 10/22/2025. Resident 8 has a Power of Attorney (POA). Resident 8's ISP was not signed by either Resident 8, their POA or a CBRF representative.

On 06/02/2026 at 4:30 PM, Surveyor sent Licensee an email requesting the ISP and signature pages for Resident 1, 2, 3, 4, 5, 6, 7 and 8 as the signature pages were blank on the ISPs that Licensee A had previously sent.

On 06/02/2026 at 9:30 PM, Licensee A sent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 387	Continued From page 4 Surveyor an email containing ISPs for Resident 1, 2, 3, 4, 5, 6, 7 and 8. None of the ISPs that Licensee A sent Surveyor were signed by either the resident or legal representative or a CBRF representative.	N 387		
{N 450}	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that a weekly menu was made available to residents. There was no menu posted in the facility. This is a repeat violation from previous Statement of Deficiency (SOD) 0CT611 dated 10/15/2025. Findings include: On 06/02/2026 at 9:00 AM, Surveyor observed the physical environment. There was no posted menu to let residents know what was being served. On 06/02/2026 at 10:00 AM, Surveyor asked Caregiver B for a printout of the weekly menus dating back to February of 2026. Caregiver B stated, "We don't have them, we have menus but throw them out when done." Surveyor asked	{N 450}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 450}	Continued From page 5 Caregiver B if Resident 1 had a special diet and Caregiver B stated, "Yes and we try to accommodate that, and s/he tells us what s/he needs and we buy it." Caregiver B stated, "I don't know why the menu isn't posted, I had it out but took it down the other day and didn't put it back up."	{N 450}		
{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 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 that a weekly menu was made available to residents. There was no menu posted in the facility. This is a repeat violation from previous Statement	{N 452}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 6 of Deficiency (SOD) 0CT611 dated 10/15/2025. Findings include: On 06/02/2026 at 9:00 AM, Surveyor observed the physical environment. There was no posted menu to let residents know what was being served. On 06/02/2026 at 10:00 AM, Surveyor asked Caregiver B for a printout of the weekly menus dating back to February of 2026. Caregiver B stated, "We don't have them, we have menus but throw them out when done." Surveyor asked Caregiver B if Resident 1 had a special diet and Caregiver B stated, "Yes and we try to accommodate that, and s/he tells us what s/he needs and we buy it." Caregiver B stated, "I don't know why the menu isn't posted, I had it out but took it down the other day and didn't put it back up." N-452 83.41(3)(b) Food Safety Based on observation and interview, the provider did not ensure that food was stored in a safe, sanitary manner. There was food stored in the same closet as chemicals and medications. This is a repeat violation from previous Statement of Deficiency (SOD) 0CT611 dated 10/15/2025. Findings include: On 06/02/2026 at 9:15 AM, Surveyor observed a jug of orange juice on the counter. The juice was no longer cold to the touch. The label on the jug stated it needed to be refrigerated. On 06/02/2026 at 09:45 AM, Surveyor observed	{N 452}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R-C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 7 the physical environment. Surveyor observed the medication closet. Stored in the closet were medications for all residents, food (bananas, sugar, flour and snacks), and laundry detergent and cleaning chemicals. On 06/02/2026 at 10:00 AM, Surveyor observed that the jug of orange juice was still on the counter. On 06/02/2026 at 10:20 AM, Surveyor observed Caregiver B putting the orange juice in the refrigerator. On 06/02/2026 at 11:00 AM, Surveyor interviewed Caregiver B about the closet and storage. Caregiver B stated, " Staff are too lazy to put chemicals and food where they are supposed to go. We are supposed to get a med cart, but it ain't here yet." Caregiver B stated excess food should be stored downstairs in a separate closet and laundry detergent and cleaning chemicals are to be stored in the laundry area or under the sink in the secured cabinet. Caregiver B acknowledged that food should not be stored in the same closet as chemicals or medications and stated, "I know we need to do better, it's there and you saw it so we are caught."	{N 452}		