STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020720	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIGHT CARE ADULT FAMILY HOME	8033 STARR GRASS DRIVE 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 06/26/2025, Surveyor conducted a complaint investigation at Right Care Adult Family Home, an AFH located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. The complaint was substantiated.	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on observation and interview, Resident 1, who is non-ambulatory was admitted to the home despite the provider being licensed for ambulatory only residents. Findings include: On 06/24/2025, the Department received a complaint that a non-ambulatory resident was	M 106		

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

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M 106	Continued From page 1 admitted to the facility despite facility being licensed for ambulatory only residents. Facility program statement states that facility is not wheelchair accessible and has stairs leading to the entrance of facility as well as stairs within the facility to gain access to the home including common areas and the kitchen/dining room. On 06/26/2025, Surveyor toured the physical environment and observed that the physical environment was not appropriate for non-ambulatory residents. The home is a multi-level townhouse style home. There were 5 steps leading up to the main entrance/exit of the facility. There were 3 separate flights of stairs with at least 10 steps for each flight of stairs. There were no ramps with railings to enter/exit the facility. There was no possible way a non-ambulatory resident would be able to gain access the home or to any areas within the home due to the numerous sets of stairs leading to each location. The kitchen and living room area were on the 2nd level so a resident would have to navigate at least 2 flights of stairs to access the living room and kitchen. On 06/26/2025 at 10:00 AM, Surveyor interviewed Licensee A who stated s/he did not know that s/he could not admit Resident 1. Licensee A stated that Resident 1 was severely obese, weighing at least 500 pounds. Resident 1 was bed bound due to fractured arm and shoulder. Resident 1 had been in the hospital for 9 months recovering from the fractured arm and shoulder, but did not engage in physical therapy for ambulation and lost strength in his/her legs to the point where s/he could only stay in bed. Licensee A stated that Funding Source B told him/her that Resident 1 would not be able to	M 106		

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M 106	Continued From page 2 leave the bed for any reason and that the facility would have to provide cares: Hygiene, incontinence care, bed baths, medication administration and meals. Surveyor asked Licensee A why the facility would admit a non-ambulatory resident despite the facility being licensed for ambulatory only residents. Licensee A stated that since Resident 1 would not be able to leave his/her bed, s/he thought it would be ok and Funding Source B agreed.	M 106		