Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020911	A. BUILDING: _____ B. WING _____	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE ADULT FAMILY HOME	**3922 JENNA DRIVE MADISON, WI 53704**

(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 08/08/2025, Surveyor conducted a monitoring visit at Agape Adult Family Home. No deficiencies were identified. The facility will be able to serve up to 3 non-ambulatory individuals and 1 ambulatory individual with primary diagnoses that include: irreversible dementia/Alzheimer's, developmentally disabled, terminally ill, alcohol/drug dependent, emotionally disturbed/mental illness, physically disabled, advanced aged, traumatic brain injury, and correctional clients.	M 000		

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