STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019410	A. BUILDING: _____ B. WING _____	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREEDOM GROUP HOME LLC	1110 PONTIAC TRAIL MADISON, WI 53711

(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 10/27/2025 to 10/30/2025, Surveyors conducted a standard survey at Freedom Group Home LLC. Six deficiencies were identified. Census: 3	M 000		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were able to easily enter and exit the home. Findings include: On 10/27/2025 at approximately 8:33 AM,	M 260		

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

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M 260	Continued From page 1 Surveyor toured the home. Surveyor observed the provider's kitchen exit was blocked by a garbage can and a mop bucket. The provider's exit located in the living room, leading to the deck, was noted to have a recliner sitting in front of the door. Surveyor reviewed the provider's floor plan, and both doors are indicated for entry and exit. On 10/27/2025 at 10:41 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Licensee A acknowledged 2 of 3 exits in the home were blocked during the survey. Licensee A confirmed the blocked exits were listed on the provider's emergency egress route. Licensee A stated s/he was unsure how long the exits had been blocked and above items would be moved immediately.	M 260		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at	M 262		

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M 262	Continued From page 2 all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that access within the home was provided for 1 of 3 residents who were unable to ambulate without the use of a walker. Resident 1 required a walker for mobility. The facility did not have 2 exits ramped to grade. Bathroom doors and resident bedroom doors did not provide a 32" clear opening. The bathroom did not have enough space to provide a turning radius for residents utilizing assistive devices for mobility. Findings include: The provider was licensed on 02/21/2023 to serve up to 3 ambulatory residents in the following client groups: advanced age, developmentally disabled, physically disabled, alcohol/drug dependent, and emotionally disturbed/mental illness. On 10/27/2025 at 7:35 AM to 11:18 AM, Surveyor arrived at the home and observed 3 exits to the home. One exit was the front door, which had a ramped concrete walkway that provided access up to the home. From the threshold of the front door to the concrete was a 2-inch drop. One exit was the sliding glass door, which exited to a deck in the back of the facility. The deck required an	M 262		

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M 262	Continued From page 3	M 262		

individual to navigate steps to get down to the back yard. There was no hard surfaced pathway with handrails that led to the front of the facility, only a yard. One exit was a door leading to the garage, which required an individual to step down to a cement step, then down again to the cement slab inside the garage.

On 10/27/2025 at 7:45 AM, Surveyor observed Resident 1 using a 4-wheeled walker inside the home. Resident 1 walked through the dining room into the kitchen.

On 10/27/2025 at 8:00 AM, Surveyor interviewed Resident 1 in his/her room. Surveyor observed a 4-wheeled walker next to Resident 1's bed. Resident 1 reported s/he had lived at the facility for over 2 years, and s/he had used a walker inside the home since admission. Surveyor asked how Resident 1 managed to exit the facility without exits ramped to grade. Resident 1 reported s/he bring his/her walker for balance when exiting the home.

On 10/27/2025 at 9:35 AM, Surveyor measured the door width of Resident 1's bedroom door and the main resident bathroom. The measurements were 28 inches wide.

On 10/27/2025 at 9:38 AM, Resident 1 demonstrated how s/he turned inside the provider's bathroom. Surveyor observed Resident 1 make several adjustments of his/her walker to be able to make a full circle.

On 10/27/2025 at 10:21 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 lived at the facility for approximately 2 years. Licensee A reported Resident 1 used a walker within the home and a cane in the

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M 262	Continued From page 4 community. Licensee A acknowledged s/he had an ambulatory license and shouldn't have admitted Resident 1. Licensee A stated s/he was planning on moving Resident 1 to another one of his/her homes s/he had just applied for a license with the Department. On 10/27/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/30/2023 with diagnoses including bipolar, seasonal affective disorder, arthritis, and scoliosis. Resident 1's preadmission assessment with an unknown date documented "What medical equipment do you (does this individual) currently use? A cane, and a walker." Resident 1's individual service plan (ISP) dated 09/03/2025 indicated s/he used a walker and cane. On 10/27/2025 at 10:41 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Surveyors reviewed concern that the provider admitted Resident 1 knowing s/he required an assistive device for mobility; however, the exits, the bathroom, and resident bedrooms did not accommodate assistive devices. Surveyor asked if the provider had applied for a waiver regarding non-ambulatory residents. Licensee A was unable to provide evidence of a requested or approved waiver.	M 262		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

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M 276	Continued From page 5	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was well-maintained, clean, and a homelike environment for 3 of 3 residents. The dining room, both bathrooms, hallways and 1 resident room required cleaning and maintenance.

Findings include:

On 10/27/25, at 7:57 AM, Surveyor toured the facility and observed the following:

Dining room:
- Fly strip hanging from the ceiling.
- Brown substance on the ceiling.
- Shower chair sitting in the dining room.

Resident 1's Room:
- Fly strip hanging from the ceiling.

Hallways:
- Closet near resident's rooms door was off the track and did not close properly.
- Closet near the dining room was missing 1 out of 2 sliding doors.

Bathroom near resident's rooms:
- The air vent on the ceiling was covered with a gray matter, similar to dust.
- The vent on the floor was dented inward, causing a gap between the bottom of the vent and the floor.
- The bathroom mirror was dirty, and portions of the mirror appears to have lost the reflective

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M 276	Continued From page 6 coating, leaving the mirror with black/ gray spots. Bathroom near the front door: - The bottom of the vanity cabinet has portions of the wood that has peeled away and/or splintered. The base of the cabinet has a black mold- like substance. On 10/27/2025 at 10:41 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Licensee A reported the home had many flies around, so staff hung fly traps. Licensee A stated the brown substance on the ceiling was from the fly traps. Licensee A reported s/he was unaware of the closet doors missing and would work on getting them replaced. Surveyors showed Licensee A the black mold-like substance observed in the bathroom and the concerns with the mirror. Licensee A reported s/he was unaware of the current condition of the bathrooms. Licensee A stated s/he would start right away on making improvements to the home.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head	M 332		

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M 332	Continued From page 7 of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department for 2 of 2 fire extinguishers. The fire extinguisher on the main level and the one in the basement were not inspected annually. The tag attached indicated the date of the last inspection was May 2024. Findings include: On 10/27/24 at 8:20 AM, Surveyor toured the home. Surveyor observed a fire extinguisher on the main level and the one in the basement with a tag indicating the date of the last inspection was May 2024. On 10/27/2025 at 10:41 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Licensee A acknowledged both of the home's fire extinguishers had not been inspected annually and s/he would have both serviced.	M 332		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 8 Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1 and Resident 2 had not had an evacuation assessment, using the department's form, completed in 2024. Findings include: On 10/27/2025, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 9/30/23. Resident 1's record did not contain an evacuation assessment for 2024. Resident 2 was admitted to the facility on 2/26/23. Resident 2's record did not contain an evacuation assessment for 2024. On 10/27/2025 at 10:41 AM, Surveyors conducted an exit conference and shared findings with Licensee A. Licensee A acknowledged s/he did not complete annual evacuation assessments for Resident 1 and Resident 2 in 2024. Licensee A did not offer a reason for not completing the assessments.	M 346		

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M 346	Continued From page 9 Licensee A reported s/he would ensure assessments were completed going forward.	M 346		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident admitted to the facility received a health examination to identify health problems and was screened for communicable disease, for 2 of 2 resident records reviewed (Resident 1 and Resident 2). Findings include: On 10/27/2025, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 9/30/23. Resident 1's record did not include an admission health examination or a screening for communicable disease.	M 380		

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M 380	Continued From page 10 Resident 2 was admitted to the facility on 2/26/23. Resident 2's record did not include an admission health examination or a screening for communicable disease. On 10/30/2025 at 2:43 PM, Surveyor interviewed Licensee A via phone. Licensee A stated TB tests were completed, but s/he could not produce evidence of an admission health exam including a communicable disease screen for Resident 1 and Resident 2. Licensee A reported s/he would ensure all requirements for admission were completed for any new residents.	M 380		