STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018317	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACIOUS ANGELIC CARE	3411 KESWICK COURT 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 05/13/2025, Surveyor conducted a standard licensing survey at Gracious Angelic Care, an AFH located in Madison, WI. As a result of the survey, 5 violations of Chapter DHS 88 were issued. Census: 2	M 000		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the gas furnace was inspected every 3 years. The facility furnace had not been inspected since 2020. Findings include: On 05/13/2025 at 9:00 AM, Surveyor reviewed the facility records for furnace inspection. The last documented furnace inspection was dated 12/11/2020. On 05/13/2025 at 9:30 AM, Surveyor interviewed Licensee A who stated the furnace had not been inspected since the facility was licensed in 2020 and it was up to the landlord to get the furnace inspected. Surveyor discussed the regulator requirement with Licensee A who then stated s/he would get the furnace inspected as soon as possible.	M 290		

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

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M 332	Continued From page 1	M 332		
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 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 that 3 of 3 fire extinguishers were inspected annually. Three of 3 fire extinguishers had not been inspected since 11/2023. Findings include: On 05/13/2025 at 9:00 AM, Surveyor observed the facility fire extinguishers.	M 332		

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M 332	Continued From page 2 The fire extinguisher in the kitchen had not been inspected since 11/2023. The fire extinguisher in the common area had not been inspected since 11/2023. The fire extinguisher in the basement had not been inspected since 11/2023. On 05/13/2025 at 9:30 AM, Surveyor interviewed Licensee A who stated s/he didn't know it had been that long since the fire extinguishers were inspected, and s/he would get the fire extinguishers inspected as soon as possible.	M 332		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION 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 that 2 of 2 residents reviewed were evaluated annually for evacuation time. Resident 1 and Resident 2 did not have a resident evacuation assessment completed since admission. Findings include: On 05/13/2025 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was	M 346		

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M 346	Continued From page 3 admitted 10/10/2022. The most up to date evacuation assessment was dated 10/08/2022. On 5/13/2025 at 10:20 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 10/30/2021. The most up to date evacuation assessment was dated 10/31/2021. On 05/13/2025 at 10:40 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know that resident evacuation assessments were to be updated annually. Licensee A acknowledged that both Resident 1 and Resident 2 had not been assessed for evacuation time since they were admitted to the facility.	M 346		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed had Individual Service Plan (ISP) reviewed every 6 months. Resident 1 and Resident 2 had not had ISP reviews in over 6 months. This is a repeat violation of previous Statement of Deficiency (SOD) 8AOC11 dated 02/20/2023. Findings include: On 05/13/2025 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 10/08/2022 with diagnoses that include but are not limited to: ADHD anxiety. Resident 1's most up to date ISP was dated 09/26/2024. On 05/13/2025 at 10:20 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 10/30/2021 with diagnoses that include but are not limited to: Seizures, anxiety. Resident 2's most up to date ISP was dated 10/21/2024. On 05/13/2025 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A acknowledged that resident ISPs are to be updated every 6 months. Licensee A acknowledged that both Resident 1 and Resident 2's ISPs had not been updated in over 6 months. Licensee A stated that there was an ISP update meeting scheduled for June 2025.	M 424		
M 570	88.10(3)(l) Safe Physical Environment	M 570		

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M 570	Continued From page 5 Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment appropriate for residents. There were combustibles next to the furnace and water heater. This is a repeat violation from previous Statement of Deficiency (SOD) 8AOC11 dated 02/20/2023. On 05/13/2025 at 9:00 AM, Surveyor toured the physical environment. OBSERVATIONS: At the main entrance, the door bell was missing and bare wires were protruding from the wall. There was a screw protruding from the wall where the doorbell used to be at hand/arm level putting residents at risk for scrapes/cuts. The heating vents in common areas were full of dust which could cause respiratory issues and also cause the furnace not to work properly.	M 570		

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M 570	Continued From page 6 There was a bag of clothes next to the water heater. There was a box of cardboard furnace filters next to the furnace. On 05/13/2025 at 9:30 AM, Surveyor interviewed Licensee A. Licensee A stated that a new "ring" doorbell was going to be installed soon but agreed the wires were an issue and the screw should be removed. Licensee A stated s/he would remove the combustible items that were next to the water heater and furnace to at least 3 feet away. Licensee A agreed the vents were very dirty and would be cleaned as soon as possible.	M 570		