STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018274	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CREATIVE CARE LLC II	2906 TURBOT DRIVE MADISON, WI 53713

(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 10/16/2025, Surveyor conducted a standard licensure survey at Madison Creative Care LLC II. Six deficiencies were identified. One of 6 deficiencies was a repeat violation (see Statement of Deficiency (SOD) 1IV413. Census: 3	M 000		
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 licensee did not ensure there was a minimum 2A, 10-B-C	M 332		

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

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M 332	Continued From page 1 rated fire extinguisher mounted on the wall and located on each floor of the home. The home did not have a fire extinguisher mounted in or near the kitchen. Findings include: On 10/16/2025, at approximately 12:35 PM, during a tour of the home, Surveyor and Administrator A observed the mounting brackets for a fire extinguisher and a sign stating "fire extinguisher" next to the refrigerator in the kitchen. The actual fire extinguisher was not mounted in the brackets. Administrator A asked Caregiver B where the fire extinguisher was located. Caregiver B searched the home and found the fire extinguisher in the basement.	M 332		
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 1 of 2 resident records	M 380		

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M 380	Continued From page 2 (Resident 2) reviewed had a communicable disease screening or tuberculosis (TB) test within 90 days prior to admission to the home or within 7 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 1IV413, dated 10/11/2022. Findings include: On 10/16/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 11/11/2024. Resident 2's record included a communicable disease screen and a TB test from 2016. On 10/16/2025, at approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would have Resident 2 obtain a current TB test and communicable disease screen at his/her next medical appointment.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated	M 384		

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M 384	Continued From page 3 representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider's service agreement did not include the necessary elements required within the service agreement for 1 of 1 resident record reviewed. Findings include: On 10/16/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 07/19/2025. Resident 1's service agreement, dated 07/23/2025, did not document: - Resident's name - Charges for room and board and services and any other applicable expenses - The source and method of payment On 10/16/2025, at approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review Resident 1's record to ensure completeness.	M 384		
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	M 424		

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M 424	Continued From page 4	M 424		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 resident's (Resident 2) Individual Service Plan (ISP) was reviewed at least every 6 months.

This is a repeat deficiency. See Statement of Deficiency (SOD) 1IV412, dated 07/26/2022, and SOD 1IV413, dated 10/11/2022.

Findings include:

On 10/16/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 11/11/2024 and was represented by Guardian C and managed care organization (MCO) Care Manager (CM) D.

Resident 2's "Individual Service Plan" was dated 11/19/2024. The ISP was due to be reviewed in 05/2025.

On 10/16/2025, at approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated the provider had hired a consultant to assist them with proper documentation and timeliness of completing

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M 424	Continued From page 5 required documentation.	M 424		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident received medication in the proper dosage. Resident 1's Fluoxetine (antidepressant) and Haloperidol (antidepressant) were not administered as prescribed by his/her physician. Findings include: On 10/16/2025, at approximately 11:50 AM, Surveyor and Administrator A reviewed Resident 1's medication in the medication closet and observed: -An unopened bottle of Fluoxetine with a dispensed date of 09/10/2025 -An unopened bottle of Fluoxetine with a dispensed date of 09/29/2025 -An unopened bottle of Haloperidol with a dispensed date of 10/03/2025	M 462		

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M 462	Continued From page 6 Resident 1's October 2025 Medication Administration Record (MAR), dated 10/01/2025 to 10/16/2025, documented: Fluoxetine Sol (solution) 20 MG (milligram) / 5 ML (milliliter) - Take 5 ML by mouth every morning for schizoaffective disorder. Scheduled at 8:00 AM. Haloperidol Con (concentrate) 2 MG / ML - Take 2 ML (4 MG) by mouth at 2 PM. The MAR documented the medication had been administered. Administrator A stated it was apparent that the medications had not been administered as prescribed, and staff would be retrained on proper medication administration.	M 462		
M 570	88.10(3)(l) Safe Physical Environment 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 safeguard residents from environmental hazards for 3 of 3 residents residing in the home. The provider's water temperature exceeded 120°	M 570		

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M 570	Continued From page 7 Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency (SOD) 1IV413, dated 10/11/2022. Findings include: The provider is licensed to provide services for up to 4 residents who may be developmentally disabled and/or emotionally disabled/mentally ill. On 10/16/2025, at approximately 12:45 PM, Surveyor toured the home with Administrator A. Surveyor and Administrator A temped the water in the kitchen, which the residents had access to. The water temperature reached 137.3 F. Administrator A stated s/he would adjust the hot water heater. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).	M 570		