STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020696	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZIEGLER HOME	810 ZIEGLER RD MADISON, WI 53714

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M 000	INITIAL COMMENTS From 06/22/2026 to 06/29/2026, Surveyor conducted 1 complaint investigation and a standard survey at Ziegler Home, an AFH in Madison. Seven deficiencies were identified. The complaint was substantiated. Census: 1	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, interview and record review, the provider did not ensure the home followed its program statement. The provider did not staff the home with 2 staff at all times as indicated on the program statement.	M 106		

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

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M 106	Continued From page 1 Findings include: On 06/22/2026 to 06/25/2026, Surveyor conducted a complaint investigation alleging the provider did not provide adequate supervision for residents. On 06/22/2026 at approximately 9:40 a.m., Surveyor entered the provider's home. Surveyor observed Caregiver B and Resident 1 were the only individuals present. On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted to the provider's home on 06/18/2025. Resident 1's behavioral support plan (BSP), dated 11/20/2025, documented that s/he required 1:1 supervision for 16 hours per day from 6:00 a.m. to 10:00 p.m. - Resident 2 was admitted to the provider's home on 10/03/2025 and discharged on 05/15/2026. Resident 2's ISP, dated 10/05/2025, did not document the level of supervision s/he required; however, Licensee A stated Resident 2 required 24 hour supervision. - The program statements on file for each resident stated, "We will have 2 caregiver on duty at all times and will add additional staff as needed to meet residents needs." On 06/22/2026 at approximately 11:50 a.m., Surveyor interviewed Licensee A and asked about the provider's staffing patterns. Licensee A stated when Resident 1 and Resident 2 both resided at the home, 2 staff were present from 6:00 a.m. to 10:00 p.m. Licensee A stated for some of the time that Resident 1 was the only resident present, the provider had staffed 2 staff at all times due to	M 106		

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M 106	Continued From page 2 his/her behaviors. Surveyor shared observation that the program statement documented the home would always be staffed with 2 caregivers on duty regardless of census. Licensee A stated there was always a 2nd staff member available but not present in the home. On 06/25/2026 at 11:25 a.m., Surveyor interviewed Quality Coordinator C, who worked for Resident 1's Managed Care Organization. Quality Coordinator C stated s/he investigated an allegation that the provider was not providing dedicated staffing as required, which resulted in substantiating the concern. Quality Coordinator C stated staff would take breaks and leave the home without providing coverage for the dedicated staffing while Resident 1 and Resident 2 were residing at the home. On 06/29/2026 at 3:00 p.m., Surveyor interviewed Licensee A regarding the provider's program statement.and reviewed the provider's program statement. Licensee A stated s/he hadn't realized the program statement stated the home would be staffed with 2 caregivers until Surveyor pointed it out. Licensee A stated s/he would revise the program statement.	M 106		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the home was free from hazards. The provider had laundry detergent pods accessible to residents. Findings include: The provider is licensed to provide care for up to 3 residents with diagnoses including traumatic brain injury, advanced age, irreversible dementia/Alzheimer's, developmentally disabled, and emotionally disturbed/mental illness. On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/18/2026 with diagnoses including intellectual disability, autism, developmental disability, anxiety, depression, adjustment disorder, attention deficit disorder, intermittent explosive disorder and mood dysregulation disorder. Resident 1's behavioral support plan (BSP), dated 11/20/2025), documented a history of PICA and self-injury. The BSP stated all chemicals should be stored locked. On 06/22/2026 at approximately 12:00 p.m., Surveyor toured the provider's home. Surveyor observed the laundry room closet, which did not locked, contained a container of Tide pods (Label: WARNING: HARMFUL IF PUT IN MOUTH OR SWALLOWED). Surveyor observed greater than 10 pods remaining in the container. As Surveyor observed the unsecured Tide pods, Licensee A stated all cleaning objects should be stored in a locked closet and moved the Tide	M 278		

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M 278	Continued From page 4 pods.	M 278		
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 residents reviewed had been screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Resident 2 had not been screened for communicable disease within 90 days prior to admission or within 7 days after admission. Resident 2 had not been tested for tuberculosis. Findings include: On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/03/2025. Resident 2's record included a communicable disease screen, dated 11/18/2025,	M 380		

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M 380	Continued From page 5 greater than 7 days after his/her admission. Resident 2's record did not include documentation of a tuberculosis test. On 06/22/2026 at approximately 11:50 a.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he had documentation of a communicable disease screen, including tuberculosis test, completed within 90 days prior to or 7 days after Resident 2's admission. Licensee A reviewed Resident 2's record and stated the 11/18/2025 was the only documentation s/he received.	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 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 did not ensure a service agreement was completed prior to admission for 2 of 2 residents reviewed. The provider did not have a service agreement completed prior to Resident 1 or Resident 2's	M 384		

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M 384	Continued From page 6 admission. Findings include: On 06/23/2026 at approximately 10:00 a.m., Surveyor reviewed resident records, which documented the following: - Resident 1 was admitted to the provider's home on 06/18/2025. Resident 1 had a legal guardian. Resident 1 did not have a service agreement signed by his/her legal guardian. - Resident 2 was admitted to the provider's home on 10/03/2025. Resident 2 was his/her own decision maker. Resident 2 did not have a signed service agreement. On 06/23/2026 at 11:50 a.m., Survyoer interviewed Licensee A and asked if s/he had a signed service agreement for Resident 1 and Resident 2. Licensee A stated s/he was unaware that a service agreement needed to be signed by residents or their legal guardians because s/he had a contract with the managed care organization.	M 384		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 2 individual service plans (ISP) included the level of supervision required in the home and community.	M 414		

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M 414	Continued From page 7 Resident 2's ISP did not include his/her need for 24-hour supervision. Findings include: On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/03/2025. Resident 2 no longer resided at the home on 06/22/2026, but the record did not document the date of move out. Resident 2's ISP, dated 10/05/2025, did not indicate what level of supervision Resident 2 required in the home and in the community. On 06/22/2026 at approximately 11:50 a.m., Surveyor interviewed Licensee A regarding Resident 2's needs. Licensee A stated Resident 2 required 24-hour supervision, but not 1:1 supervision. Surveyor discussed concern that the ISP did not indicate what level of supervision Resident 2 required. Licensee A stated s/he thought that was covered with the managed care organization agreement which documented Resident 2 as a "Level 1."	M 414		
M 426	88.07(1)(a) RESIDENT CARE-GENERAL REQUIREMENTS The licensee shall provide a safe, emotionally stable, homelike and humane environment for residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a safe and emotionally stable environment was provided.	M 426		

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M 426	Continued From page 8 Resident 2 relocated from the provider's home due to safety concerns. Findings include: From 06/22/2026 to 06/29/2026, Surveyor conducted a complaint investigation alleging safety concerns at the provider's home. On 06/23/2026 at approximately 8:00 a.m., Surveyor reviewed Resident 1's records that documented the following: - 05/07/2026: Resident 1 exited his/her bedroom visibly agitated and went to the kitchen, grabbed a heavy cast iron pan and began slamming it against the counter, along with violently opening and slamming drawers and cabinets. When Resident 1 noticed another resident and staff member in the dining room, his/her agitation intensified. Resident 1 shouted, "This is my house, and I will do whatever I want," while pacing and brandishing the pan. Resident 1 threatened to kill staff and swung the pan toward the other resident (Resident 2), forcing Resident 2 to retreat in fear. Despite de-escalation techniques from Resident 1's behavioral support plan, Resident 1 refused to calm down. 911 was called. - 05/10/2026: Resident 1 exhibited escalating aggressive behavior throughout the day. At approximately 1:00 p.m., Resident 1 used racial slurs, turned off lights, wrapped a cord around his/her own neck, threatened to kill a staff member, and chased them around the house. Later in the afternoon, s/he re-emerged, threated everyone including another resident, and charged at a staff member, who used a blocking pad to protect him/herself. 911 was called. Police arrived	M 426		

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M 426	Continued From page 9	M 426		

and due to continued active aggression, a taser was deployed to subdue Resident 1. Resident 1 was arrested and transported to jail.

On 06/23/2026 at approximately 12:00 p.m., Surveyor requested clarification regarding Resident 2's discharge arrangements.

On 06/23/2026 at approximately 3:30 p.m., Licensee A updated Surveyor that Resident 2 was impacted by Resident 1's behaviors on 05/07/2026, prompting Resident 2's care team to find temporary alternate/respite placement until an official discharge on 05/15/2026.

On 06/25/2026 at 11:57 a.m., Surveyor interviewed Case Manager D, who worked with Resident 2. Case Manager D stated Resident 2 was initially concerned with how loud Resident 1 was, but concerns changed on 05/01/2026 when Resident 1 showed Resident 2 nude pictures of him/herself. Case Manager D stated Licensee A was made aware of the concerns and stated the provider would watch Resident 1 more closely. Case Manager D stated on 05/07/2026, Resident 2 contacted the managed care organization stating Resident 1 was making sexually inappropriate comments, made threats and attempted to hang him/herself outside Resident 2's room. Case Manager D stated respite arrangements outside the home were made for Resident 2 after the 05/07/2026 incident and Resident 2 formally discharged on 05/15/2026.

On 06/25/2026 at 4:15 p.m., Surveyor reviewed case notes from Resident 2's community services case manager, which documented the following concerns regarding the home environment:

- 11/03/2025: Resident 2 said that one of his/her

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M 426	Continued From page 10	M 426		

housemates has "been in a mood," and that they've been a bit crazy. Resident 2 said the housemate wasn't dangerous, but s/he felt uncomfortable around him/her. Resident 2 said the housemate was slamming doors last night and Resident 2 hid in the closet as a result.
- 11/12/2025: Resident 2 shared s/he felt nervous around a roommate and some of the unpredictable behavior.
- 12/09/2025: Emotional distress and heightened stress related to home environment, particularly due to exposure to a roommate exhibiting psychosis and prolonged tantrums.
- 02/26/2026: Resident 2 stated that a roommate at the home was often screaming and pounding on walls, which was unsettling. Resident 2 described the situation as similar to when s/he lived at home because s/he was always on edge and scared of something that family might do.
- 03/05/2026: Resident 2 stated s/he felt as unsafe at the provider's home as s/he did at family's home because the roommate's behavior was unpredictable.
- 04/06/2026: Resident 2 has been experiencing increased anxiety and trauma-related symptoms at the provider's home due to a chaotic roommate who throws objects, slams doors, and screams. Resident 2 is unsatisfied with the staff response to these behaviors and does not feel psychologically safe.
- 03/23/2026: Resident 2 reports s/he was still on edge due to the roommate's manic and psychotic episodes. Resident 2 said that s/he has caught him/herself considering the idea of smoking weed again as a coping mechanism against fight or flight feelings stemming from the roommate's behavior.
- 05/02/2026: Resident 2 contacted writer to report continued discomfort with his/her roommate.

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M 426	Continued From page 11 - 05/04/2026: Resident 2 stated their roommate showed a pornographic picture of him/herself, which Resident 2 found very unsettling. Resident 2 reported this to Licensee A, but all Licensee A said was to just avoid Resident 1. Resident 2 reported that s/he was now on edge whenever in the home. Resident 2 said that while Resident 1 had never assaulted Resident 2, s/he had yelled at staff, told staff that s/he wanted to beat them up or stab them, and has thrown things. Resident 2 said that s/he found him/herself hiding in the closet because that felt safer than just hiding in the room. Resident 2 said s/he often felt trapped in the room because the roommate was in the common area and said s/he had often gone without food or going to the bathroom in order to avoid encountering the roommate. Resident 2 said that s/he had exhausted an extensive array of coping mechanisms. Resident 2 said s/he had gotten close to cutting again. Resident 2 said s/he feared the situation could lead to a mental breakdown. - 05/07/2026: Writer arrived to the provider's home to find Resident 2 sitting outside under a tree. Resident 2 opened the car door and immediately began to cry and stated "I can't go back there! I am so scared of my housemate." Writer believes that many of the physical ailments that Resident 2 continued to experience were a result of living in a state of being triggered. Writer was concerned for both physical and psychological safety. On 06/29/2026 at 3:00 p.m., Surveyor interviewed Licensee A. Surveyor asked Licensee A if s/he was aware of Resident 2's discomfort with the home's environment due to Resident 1's behaviors. Licensee A stated s/he was aware and tried to increase supervision level and control the conversation when Resident 1 and Resident 2	M 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 426	Continued From page 12 were in the common areas. Licensee A stated s/he issued a discharge notice to Resident 1 on 06/08/2026 due to behaviors and anticipated Resident 1 relocating on 07/01/2026.	M 426		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 2 of 2 residents reviewed was monitored with changes documented in the residents' records. The provider did not document changes in Resident 1 or Resident 2's health in their records. Findings include: On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 2: On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 10/03/2025. Resident 2's record did not include progress/observation notes or documentation of any health concerns. On 06/22/2026 at approximately 11:50 a.m.,	M 448		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 448	Continued From page 13	M 448		

Surveyor interviewed Licensee A and requested Resident 2's progress/observation notes. Licensee A stated Resident 2 did not have progress/observation notes. Surveyor asked if Resident 2 had any health concerns while residing at the home. Licensee A stated Resident 2 frequently complained of abdominal or kidney pain that would result in frequent visits to urgent care or the emergency room. Surveyor requested documentation of the occurrences of abdominal or kidney pain that resulted in Resident 2 seeking care. Licensee A provided 1 After Visit Summary but was unable to locate any additional documentation.

Example 2 - Resident 1:

On 06/22/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/18/2026. Resident 1's physician orders included an order, dated 04/26/2026, to test blood sugar 1x time day. Resident 1's record did not include documentation of daily blood sugar checks.

On 06/22/2026 at approximately 11:50 a.m., Surveyor interviewed Licensee A and shared concern that Resident 1's record did not include daily blood sugar checks. Licensee A called one of his/her caregivers and stated the blood sugar records were in his/her caregiver's car. Surveyor requested documentation of blood sugar checks from previous months. Licensee A was unable to provide records.

On 06/23/2026 at approximately 12:00 p.m., Licensee A provided Surveyor with Resident 1's blood sugar log for June 2026, which included a reading for 06/02/2026, 06/04/2026, 06/06/2026,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020696	A. BUILDING: _____ B. WING _____	C 06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZIEGLER HOME	810 ZIEGLER RD MADISON, WI 53714

(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 448	Continued From page 14 06/09/2026, 06/12/2026 and 06/16/2026. The log did not have record of blood sugar checks for 16 of 22 days in June and did not record that a blood sugar check was refused on the days that did not have a recording.	M 448		