STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021000	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VIEW TRAIL HOME	209 RIDGE VIEW TRAIL VERONA, WI 53593

(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 06/23/2026, Surveyor conducted a complaint investigation at Ridge View Trail Home, an AFH located in Verona, WI. As a result of the investigation, _ violations of Chapter DHS 88 were issued. The complaint was substantiated. Census: 3	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 3 of 3 residents were evaluated for evacuation time. Resident 1, 2 and 3 did not have a resident evacuation assessment in their record. Findings include: On 06/23/2026 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 01/14/2026. There was no resident evacuation assessment in Resident 1's medical	M 344		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021000	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VIEW TRAIL HOME	209 RIDGE VIEW TRAIL VERONA, WI 53593

(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 344	Continued From page 1 record. On 06/23/2026 at 9:00 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 08/01/2025. There was no resident evacuation assessment in Resident 2's medical record. On 06/23/2026 at 9:00 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 06/04/2025. There was no resident evacuation assessment in Resident 3's medical record. On 06/23/2026 at 9:30 AM, Surveyor interviewed Manager A. Manager A acknowledged that Resident 1, Resident 2 and Resident 3 did not have resident evacuation assessments in their medical records. Manager A stated, "I didn't know that we were supposed to do those." Surveyor advised Manager A on the requirements in an Adult Family Home regarding resident evacuation assessments.	M 344		
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	M 384		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021000	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VIEW TRAIL HOME	209 RIDGE VIEW TRAIL VERONA, WI 53593

(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 384	Continued From page 2 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 that a service agreement was signed and dated by the licensee and Resident 1. There was no signed service agreement for Resident 1. Findings include: On 06/23/2026 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 01/14/2026. There was no signed service agreement in Resident 1's record. On 06/23/2026 at 9:15 AM, Surveyor interviewed Manager A. Manager A stated that Resident 1 came from another county inpatient program and there was no service agreement needed. Surveyor advised Manager A of the requirements of having a signed service agreement between Resident 1 and the facility. Manager A verbalized understanding.	M 384		
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.	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021000	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VIEW TRAIL HOME	209 RIDGE VIEW TRAIL VERONA, WI 53593

(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 570	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment free from environmental hazards. There was evidence and observation of insects in the refrigerator and kitchen area. Findings include: On 06/23/2026 at 9:00 AM, Surveyor observed the physical environment. OBSERVATIONS: Surveyor opened the refrigerator door and observed numerous insects that appeared to be cockroaches inside the refrigerator. The refrigerator did contain some food items including eggs, milk and condiments. Surveyor opened the kitchen pantry and observed numerous insects that appeared to be cockroaches in the pantry. The pantry did include some food items including bags of rice and flour. Surveyor opened the kitchen cabinets and observed numerous insects that appeared to be cockroaches. There were dishes, glassware inside the cabinets that the insects were crawling on. Surveyor observed several insects that appeared to be cockroaches on the kitchen floor. The insects were going to and from the cabinets that were on the floor of the kitchen. On 06/23/2026 at 10:00 AM, Surveyor	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021000	A. BUILDING: _____ B. WING _____	C 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE VIEW TRAIL HOME	209 RIDGE VIEW TRAIL VERONA, WI 53593

(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 570	Continued From page 4 interviewed Manager A. Manager A stated that s/he was aware that there were insects in the home. Manager A stated s/he did not know how long the insects had been in the home but an exterminator had been called and would address the issue soon.	M 570		