STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009449	A. BUILDING: _____ B. WING _____	C 02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME OF GOOD HOPE	2010 LAKE POINT 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 From 02/04/2025 to 02/06/2025, Surveyor conducted a complaint investigation at Home of Good Hope, an AFH in Madison. There was one deficiency identified. The complaint was substantiated. Census: 4	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure services specified in a resident individual service plan (ISP) was provided. Licensee A did not ensure supervision was provided as indicated in 1 of 2 resident ISPs. Findings include: On 01/23/2025 the department received a complaint involving supervision concerns. On 02/04/2025 at approximately 11:30 a.m., Surveyor entered the home for a complaint investigation. On 02/04/2025 at approximately 11:35 a.m.,	M 436		

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
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M 436	Continued From page 1 Surveyor interviewed Resident 1 and asked about community outings. Resident 1 stated that s/he and his/her friend walked over to the community center all the time. Resident 1 said s/he liked the coffee over there. Resident 1 said "staff never go with." On 02/04/2024 at approximately 11:50 a.m., Surveyor interviewed Caregiver B. Caregiver B stated that Resident 1 and Resident 2 had taken a walk to the community center a couple times. Caregiver B pointed across the street and said, "it is right across the street." On 02/04/2025 at approximately 12:00 p.m., Surveyor reviewed resident records, provided by Licensee A. Resident 1 was admitted to the provider on 05/20/2023 with diagnosis including dementia. Resident 1's Individual Service Plan (ISP), dated 11/2024, indicated s/he required supervision while going to stores and to the neighborhood house (community center). On 02/04/2025 at approximately 12:10 p.m., Surveyor interviewed Licensee A regarding the supervision needs of Resident 1. Licensee A confirmed Resident 1 required supervision in the community. Licensee A stated Resident 1 did not go out into the community without staff. Licensee A stated that Resident 1 enjoyed the community center and that the center was right across the street from the facility. On 02/04/2025 at approximately 3:15 p.m., Surveyor interviewed Case Manager D. Case Manager D stated that it was his/her understanding Resident 1 was to have supervision in the community. On 02/06/2025 at approximately 11:30 a.m.,	M 436		

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M 436	Continued From page 2 Surveyor interviewed Community Director C. Community Director C indicated that Resident 1 did come to community center. Community Director C stated that Resident 1 was part of the community and had gone on several activities with the group. Community Director C stated that the community center always had gotten permission from the facility and added that Resident 1 came without staff to the casino on 02/05/2025. On 02/06/2025 at approximately 12:15 p.m., Surveyor reviewed supervision concern with Licensee A. Licensee A stated that Resident 1 was not a 1:1 staff. Licensee A did acknowledge that Resident 1 attended the community center across the street. Licensee A stated that Resident 1 had given a 30-day notice but indicated that s/he would update the ISP if Resident 1 continued to live at the facility.	M 436		