STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 09/18/2025, with information obtained through 09/19/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Ebenezer Family Home, an adult family home (AFH) located in Madison, WI. As a result of the survey, 3 deficiencies were identified. One deficiency is a repeat deficiency. See Statement of Deficiency (SOD) DWDY12, dated 01/10/2025. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a change in Resident 3's status, when s/he sustained 2 upper extremity fractures after a fall, which required	M 134		

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
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 134	Continued From page 1	M 134		

hospitalization, was reported to the Department within 24 hours.

Findings include:

On 09/18/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 01/10/2023 with diagnoses including cognitive impairment syndrome and major depressive disorder. Resident 3 was documented as having a legal guardian. Within Resident 3's record, Surveyor reviewed an After Visit Summary dated 08/29/2025. The summary was labeled for an orthopedics clinic visit and documented that Resident 3 was seen for a closed intra-articular fracture of his/her left distal radius and a closed displaced left distal humeral fracture.

As Surveyor reviewed the record at approximately 11:30 a.m., Surveyor interviewed Manager B and Caregiver C about the summary. When asked what happened to cause Resident 3 to sustain 2 fractures, Manager B reported that on 07/14/2025, Resident 3 had tripped and fallen in the provider's garage. Manager B reported that s/he took Resident 3 to urgent care on 07/15/2025 and then subsequently had to take him/her to the emergency department where s/he was then admitted to the hospital. While hospitalized, Resident 3 underwent surgery to address at least one of the fractures. Manager B reported that Resident 3 was hospitalized for 3 days. When asked if the incident was reported to the Department, Manager B reported that it was reported to Resident 3's case managers and s/he thought the Department's staff worked with the case managers and would have found out through them.

On 09/18/2025, Surveyor reviewed Department

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 134	Continued From page 2 records for the provider. There was no evidence of a report having been submitted by the provider detailing the above incident.	M 134		
{M 464}	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a written order from 1 of 2 residents' physicians was obtained specifying who was permitted to administer the medication. This is a repeat deficiency. See Statement of Deficiency (SOD) DWDY11, dated 01/10/2025. Findings include: On 09/18/2025, at approximately 10:38 a.m., Surveyor observed the medication storage closet with Caregiver C. Surveyor observed that Resident 3's medications were stored securely in the closet, within keyed control of Caregiver C. Caregiver C confirmed that staff assisted Resident 3 with medication administration.	{M 464}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 464}	Continued From page 3 On 09/18/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 01/10/2023 and was documented as having a legal guardian. Surveyor reviewed medication administration records (MARs) for Resident 3 dated 08/01/2025 - 09/18/2025, which showed staff initialing off on each administration of Resident 3's prescribed medications. In reviewing Resident 3's records, there was no evidence of an order from his/her medical provider specifying that the provider's staff were permitted to administer Resident 3's medications to him/her. At approximately 10:58 a.m., Surveyor interviewed Manager B. Manager B confirmed s/he could also not find an order from Resident 3's medical provider specifying that the provider's staff were permitted to administer Resident 3's medications. Manager B reported s/he would have to ask Licensee A about it. At approximately 1:43 p.m., Surveyor interviewed Manager B again. Surveyor gave a deadline of the end of that day (09/18/2025) to receive the order. Nothing further was received. On 09/19/2025, at approximately 9:42 a.m., Surveyor interviewed Licensee A. Licensee A reported that s/he could not find the order for Resident 3. Licensee A reported that s/he would message Resident 3's medical provider to obtain the order. On 09/19/2025, at approximately 2:59 p.m., Licensee A e-mailed Surveyor an order from Resident 3's medical provider giving permission for staff to administer his/her medications. The order was dated 09/19/2025 (same day).	{M 464}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 580	Continued From page 4	M 580		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 3 received prompt treatment appropriate to his/her needs when s/he sustained 2 left upper extremity fractures after a fall. Findings include: On 09/18/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 01/10/2023 with diagnoses including cognitive impairment syndrome and major depressive disorder. Resident 3 was documented as having a legal guardian. Within Resident 3's record, Surveyor reviewed an After Visit Summary dated 08/29/2025. The summary was labeled for an orthopedics clinic visit and documented that Resident 3 was seen for a closed intra-articular fracture of his/her left distal radius and a closed displaced left distal humeral fracture. As Surveyor reviewed the record at approximately 11:30 a.m., Surveyor interviewed Manager B and Caregiver C about the summary. When asked what happened to cause Resident 3 to sustain 2 fractures, Manager B reported that on 07/14/2025, Resident 3 had tripped and fallen in the provider's garage. Manager B reported that s/he took Resident 3 to urgent care on 07/15/2025 and then subsequently had to take him/her to the emergency department where s/he	M 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 580	Continued From page 5	M 580		

was then admitted to the hospital. While hospitalized, Resident 3 underwent surgery to address at least one of the fractures. Manager B reported that Resident 3 was hospitalized for 3 days.

In continuing to review Resident 3's record. Surveyor reviewed the following daily log notes:

- 07/14/2025: "...Resident is doing well just that [s/he] fell while trying to close the garage door, staff was there to help [him/her] stand no major [illegible] was noticed." The entry was initialed by Caregiver C. Another entry that day documented, "Later at night the staff present discovered that [s/he] fractured [his/her] hand from wrist elbow arm and [Licensee A] was informed immediately." That entry was initialed by Caregiver C. Another entry that day documented, "Staff noticed resident was in pains [sic] in [his/her] left arm. [S/he]'s assessed for pain and found that [his/her] elbow and wrist joints were impacted. Staff reported to supervisor and gave [him/her] tylenol and ice pack. [S/he] took [his/her] medication with a bottle of protein shake and retired to bed. [S/he]'s up, assessed for pain, still in pain. Staff told [him/her] about plans to take [him/her] to the [emergency room] this morning."

- 07/15/2025: "Resident is not too fine due to pains [s/he] sustained from the fall. [S/he] break [his/her] arm from the fall staff on [illegible] only discovered [his/her] hand was paining after 1 hour. [S/he] called the supervisor, who promise to come this morning and take [him/her] to the hospital. [S/he] was taken to the emergency of [local hospital emergency department] this morning at about 10 am by the supervisor. [S/he] had breakfast and took [his/her] meds at 8:30 a.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018896	A. BUILDING: _____ B. WING _____	R 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EBENEZER FAMILY HOME	1934 ELLEN AVENUE MADISON, WI 53716

(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 580	Continued From page 6 The next entry after this was dated 07/18/2025 and documented that Resident 3 was brought back from the hospital that day. While reviewing the notes, Surveyor continued to interview Manager B and Caregiver C. Manager B reported that initially after Resident 3 fell s/he reported being fine. Manager B reported that it wasn't until later when the night shift staff, Caregiver D, worked that Caregiver D reported Resident 3 was complaining of pain. Manager B reported that Caregiver D assessed Resident 3 and observed swelling at his/her left wrist and elbow, and also observed that Resident 3 wasn't able to lift his/her arm up. Manager D reported s/he came onsite the next day - 07/15/2025 - and took Resident 3 to urgent care at approximately 9:00 a.m. At approximately 1:43 p.m., Surveyor interviewed Manager B again. When asked if staff were aware that Resident 3's left upper extremity change of condition (joint swelling, pain, and decreased range of motion) could be indications of a fracture, Manager B reported that staff were aware of that but reported that staff didn't necessarily know Resident 3 had sustained any fractures. Manager B reported that it was thought Resident 3 would be fine to wait until the morning for medical attention. Manager B reported that only 1 staff was on shift that night and so no one would have been available to take Resident 3 for a medical evaluation that night. Manager B reported that Resident 3 was not in "excruciating" pain and if s/he was, staff would have called emergency medical services for an ambulance. Manager B confirmed that caregiving staff were not clinicians or licensed medical professionals.	M 580		