STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, 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
{U 000}	INITIAL COMMENTS On 09/26/2024, Surveyor conducted a complaint investigation and verification visit at The Ridge at Madison, an RCAC located in Fitchburg, WI. As a result of the investigation, 1 violation of Chapter DHS 89 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) I01U11 dated 06/15/2023, SOD E62914 dated 09/06/2023, SOD E62915 dated 02/14/2024 and SOD E62916 dated 06/11/2024. The complaint was unsubstantiated Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 42	{U 000}		
{U 268}	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment appropriate for	{U 268}		

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
	0018963	A. BUILDING: _____ B. WING _____	R-C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, 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
{U 268}	Continued From page 1 tenant needs. There was a large crack in Tenant 9's bedroom ceiling that leaked water from the roof. This is a repeat violation from previous Statement of Deficiency (SOD) I01U11, dated 06/15/2023, SOD E62914 dated 09/06/2023, SOD E62915 dated 02/14/2024 and E62916 dated 06/11/2024. Findings include: On 09/26/2024 at 10:45 AM, Surveyor observed the physical environment. OBSERVATIONS: On 09/26/2024 at 11:00 AM, Surveyor spoke with Tenant 10. Tenant 10 stated that Tenant 9 had leaks in his/her ceiling and had to put out buckets to catch water when it rained. On 09/26/2024 at 11:15 AM, Surveyor observed Tenant 9's apartment. There was a crack in the ceiling with obvious water damage approximately 1 inch wide by 4 feet long. There was another crack in the ceiling in the living room approximately 1.5 inches wide by 2 feet long. There was an area by the light in above the kitchen with obvious water damage approximately 3 inches wide by 4 inches long. On 09/26/2024 at 11:30 AM, Surveyor discussed the above concern with Administrator F. Administrator F acknowledged that there were multiple cracks in Tenant 9's ceiling had not been repaired which makes the bedroom prone to leaks.	{U 268}		