Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019519	A. BUILDING: _____ B. WING _____	R 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UPLIFTINGHOMES LLC	2847 CIMARRON TRAIL MADISON, WI 53719

(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 07/22/2026, Surveyor conducted a verification visit survey at Upliftinghomes LLC. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 1	{M 000}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) Individual Service Plans (ISP) was reviewed at least once every six months by the	{M 424}		

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

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{M 424}	Continued From page 1 licensee, the resident and/or resident's guardian, and the placing agency if applicable. Census 1. This is a repeat violation. See Statement of Deficiency (SOD) IS3D11 dated 03/09/2026. Findings include: On 7/22/2026, at approximately 3:15 PM, Surveyor and Director A reviewed Resident 1's record. Resident 1 moved into the home, 05/06/2024, with diagnosis including traumatic brain injury. Resident 1 was represented by Guardian C and managed care organization (MCO) Care Manager (CM) D. Resident 1's record contained an MCO Behavior Support Plan (BSP), dated 11/03/2025, which contained no signatures from the resident and/or resident representative, the provider, or the placing agency. Resident 1's record contained an undated ISP that was not signed by Guardian C or CM D. Director A did not have documentation to show that the ISP had been provided to Guardian C and CM D for their review. On 07/22/2026, at approximately 3:30PM, Surveyor interviewed Director A. Director A explained that s/he had been in the process of updating Resident 1's ISP and had not obtained the required signatures and had not reviewed the document with Resident 1's care team.	{M 424}		