STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 01/30/2026, Surveyor conducted a standard licensure survey and a verification visit at Alia Community Care LLC. Six deficiencies were identified. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 2	{M 000}		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider permitted an existence of a condition in the home which placed the health, safety, and welfare for 1 of 1 resident at substantial risk of harm. This is a repeat deficiency. See Statement of Deficiency (SOD) G6WY11, dated 03/31/2025. Resident 2 was unsupervised during smoke breaks and/or when s/he went outside. Findings include: The provider is licensed to provide care for up to 3 residents in the client groups: emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, advanced aged, traumatic	M 230		

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
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 230	Continued From page 1	M 230		

brain injury, and/or developmentally disabled.

On 01/30/2026, at approximately 12:30 PM, Surveyor observed Resident 2 exit the home independently.

On 01/30/2026, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 9/23/2024 with diagnosis including progressive memory loss/cognitive decline.

Resident 2's managed care organization (MCO) Behavior Support Plan (BSP), dated 12/05/2025, documented:
Elopement/Wandering, particularly in the evening/night hours (potential sundowning). Elopement behaviors occur 3-4 times per week. Escape from perceived restrictive environment, confusion due to memory issues, seeking substances. The most recent elopement was in early November when police were called.

Resident 2's "Safety Plan," dated 12/05/2025, documented:
Supervision Level: 24/7 supervision required. High-risk for elopement, especially during evening and nighttime hours. Visual more frequently as needed. Outdoor times must be supervised with clear boundaries and check-ins.

On 01/30/2026, at approximately 1:00 PM, Surveyor interviewed Assistant Manager B and Licensee E (via telephone). Surveyor asked for clarification on Resident 2's supervision level. Assistant Manager B explained that Resident 2 should usually be in the line of sight, but if a staff member is assisting another resident, s/he could possibly be outside unsupervised. Assistant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 230	Continued From page 2 Manager B stated that sometimes staff will open the outside door, so that they can watch Resident 2 when s/he was outside. Surveyor requested Resident 2's November elopement documentation from Licensee E. Surveyor commented that there were no written reports filed with the department regarding residents eloping from the home. Licensee E stated s/he had been advised that s/he did not need to file a written report regarding an elopement if s/he had identified the concern in his/her individualized service plan. Licensee E stated s/he was unable to find the email communication with Resident 2's care team regarding the November elopement. Licensee E stated that Resident 2 was considered shared staff and did not require 1:1 supervision. Surveyor reviewed the Safety Plan with Licensee E and stated the document stated "Outdoor times must be supervised with clear boundaries and check-ins." Licensee E stated s/he understood and would review Resident 2's supervision requirements. On 01/30/2026, at approximately 1:30 PM, Surveyor was preparing to exit the home. Resident 2 came out of his/her room with a black coat on and stated s/he was going outside. Caregiver F did not get up from the chair s/he had been sitting in to supervise Resident 2 outside as s/he walked to the door to exit.	M 230		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 276	Continued From page 3	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a safe, homelike environment appropriate for residents' needs.

Findings include:

The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's, physically disabled, terminally ill, and developmentally disabled.

On 01/30/2026, at approximately 11:45 AM, Surveyor conducted a tour of the home and observed:
Resident Bathroom:
-A previously patched hole on the wall, where the bathroom door knob would hit, approximately 6 inches in diameter, coloring did not match the rest of the wall
-Light vanity was missing 2 of 5 lightbulbs
-Sink vanity cupboards were covered in white streaks of what appeared to be toothpaste and soap residue
-Sink basin was covered in a white and blue stick substance which appeared to be toothpaste and soap residue
-Brackets for a towel rod were next to the shower, but there was no towel rod

Common Area:
-Curtain rod center bracket was not securely fastened and was hanging
-Spider webs and dust hang from the walls

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 276	Continued From page 4 throughout the home Kitchen: -Ceiling, which was white, near light, above stove and microwave, had 2 approximate 12 inch brown circular patterns On 01/30/2026, at approximately 12:30 PM, Surveyor asked Caregiver F if s/he knew what caused the discoloring on the kitchen ceiling. Caregiver F stated s/he did not know. On 01/30/2026, at approximately 1:45 PM, Surveyor interviewed Assistant Manager B. Surveyor showed Assistant Manager B the environmental concerns. Assistant Manager B stated s/he would address the concerns immediately.	M 276		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure smoke detectors were tested monthly. There was no documentation of consistent monthly smoke detector testing for 2024 and 2025.	M 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 336	Continued From page 5 Findings include: The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's, physically disabled, terminally ill, and developmentally disabled. On 01/30/2026, at approximately 1:20 PM, Surveyor requested the provider's 2024 and 2025 smoke detector testing from Assistant Manager B and Licensee E (via telephone). Assistant Manager B provided Surveyor with the "Smoke Detector & CO2 (carbon monoxide) Testing Log" which documented testing had been completed January through June in 2024 and no testing had been completed in 2025. Surveyor explained that the provider is to complete the testing once a month. Licensee E stated to Assistant Manager B that the forms were in the manila folder. Assistant Manager B and Surveyor went through the manila folder again to ensure no smoke detector testing forms were missed.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually in 2024 and 2025, with all household members.	M 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 348	Continued From page 6 Findings include: The licensee can provide cares for up to 4 residents in the client groups: traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's, physically disabled, terminally ill, and developmentally disabled. On 01/30/2026, at approximately 1:10 PM, Surveyor requested the provider's 2024 and 2025 fire drills from Assistant Manager B and Licensee E (via telephone). Assistant Manager B provided Surveyor with the "Fire Drill Log" which documented fire drills were completed on 05/15/2024 and 09/14/2025. Surveyor explained that the provider is to complete 2 fire drills with residents and staff per year. Licensee E stated to Assistant Manager B that the forms were in the manila folder. Assistant Manager B and Surveyor went through the manila folder again to ensure no fire drills were missed.	M 348		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the pantry that were not properly sealed to avoid contamination and food in the freezer that were not properly sealed to avoid freezer burn.	M 474		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 474	Continued From page 7	M 474		

Findings include:

The licensee can provide cares for up to 3 residents in client groups: developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, and/or emotionally disabled/mentally ill.

On 01/30/2026, at approximately 12:20 PM, Surveyor toured the kitchen the following unsealed food items:
Freezer:
-A package of breaded and cooked chicken breast patties with rib meat
-A package of French-fried seasoned potatoes
-A package of diced hashbrowns
-A package of individual ¼ pound beef patties
-A package of angus beef meatballs
-A package of potatoes rounds
Pantry:
-A box of angel hair pasta
-A box of cavatappi pasta

On 01/30/2026, at approximately 12:30 PM, Surveyor interviewed Caregiver F. Caregiver F had been watching Surveyor from a distance and Surveyor asked if staff were provided with a source to ensure food was securely stored. Caregiver F stated, "Yes" and proceeded to look through the kitchen cupboards.

On 01/30/2026, at approximately 1:30 PM, Surveyor showed Assistant Manager B the unsealed foods. Manager B stated that the staff were to place opened packages in plastic bags to ensure they were sealed appropriately.

"Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 474	Continued From page 8 will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - March 29, 2023).)	M 474		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards for 2 of 2 residents residing in the home. The provider's water temperature exceeded 120° Fahrenheit (F). Findings include: The licensee can provide cares for up to 3	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019468	A. BUILDING: _____ B. WING _____	R-C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALIA COMMUNITY CARE LLC	2322 HARLEY DR MADISON, WI 53711

(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 9	M 570		

residents in client groups: developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, and/or emotionally disabled/mentally ill.

On 01/30/2026, at approximately 1:10 PM, Surveyor temped the water in the resident bathroom. The water temperature reached 132.1 F°. Surveyor showered Assistant Manager B a picture s/he had taken of the water temp and explained that the water should not be higher than 120 F°. Assistant Manager B stated s/he would contact the landlord to have the water adjusted.

"Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017).