STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018622	A. BUILDING: _____ B. WING _____	01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE ADULT FAMILY HOME LLC	721 AZTALAN DRIVE MADISON, WI 53718

(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 01/24/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Agape Adult Family Home Llc, an AFH located in Madison,WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. Census: 2	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and homelike environment. There was no fire extinguisher in or near the kitchen, and the entry door was damaged. Findings include: On 01/24/2024, Surveyor toured the physical environment and observed the following: The front entry door was damaged and deteriorating. The door frame was deteriorated at the bottom (approximately 3 inches from the bottom). There was no fire extinguisher in or near the	M 276		

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

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M 276	Continued From page 1 kitchen. There was a cardboard box of personal protective equipment within 3 feet of the furnace. On 01/24/2024 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A acknowledged the damage to the entry door and stated that it would be fixed soon. Licensee A acknowledged that a fire extinguisher is required to be in or near the kitchen in case of a fire and stated s/he would remove the cardboard box that was next to the furnace.	M 276		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that prescription medications were securely stored. There were medications left on the kitchen counter and refrigerated medications were not secured in the refrigerator. Findings include:	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018622	A. BUILDING: _____ B. WING _____	01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 458	Continued From page 2 On 01/24/2024, Surveyor toured the physical environment. Surveyor observed a bottle of polyethylene glycol prescribed for Resident 1 sitting unattended on the kitchen counter. Surveyor observed a bottle of prescribed nasal spray for Resident 1 sitting unattended on the kitchen counter. Surveyor observed 3 boxes containing Novolog Insulin pens prescribed for Resident 2 unsecured in the refrigerator. On 01/24/2024 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated that Resident 1 must have left the medications on the kitchen counter. Licensee A acknowledged that prescription medications are not supposed to be left unattended and should be secured when not being administered. Licensee A acknowledged that insulin should be secured in the refrigerator so it doesn't become contaminated or stolen.	M 458		