STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020066	A. BUILDING: _____ B. WING _____	R-C 09/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAAB HOME CARE LLC II	5933 MEADOWOOD 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 From 09/24/2026 to 09/28/2026, Surveyor completed a verification visit at Saab Home Care LLC II, an AFH in Madison. Seven deficiencies were identified. Seven deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed. Census: 1	{M 000}		
{M 114}	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	{M 114}		

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

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{M 114}	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal records check was completed for 1 of 1 caregivers reviewed. The provider did not have a complete background check for Caregiver F. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report (GFR) from DHS that reports the person's status, including administrative finding or licensing restrictions.	{M 114}		

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{M 114}	Continued From page 2 4) If applicable, arrest and conviction disposition information from local clerks of courts or tribal courts. 5) If applicable, other state's or US jurisdiction's conviction records. 6) If applicable, military discharge papers. RECORD REVIEW On 09/24/2026 at approximately 9:30 a.m., Surveyor reviewed employee records provided by Manager A. Records indicated Caregiver F was hired on 07/13/2026. Caregiver F's record included a BID, dated 07/14/2026, that stated s/he had resided in Minnesota in the past 3 years. Caregiver F's record did not include a background check from Minnesota. INTERVIEW On 09/24/2026 at approximately 9:35 a.m., Surveyor interviewed Manager A. Surveyor asked if a background check for the state of Minnesota was completed for Caregiver F. Manager A was unable to locate a Minnesota background check and stated s/he would have to check additional records. On 09/25/2026 at 7:15 a.m., Surveyor received an email from Manager A that stated s/he did not have a background check for Caregiver F but was working on getting a background check completed.	{M 114}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws	{M 216}		

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{M 216}	Continued From page 3 governing the home and its operation. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home and its operation complied with Chapter DHS 88 and all other laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Findings include: From 09/24/2026 to 09/28/2026, Surveyor conducted a verification visit at the provider's home. The following concerns were identified: CURRENT NON COMPLIANCE: Environment: - The provider did not ensure toxic chemicals and medications were stored secured. *Repeat deficiencies. - The provider did not ensure food was stored in a sanitary way. *Repeat deficiency. Employees: - The provider did not ensure 1 of 1 caregivers reviewed had a complete background check. *Repeat deficiency. Resident Care: - The provider did not ensure the health of 1 of 1 residents reviewed was monitored. *Repeat deficiency. - The provider did not ensure 1 of 1 residents reviewed received all medications as prescribed. *Repeat deficiency.	{M 216}		

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{M 216}	Continued From page 4 NON-COMPLIANCE WITH SPECIAL ORDERS On 06/24/2026, the department issued SOD N1W411 with special orders that stated, "WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency N1W411 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager." On 09/24/2026 at approximately 10:30 a.m., Surveyor requested documentation of notifications made from Manager A. Manager A provided Surveyor with records indicating Resident 2 and Resident 3's case managers and legal decision makers were notified of SOD N1W411, but did not have documentation indicating Resident 1's legal decision maker and case manager was informed of SOD N1W411. INTERVIEW AND EXIT 0n 09/24/2026 at approximately 10:45 a.m., Surveyor interviewed Manager A. Surveyor reviewed identified concerns with Manager A. Manager A reviewed pictures of environmental concerns noted. Manager A stated s/he misterpreted the special orders and was unaware Resident 1 required notifications of SOD N1W411. Cross Reference: M0114 DHS 88.03(3)(b) Criminal Records Check	{M 216}		

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{M 216}	Continued From page 5 M0278 DHS 88.05(3)(b) Free of Hazards M0448 DHS 88.07(2)(b)5 Monitoring Health M0458 DHS 88.07(3)(a) Prescription Medications M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way N0582 DHS 88.10(3)(q) Medications	{M 216}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home was free of hazards. The provider did not ensure cleaning agents and medications were stored secured. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Findings include: OBSERVATION On 09/24/2026 at 9:25 a.m., Surveyor observed the provider's refrigerator. Surveyor observed a lock box, unlocked, that contained 1 ozempic insulin pen, 2 mounjaro insulin pens and 1 ajovy insulin pen.	{M 278}		

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{M 278}	Continued From page 6 On 09/24/2026 at approximately 10:10 a.m., Surveyor toured the home. Surveyor observed a bottle of Clorox multi-surface cleaner + beach (Warning: Causes substantial hot temporary eye injury ... Avoid contact with skin. Wear safety glasses. Harmful if inhaled) and Clorox toilet bowl cleaner (Danger: Corrosive) in the bathroom kitchen cabinet. Surveyor observed a cable lock on the bathroom door that had broke off one of the cabinets, leaving the lock unfunctional. RECORD REVIEW On 09/24/2026 at 9:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 01/20/2024 with diagnoses including autism, impulse disorder, depression and schizophrenia. Resident 1's record included a behavioral support plan (BSP), dated 11/27/2025, that stated the following items should be kept locked/secured at all times: chemicals, cleansers, sharps, fire starters and medications. INTERVIEW On 09/24/2026 at approximately 10:45 a.m., Surveyor interviewed Manager A. Surveyor discussed concern that toxic chemicals were kept unsecured in the provider's bathroom and medications were kept unsecured in the provider's refrigerator. Manager A asked to view the refrigerator contents. Surveyor reviewed pictures on his/her phone of the insulin pens with Manager A.	{M 278}		
{M 448}	88.07(2)(b)5 MONITORING HEALTH	{M 448}		

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{M 448}	Continued From page 7 Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 1 residents had his/her health monitored with changes documented in their record. Resident 1's blood sugar (BS) and oxygen saturation was not monitored daily. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Findings include: RECORD REVIEW On 09/24/2026 at 9:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 resided at the provider's home when the provider obtained their license on 10/04/2024. Resident 1's diagnoses included diabetes. Resident 1's individual service plan (ISP), dated 01/20/2026, stated to take Resident 1's vitals (oxygen and BS) daily prior to giving morning medications and serving breakfast. Resident 1's physician orders included an order, dated 11/11/2025, to check BS 1 time daily. Resident 1's records did not document a BS or oxygen saturation for the following dates: Blood Sugar: 08/11/2026 and 08/21/2026 through 08/26/2026 Oxygen Saturation: 08/18/2026, 08/19/2026, 08/21/2026 through 08/24/2026, 08/26/2026,	{M 448}		

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{M 448}	Continued From page 8 09/04/2026, 09/07/2026 and 09/08/2026. INTERVIEW On 09/24/2026 at approximately 10:45 a.m., Surveyor interviewed Manager A. Surveyor reviewed dates when oxygen saturation and BS was not documented as monitored. Manager A and Surveyor reviewed Resident 1's medication administration record (MAR) to confirm Resident 1 was at the facility, not on a home visit, during the identified dates above and his/her BS and oxygen saturation should have been documented.	{M 448}		
{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 medications were stored secured. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026.	{M 458}		

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{M 458}	Continued From page 9 Findings include: OBSERVATION On 09/24/2026 at 9:25 a.m., Surveyor observed the provider's refrigerator. Surveyor observed a lock box, unlocked, that contained 1 ozempic insulin pen, 2 mounjaro insulin pens and 1 ajovy insulin pen. INTERVIEW On 09/24/2026 at approximately 10:45 a.m., Surveyor interviewed Manager A. Surveyor discussed concern that medications were kept unsecured in the provider's refrigerator. Manager A asked to view the refrigerator contents. Surveyor reviewed pictures on his/her phone of the insulin pens with Manager A.	{M 458}		
{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 ensure food was stored in a sanitary manner. This is a repeat deficiency. See Statement of Deficiency (SOD) N1411, dated 05/12/2026. Findings include:	{M 474}		

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{M 474}	Continued From page 10 OBSERVATION On 09/24/2026 at 9:25 a.m., Surveyor observed the provider's kitchen appliances. Surveyor observed the microwave had hardened food on the surface and walls. Surveyor observed the surface of the freezer had brown liquid frozen on the surface and food crumbs. Surveyor observed the following concerns in the refrigerator: - A stick of butter had brown liquid covering the wrapper. - A food item was wrapped in aluminum foil that was not labeled or dated. - The surface of the refrigerator shelves had food crumbs and brown liquid. - There was a box of fish that stated "Keep frozen; cook as directed ... Do not thaw." - A gallon of milk dated 09/16/2026. - A gallon of milk dated 08/22/2026, that had a thickened consistency which stuck to the sides of the gallon as Surveyor moved the container around. - Pasta in a pot that was not labeled or dated. - A box of pizza, not labeled or dated. - Orange juice with a best if used by date of 09/18/2026. - A pint of strawberries with approximately 1/3 of the containers strawberries covered in white fuzz. INTERVIEW On 09/24/2026 at 9:28 a.m., Surveyor interviewed Caregiver G. Caregiver G stated s/he thought the prepared noodles may have been from the day prior. Caregiver G stated staff were responsible for cleaning the appliances, which usually occurred on Fridays after getting groceries. On 09/24/2026 at approximately 10:45 a.m.,	{M 474}		

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{M 474}	Continued From page 11 Surveyor interviewed Manager A. Surveyor discussed food storage concerns. Manager A stated s/he wanted to observe the refrigerator. Surveyor reviewed pictures on his/her phone with Manager A of the refrigerators contents. Manager A did not make a comment or ask any questions.	{M 474}		
{M 582}	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident, who the provider administered medications, received his/her medications as prescribed. Resident 1 did not receive his/her sodium fluoride gel as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) N1W411, dated 05/12/2026. Findings include: RECORD REVIEW AND OBSERVATION	{M 582}		

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{M 582}	Continued From page 12 On 09/24/2026 at 9:45 a.m., Surveyor reviewed Resident 1's record and/his her medication supply, provided by Manager A. Resident 1 resided at the provider's home when the provider obtained their license on 10/04/2024. Resident 1's physician orders included sodium fluoride 1.1% gel 1 time daily (Start Date: 04/02/2026). Resident 1's medication administration record (MAR) did not document the administration of sodium fluoride from 08/08/2026 to present and his/her medication supply did not contain sodium fluoride. INTERVEW On 09/24/2026 at 10:45 a.m., Surveyor interviewed Manager A and asked about Resident 1's sodium fluoride gel. Manager A confirmed the provider had not been administrating sodium fluoride and stated the medication was likely discontinued but left on the MAR by pharmacy. On 09/28/2026 at 11:15 a.m., Surveyor interviewed Pharmacy Services H. Pharmacy Services H confirmed Resident 1's order for sodium fluoride gel and stated the medication was delivered once and had 2 remaining refills, but the provider had not reached out to pharmacy for a refill.	{M 582}		