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	0019499	A. BUILDING: _____ B. WING _____	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN CARE MADISON 2	6316 BETTYS LANE 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 11/05/2025, Surveyors conducted a standard licensing survey at Golden Care Madison 2, an AFH located in Madison, WI. As a result of the survey, 5 violations of Chapter DHS 88 were issued. Census: 2	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 service providers received 15 hours of initial training, including trainings related to first aid, fire safety, resident rights, and standard precautions. Manager A did not have documented training in medications, resident rights, first aid, fire safety or standard precautions. Findings Include: On 11/5/2025 at approximately 9:30 AM, Surveyors reviewed staff records.	M 244		

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

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M 244	Continued From page 1 Manager A was hired on 12/1/2024. Manager A's record did not included training in health/safety/welfare of residents, medications, resident rights, first aid, fire safety, or standard precautions. On 11/5/25 at 11:54 AM, Surveyors interviewed Manager A who indicated he would need to obtain the documentation and send it to surveyors. Manager A was given until 11/06/2025 at noon to provide follow up documentation. As of 11/6/25 at 3:30 PM, no further documentation of initial training was provided for Manager A.	M 244		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed	M 380		

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M 380	Continued From page 2	M 380		

received a health exam with a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Neither Resident 1 nor Resident 2 had a documented admission health exam or screening for communicable disease including tuberculosis.

Findings include:

On 11/5/2025 at approximately 9:30AM, Surveyor reviewed documentation from Resident 1's record. Resident 1 was admitted to the facility on 7/31/2025. Resident 1's record did not include evidence of a health exam, including a screening for communicable disease and tuberculosis test.

On 11/5/25 at approximately 9:30AM, Surveyors reviewed documentation from Resident 2's record. Resident 2 was admitted to the facility on 3/1/25. Resident 2's record did not include evidence of a health exam, including screening for communicable disease and tuberculosis test.

On 11/5/25 at 11:54AM, Surveyors interviewed Manager A. Manager A stated that the admission health exams and tuberculosis screens for Resident 1 and Resident 2 were at another location and would be sent to Surveyors. Surveyors requested documentation of initial health exams, including screenings for communicable disease and tuberculosis testing for Resident 1 and 2 from Manager A. Manager A indicated s/he would need to follow-up on this.

Manager A was given until 11/06/2025 at noon to provide the documentation.

On 11/06/2025 at 12:07 PM, Surveyors were provided documentation from Manager A for

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M 380	Continued From page 3 Resident 1. A letter from a physician indicating Resident 1 had a PPD test (test for exposure to tuberculosis bacteria) performed on 08/11/2025 with a result of 0mm. Resident 1 was admitted to the facility on 07/31/2025. The PPD test was not performed within 90 days prior to admission or within 7 days after admission. No further documentation of an initial health exam for Resident 1 was provided by the facility. On 11/06/2025 at 12:08PM Surveyors were provided documentation from Manager A for Resident 2. A chest x-ray dated March 20, 2019, which indicated, in part: ...No radiographic evidence of pulmonary tuberculosis. At 12:51 PM Surveyors were provided documentation of a health exam for Resident 2 dated 02/18/2025 with no information noted regarding communicable disease, including tuberculosis, screening/testing. No further documentation was provided by the facility showing evidence of communicable disease, including tuberculosis, screening/testing completed within 90 days prior to admission or within 7 days after admission.	M 380		
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.	M 458		

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M 458	Continued From page 4	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the facility did not keep all prescription medications in the original container as received from the pharmacy and store as specified by the pharmacist. Staff repackaged Resident 1's daily medication from the original containers received by the pharmacy and placed medications in a container without the pharmacy label and without the physician order.

Findings include:

On 11/05/25 at 11:45 AM, Surveyors observed the facility locked medication closet with Manager A.

A pill box was observed on the shelf in the closet. Manager A indicated the pill box was for Resident 1 and that s/he removes Resident 1's medications from the original pharmacy packaging and places them in the pill box a week at a time into the pill box that contains a container for each day of the week.

ON 11/05/2025 at 12:00 PM, Surveyors interviewed Manager A. Surveyors discussed the regulations requiring all prescribed medications be stored in its original container as received from the pharmacy and be stored as specified by the pharmacist. Manager A indicated s/he was unaware that they could not remove the medication from the original pharmacy packaging and utilize a pill box. Manager A indicated s/he is the only caregiver that administers medications. Manager A stated that facility has difficulty with the pharmacy about packaging medications in bubble packs and/or blister packs but would

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M 458	Continued From page 5 contact them again stating the regulation requirement.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer medications. Residents 1 and 2 did not have signed authorization from their Primary Care Physician (PCP) giving the facility permission to administer medications. Findings include: On 11/5/25 at approximately 9:30 AM, Surveyors reviewed documentation from Resident 1's medical record. Resident 1 was admitted on 7/31/25. Resident 1 is prescribed the following medications by his/her PCP: Acetaminophen	M 464		

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Alendronate
Atorvastatin
Buprenorphine
Camphor/Menthol/Methyl salicylate patch
Clonidine
Diclofenac
Docusate
Lamotrigine
Lidocaine 2.5/prilocaine 2.5% cream
Lidocaine 5% patch
Melatonin
Methol/m-salicylate 10-15% top cream
Metoprolol succinate
Multivitamin
Naloxone
Metaxalone -
Pantoprazole
Pregabalin
Rivaroxaban
Trazodone

There was no documented medication administration authorization from Resident 1's PCP in Resident 1's medical record.

On 11/5/2025 at approximately 10:00 AM, Surveyors reviewed documentation from Resident 2's medical record. Resident 2 is prescribed the following medications by his/her PCP:

Atomoxetine
Divalproex
Folic Acid
Omeprazole
Polyethylene glycol 3350
Prazosin
Venlafaxine

There was no documented medication

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M 464	Continued From page 7 administration authorization from Resident 2's PCP in Resident 2's medical record. On 11/5/2025 at 10:14AM, Surveyors interviewed Manager A who indicated he was not aware that this was a regulatory requirement. Surveyor discussed the requirement to have written authorization by Residents' PCP to administer medications at the facility. Manager A stated s/he understood and that s/he would obtain these orders.	M 464		
M 570	88.10(3)(I) 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 ensure a safe physical environment appropriate for residents. Food containers in the refrigerator were unlabeled and undated. Chemicals were noted in an unlocked cabinet. No smoke detector in a required location in the lower level. A cardboard box within 3 feet of the water heater and furnace. Chemicals were noted in the locked medication cabinet near medication	M 570		

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M 570	Continued From page 8 bottles. Findings include: On 11/5/2025 at approximately 9:10AM, Surveyors toured the physical environment. OBSERVATIONS: Surveyors observed the contents of the refrigerator noting the following: One container contained noodles was not labeled for contents or date. One container contained a red sauce which was not labeled for contents or date. A plastic cup in the door that contained a white substance appearing to be milk. An unlabeled and undated plastic bag containing raw chicken in the bottom right drawer. Surveyors observed the unlocked cabinet under the kitchen sink and noted cleaning chemicals including, but not limited to, bleach and laundry detergent. On 11/5/2025 at 11:45AM Surveyors observed the locked medication closet and noted chemicals, including but not limited to, dish soap, bathroom cleaner, and mouthwash being stored near the medication bottles. On 11/5/2025 at 11:54 AM, Surveyors interviewed Manager A. Manager A acknowledged the containers in the refrigerator should be dated and labeled so that they know when they are going bad. Manager A acknowledged that chemicals in the unlocked cabinet under the sink should be locked and indicated he would take care of this. Manager A indicated he was not aware that the	M 570		

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M 570	Continued From page 9 cleaning products could not be in the locked medication closet and that they would remove these and lock them elsewhere. Manager A acknowledged there was not a smoke detector in the opening room or stairwell to the lower level of the home and indicated they will install one at the base of the steps. Manager A acknowledged the cardboard box was within 3 ft of the furnace and water heater and would remove.	M 570		