STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019690	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK HOME	898 TAMARACK LN SUN PRAIRIE, WI 53590

(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 06/23/2026 through 06/30/2026, Surveyor conducted a complaint investigation at Tamarack Home, an AFH in Sun Prairie. Three deficiencies were identified. Complaint was substantiated. Census: 4	M 000		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were able to easily enter and exit the home. Findings include:	M 260		

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

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M 260	Continued From page 1 On 06/23/2026 at approximately 9:45 AM, Surveyor entered the home. Surveyor observed that Caregiver A unlocked 3 locks before Surveyor could enter the front door. Surveyor looked at the front door with Caregiver A. The front door had a lock located at the foot of the door, a keypad lock for the handle and a lock at the top of the door. Caregiver A stated that the facility had some residents that would run away. Surveyor reviewed the provider's floor plan, and the plan indicated the front door entrance as an exit route. On 06/30/2026 at 4:00 PM, Surveyor conducted an exit conference and shared observation of 3 locks with Licensee B. Licensee B acknowledged that the door had 2 additional locks. Licensee B stated that the locks were installed for safety reasons from people getting in and residents running away. Licensee B stated that the residents could unlock the doors, the locks just slowed them down. Licensee B stated that s/he would remove the extra locks.	M 260		
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		

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M 276	Continued From page 2 This Rule is not met as evidenced by: Based on interview and observation, the provider did not maintain a safe, clean, and homelike environment. Findings include: On 06/23/2026, Surveyor toured the facility and observed the following: Outside of home -Mattress on the deck Dining room -1 lawn chair for the table Lower-level living room -several boxes piled up -unable to use furniture due to it being filled with belongings of a resident that moved over 30 days ago from the facility. On 06/30/2026 at 4:00 PM, Surveyor conducted an exit conference and shared findings with Licensee B. Licensee B stated that s/he had tried to store the items until the Resident 3 could pick up the items. Licensee B acknowledged that it had been over 30 days and would figure out how to get the belongings to Resident 3.	M 276		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than	M 346		

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M 346	Continued From page 3 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that had resided at the home greater than 1 year, was evaluated, using the department's form, annually to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1 and Resident 2's ability to evacuate the home was not evaluated annually using the department's form. Findings include: On 06/23/2026 at approximately 11:00 AM, Surveyor reviewed Resident 1 and Resident 2's records which indicated the following: - Resident 1 was admitted to the provider's home on 08/02/2024. Resident 1's record included the initial evacuation assessment completed on 08/04/2024. Resident 1's record did not include an annual evacuation assessment. -Resident 2 was admitted to the provider's home on 10/16/2024. Resident 2's record included the initial evacuation assessment completed on 10/05/2024. Resident 2's record did not include an annual evacuation assessment. On 06/30/2026 at approximately 4:00 PM, Licensee B stated that it was his/her responsibility to complete the evacuation assessments and did not realize that it needed to be updated. Licensee B stated that s/he would get the forms updated.	M 346		