Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018674	A. BUILDING: _____ B. WING _____	02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGAPE FAMILY HOME	6326 ALISON 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 02/26/2025, the bureau of assisted living southern regional office conducted a standard survey at Agape Family Home and AFH located in Madison, WI. As a result of this survey, 1 violation of DHS Chapter 88 was issued Census: 0	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Licensee A completed 8 hours of annual continuing education. Findings Include: On 02/26/2025, Surveyor reviewed Licensee A's employee record. Licensee A was hired 06/24/2022. Licensee A did not have documentation of continuing education training approved by the licensing agency related to health, safety, welfare, rights, and treatment of	M 246		

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

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M 246	Continued From page 1 residents for calendar year 2024. On 02/26/2025 at 12:00 PM, Surveyor discussed above concern with Licensee A. Licensee A acknowledged that each employee must complete 8 hours of continuing education annually. Licensee A acknowledged s/he did not complete 8 hours of continuing education in 2024. License A stated facility had residents in 2024. Licensee A stated s/he and Caregiver B were the only facility staff. Licensee A acknowledged that continuing training would need to be completed as soon as possible.	M 246		