STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018821	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOYO QUALITY CARE LLC	5509 KRONCKE 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 On 08/07/2024, Surveyor conducted a standard licensing survey at YoYo Quality Care LLC, an AFH located in Madison, WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. Census: 3	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, comfortable and homelike environment. There was a large hole in the dining room wall. Findings include: On 08/07/2024 at 9:30 AM, Surveyor toured the physical environment. Observations: There was a large hole in the dining room wall measuring approximately 1 foot long by 6 inches high. Licensee A stated the hole was a result of Resident 1 hitting it with a chair. There was another hole in the dining room wall	M 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018821	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOYO QUALITY CARE LLC	5509 KRONCKE 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 276	Continued From page 1 measuring approximately 3 inches long by 4 inches high. Licensee A stated the hole was a result of Resident 1 hitting it with a chair. The heating vent in the hallway was very dirty and dusty. The heating vent in the dining room was rusted and dirty. On 08/07/2024 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated that the holes in the dining room wall had been there for about a month. Licensee A stated that the hole would be fixed as soon as possible.	M 276		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 Individual Service Plan (ISP) reviewed were signed by resident guardian. Resident 1 ISP and Resident 2 ISP were not signed by the resident's guardian.	M 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018821	A. BUILDING: _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOYO QUALITY CARE LLC	5509 KRONCKE 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 406	Continued From page 2 Findings include: On 08/07/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 04/30/2022 with diagnoses of Anxiety, Intermittent Explosive Disorder, Severe Intellectual Intelligence Disability, Developmental Disorder of speech and language. Resident 1's ISP dated 7/18/2024 was not signed by Resident 1's guardian. On 08/07/2024, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 02/11/2022 with diagnoses of Anemia, Metabolic Syndrome, TBI, Intermittent Explosive Disorder, Frontal Neurocognitive Disorder, Periodontal Disease, Aortic Aneurysm, Insomnia. Resident 2's ISP dated 06/07/2024 was not signed by Resident 2's guardian. On 08/07/2024 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A stated that Resident 1 and Resident 2 guardians were hard to get ahold of and thought that a Case Manager signature was good enough. Surveyor reviewed regulations that state that ISPs are to be signed by the resident or their legal representative.	M 406		