STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020293	A. BUILDING: _____ B. WING _____	C 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHSAIDA AUGUSTA	**410 AUGUSTA DRIVE MADISON, WI 53717**

(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 09/21/2026, with information gathered through 09/29/2026, Surveyor conducted a standard licensure survey and a complaint investigation at Bethsaida Augusta. Nine deficiencies were identified. Complaint was unsubstantiated. Census: 4	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 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 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 1 of 1 (Direct Service Person D) personnel file reviewed included a complete background check they had lived out of the state in the last 3 years. Findings include: On 09/23/2026, Surveyor requested Direct Service Person D personnel file from Vice President of Operations A. On 09/24/2026 at 8:12 AM, Surveyor received Direct Service Person D personnel file from Vice President of Operations A. On 09/24/2026, Surveyor reviewed Direct Service Person D's personnel file. Direct Service Person D was hired 04/01/2024 and his/her BID (Background Information Disclosure) form documented that s/he had lived in Illinois in the last 3 years Direct Service Person D's record did not include a background check for the state of Illinois.	M 114		

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M 114	Continued From page 2 On 09/25/2026 at 3:17 PM, Surveyor emailed Vice President of Operations A requesting Direct Service Person D's Illinois background check. On 09/28/2026 at 11:46 AM, Vice President of Operations A emailed Surveyor Direct Service Person D's national background check which was dated 09/28/2026. On 09/29/2026, at approximately 11:20 AM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated human resources did not think Direct Service Person D fell into the category of requiring an out-of-state background check, so it was completed when Surveyor requested the documentation.	M 114		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was safe, clean, well-maintained and provided a homelike environment for 4 of 4 residents. Findings include:	M 276		

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M 276	Continued From page 3 On 09/21/2026, at approximately 2:15 PM, Surveyor conducted a tour of the home and observed the following: Resident Bathroom: -Previously used washcloth lying on the shower basin. -Drywall along doorframe was chipped. -A plastic self-adhesive hook was lying on the shower basin. -Vent near the floor was covered in a heavy layer of a dust-like substance. -Baseboards were covered in a heavy layer of a dust-like substance. -Toilet seat had what appeared to be dried on feces along the toilet rim. Laundry Room: -Boxes of opened carpet deodorizer were stored with opened food items such as graham crackers, macaroni shells, cookies. -Clothing was hanging on dryer cords, next to outlet. Living/Dining Room: -Cream colored carpeting throughout home has various black colored stains. Foot traffic patterns were visible. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated s/he would discuss the housekeeping concerns with staff	M 276		
M 314	88.05(3)(i) BATHROOM LOCK The door of each bathroom shall have a lock which can be opened from the outside in an emergency.	M 314		

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M 314	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider does not have a handle with a locking mechanism on the first-floor bathroom door. Findings include: On 09/21/2026, at approximately 2:20 PM, Surveyor and Direct Support Person B observed the bathroom door handle which did not contain a locking mechanism from the inside. Direct Support Person B stated s/he did not realize the bathroom door handle did not have locking capabilities. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated maintenance would be contacted to ensure a proper door handle with a locking mechanism was installed. Cross Reference: M0550 DHS 88.10(3)(b) Privacy	M 314		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 1 of 2 exits was unobstructed. There was a vehicle and miscellaneous items in	M 338		

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M 338	Continued From page 5 the garage blocking the exit. Findings include: On 09/21/2026, at approximately 2:40 PM, Surveyor observed an "Exit" sign above the door that led to the garage, off the kitchen. Surveyor walked through the door and observed a ramped exit to the floor of the garage. There was a vehicle parked in the garage which was surrounded by items stored in the garage which did not leave a path of 32 inches around the vehicle to the service door. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated the garage would be cleaned out to ensure a 32-inch path was always available for residents who were nonambulatory.	M 338		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's	M 424		

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M 424	Continued From page 6 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated to reflect the change in needs for 1 of 1 resident reviewed. Resident 3's ISP did not reflect that s/he required oxygen level monitoring. Findings include: On 09/21/2026 at 4:57 PM, Surveyor requested Resident 3's record from Administration C. On 09/22/2026 at 11:56 AM, Surveyor received Resident 3's record from Vice President of Operations A. On 09/23/2026, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 02/23/2019. Resident 3's Medication Administration Records (MARs), dated 07/01/2026 to 09/21/2026, documented: "Check O2 (oxygen) 8:00 AM on Thursdays. Start Date: 02/19/2026." Resident 3's "Individual Service Plan (ISP)," dated 06/18/2026, documented: "Health Monitoring: Monitor physical health. Monitor mental health."	M 424		

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M 424	Continued From page 7 The ISP did not define that Resident 3's oxygen level should be monitored and/or provide guidance for staff on signs and symptoms to monitor. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated s/he would review Resident 3's record to determine what was required regarding the oxygen orders. On 09/28/2026 at 11:45 AM, Vice President of Operations A emailed and stated guidelines could not be located regarding Resident 3's oxygen monitoring and staff will be retrained on the requirement. Resident 3's record would be updated accordingly.	M 424		
M 448	88.07(2)(b)5 MONITORING HEALTH 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 monitor 1 of 1 resident's (Resident 3) health by completing oxygen levels weekly. Findings include: On 09/21/2026 at 4:57 PM, Surveyor requested Resident 3's record from Administration C. On 09/22/2026 at 11:56 AM, Surveyor received	M 448		

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M 448	Continued From page 8 Resident 3's record from Vice President of Operations A. On 09/23/2026, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 02/23/2019. Resident 3's Medication Administration Records (MARs), dated 07/01/2026 to 09/21/2026, documented: "Check O2 (oxygen) 8:00 AM on Thursdays. Start Date: 02/19/2026." The MARS did not document that oxygen levels had been completed. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated s/he would review Resident 3's record to determine where the oxygen levels were being documented. On 09/29/2026, at approximately 11:20 AM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A explained that the orders had been entered into the electronic task system incorrectly, so staff were unable to view the requirement and the concern was addressed.	M 448		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his	M 462		

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M 462	Continued From page 9 or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 4 residents received the correct dosage of medication at the correct time and followed physician guidelines. Resident 1's Arnuity Ellipta inhaler was not administered as prescribed. Resident 3's Advair inhaler was not administered as prescribed. Findings include: Example 1: Resident 1 On 09/21/2026, at approximately 2:30 PM, Surveyor observed Resident 1's Arnuity Ellipta inhaler in the med closet. The inhaler did not contain a prescription label. The inhaler showed between 27 and 28 doses remaining out of 30. On 09/21/2026 at 4:57 PM, Surveyor requested Resident 1's record from Administration C. On 09/22/2026 at 11:56 AM, Surveyor received Resident 1's record from Vice President of Operations A. On 09/23/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 04/07/2013.	M 462		

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M 462	Continued From page 10	M 462		

Resident 1's Medication Administration Records (MARs), dated 05/01/2026 to 09/21/2026, documented:
"Arnuity Ellipta 200 MCG/ACT INH (micrograms/actuations inhaler) - Inhale 1 puff by mouth once daily. Scheduled at 8:00 AM. Start Date: 05/29/2026.
The MARs documented the medication had been administered as prescribed.

On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated s/he would forward Surveyor the pharmacy delivery reports of Resident 1's Arnuity Ellipta inhaler to determine if the inhaler had been refilled approximately every 30 days.

On 09/25/2026 at 3:47 PM, Vice President of Operations A emailed Surveyor and stated Resident 1's inhaler had been delivered 05/29/2026, 08/25/2026 and 09/23/2026. Surveyor noted the inhaler, if administered as prescribed, should have been refilled in 06/2026 and 07/2026.

On 09/29/2026, at approximately 11:20 AM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated that an in-service was held, and staff had been reeducated on the importance of proper medication administration.

Example 2: Resident 3

On 09/21/2026, at approximately 2:30 PM, Surveyor observed Resident 3's Advair inhaler in the med closet. The inhaler had a handwritten open date of 08/23/2026 written on it. The inhaler showed 0 doses remaining out of 120 actuations.

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M 462	Continued From page 11 On 09/21/2026 at 4:57 PM, Surveyor requested Resident 3's record from Administration C. On 09/22/2026 at 11:56 AM, Surveyor received Resident 3's record from Vice President of Operations A. On 09/23/2026, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 02/23/2019. Resident 3's MARs, dated 08/23/2026 to 09/21/2026, documented: "Advair - Inhale 2 puffs by mouth twice daily. Scheduled at 8:00 AM and 5:00 PM." The MARs documented that the medication had been administered as prescribed. Based on 120 actuations divided by 4 puffs daily equals a 30-day supply. The inhaler should have doses available until approximately 09/23/2026. The inhaler was at zero on 09/21/2026. "You should keep track of the number of inhalations used from your inhaler. Then throw away the inhaler after you have used 120 inhalations. Even though the canister might not be empty and will keep spraying, you might not get the right amount of medicine in each inhalation. Before you get to 120 inhalations, ask your doctor if you need to refill your prescription." (Source: FDA (US Food and Drug Administration) website, Advair HFA 45/21, Advair HFA 115/21, Advair HFA 230/21, undated, https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021254lbl.pdf (retrieval date - January 14, 2025).) On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of	M 462		

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M 462	Continued From page 12 Operations A stated staff would be reeducated on proper medication administration.	M 462		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 4 of 4 records reviewed. Resident 1's, Resident 2's, Resident 3's and Resident 4's September Medication Administration Records (MARs) were missing documentation of medication administration. Findings include: On 09/21/2026 at 4:57 PM, Surveyor requested Resident 1's, Resident 2's, Resident 3's and Resident 4's records from Administration C. On 09/22/2026 at 11:56 AM, Surveyor received Resident 1's, Resident 2's, Resident 3's and Resident 4's records from Vice President of Operations A.	M 466		

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M 466	Continued From page 13 On 09/23/2026, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's and Resident 4's record. Example 1: Resident 1 Resident 1's MAR, dated 09/01/2026 to 09/21/2026, did not document the following scheduled medication administrations: 09/06 - 5:00 PM - Midodrine, Vitamin D-3, Simethicone, Polyethylene Glycol, Leucovorin, Famotidine, Acetaminophen, Metformin and Multivitamin. 09/03, 09/11, 09/13, 09/14, 09/17, 09/18 - 12:00 PM - Midodrine 09/17 - 8:00 AM - Elinest, Midodrine, Albuterol, Levothyroxine, Omeprazole, Loratadine, Ferrous Sulfate, Vitamin B-6, Senna-Docusate, Arnuity Ellipta, Simethicone, Psyllium, Leucovorin The MAR did not document a rational explaining why medication administration was not completed at these times. Example 2: Resident 2 Resident 2's MAR, dated 09/01/2026 to 09/21/2026, did not document the following scheduled medication administrations: 09/04 - 8:00 PM - Atorvastatin, Carbamazepine, Gabapentin, Losartan 09/11, 09/17, 09/18 - 12:00 PM - Gabapentin The MAR did not document a rational explaining why medication administration was not completed at these times. Example 3: Resident 3 Resident 3's MAR, dated 09/01/2026 to 09/21/2026, did not document the following	M 466		

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M 466	Continued From page 14 scheduled medication administrations: 09/04 - 8:00 PM - Acetaminophen, Loratadine, Perphenazine The MAR did not document a rational explaining why medication administration was not completed at these times. Example 4: Resident 4 Resident 4's MAR, dated 09/01/2026 to 09/21/2026, did not document the following scheduled medication administrations: 09/04 - 8:00 PM -Mirtazapine 09/04, 09/11, 09/17, 09/18 - 12:00 PM - Carbidopa Levodopa The MAR did not document a rational explaining why medication administration was not completed at these times. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated s/he would review the concern with management and provide additional training to staff.	M 466		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when	M 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020293	A. BUILDING: _____ B. WING _____	C 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHSAIDA AUGUSTA	410 AUGUSTA DRIVE MADISON, WI 53717

(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 550	Continued From page 15 there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) had privacy when they utilized the bathroom. Findings include: On 09/21/2026, at approximately 2:20 PM, Surveyor and Direct Support Person B observed the resident bathroom door. The door could not be closed until the carpet in front of the bathroom sink was moved and then the door could not close due to the door hitting the doorframe. Surveyors asked Direct Support Person B had residents had privacy when utilizing the bathroom as the door did not close. Direct Support Person B did not have a response. On 09/25/2026 at 1:30 PM, Surveyor interviewed Vice President of Operations A. Vice President of Operations A stated maintenance would be contacted to complete repairs on the doorway to ensure residents had privacy.	M 550		