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	0019932	A. BUILDING: _____ B. WING _____	09/10/2026

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UPRIGHT CARE SERVICES LLC	6130 DRISCOLL DR MADISON, WI 53718

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M 000	INITIAL COMMENTS On 09/08/2026, with information gathered through 09/10/2026, Surveyor conducted a standard licensure survey at Upright Care Services LLC. Nine deficiencies were identified. Census: 1	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Licensee A did not complete annual training regarding standard precautions in 2025. Caregiver B did not receive training prior to performing cares. Findings include: The CDC (Center for Disease Control and	M 235		

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

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M 235	Continued From page 1	M 235		

Prevention) recommends standard precautions for the care of all patients, regardless of their diagnosis or presumed infection status. Standard precautions apply to: 1) blood; 2) all body fluids secretions, and excretions, except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard precautions include the use of handwashing and the appropriate personal protective equipment such as gloves.

U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter."

The provider is licensed to care for 3 residents in the following client groups: terminally ill, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled.

On 09/08/2026, Surveyor and Licensee A, who was the staff member providing cares during the survey, reviewed Caregiver B's and his/her file.

Licensee A was hired 02/14/2024.

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M 235	Continued From page 2 Licensee A's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2025. Caregiver B was hired 12/02/2025. Caregiver B's record did not contain initial training for universal precautions related to the control of blood-borne pathogens. On 09/08/2026, at approximately 1:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure staff received the required education regarding standard precautions going forward.	M 235		
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 1 service providers (Caregiver B) received 15 hours of initial training, including training related to first aid and fire safety. Findings include:	M 244		

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M 244	Continued From page 3 The provider is licensed to care for 3 residents in the following client groups: terminally ill, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 09/08/2026, Surveyor and Licensee A, reviewed Caregiver B's file. Caregiver B was hired on 12/02/2025. Caregiver B's record did not include training in first aid and fire safety. On 09/08/2026, at approximately 1:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure staff received the required training within their first 6 months of employment.	M 244		
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 observation, record review and interview, the provider did not ensure 1 of 1 staff	M 246		

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M 246	Continued From page 4 member (Licensee A) received annual training related to the rights of residents 2025. Findings include: The provider is licensed to care for 3 residents in the following client groups: terminally ill, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 09/08/2026, Surveyor and Licensee A, who was the staff member providing cares during the survey, reviewed his/her file. Licensee A was hired 02/14/2024. Licensee A's record did not contain annual training for resident rights in 2025. On 09/08/2026, at approximately 1:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure resident rights training was completed annually.	M 246		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.	M 344		

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M 344	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed was evaluated, using form F-62373 Resident Evacuation Assessment, immediately following placement. Findings include: On 09/08/2026, Surveyor and Licensee A reviewed Resident 1's record. Resident 1 moved into the home 05/20/2026. Resident 1's record did not contain a Resident Evacuation Assessment. On 09/08/2026, at approximately 12:45 PM, Licensee A stated that s/he would need to review his/her electronic record and forward that documentation to the Surveyor. Surveyor explained to Licensee A that s/he had typed up an email and forwarded it to him/her stating that this documentation needed to be provided by 3:00 PM on 09/08/2026. Licensee A stated s/he understood. As of 5:00 PM on 09/09/2026, Surveyor did not receive any additional documentation.	M 344		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by:	M 348		

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Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually with all residents in 2025.

Findings include:

The provider was licensed, 04/02/2024, to care for 3 residents in the following client groups: terminally ill, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled.

On 09/08/2026, at approximately 12:40 PM, Surveyor asked when Licensee A received residents in his/her home after licensure. Licensee A stated s/he had a resident prior to Resident 1 but did not remember the dates. Surveyor requested the semi-annual fire drills since the provider was licensed.

On 09/08/2026, at approximately 12:45 PM, Licensee A stated that s/he would need to review his/her electronic record and forward that documentation to the Surveyor. Surveyor explained to Licensee A that s/he had typed up an email and forwarded it to him/her stating that this documentation needed to be provided by 3:00 PM on 09/08/2026. Licensee A stated s/he understood.

On 09/08/2026 at 5:07 PM, Licensee A forwarded the following fire drills:
06/01/2026 - Resident 1 participated. Based on Resident 1's record, s/he moved into the home 05/20/2026.
11/15/2026 - Resident 2 participated.

On 09/09/2026 at 4:22 PM, Surveyor emailed Licensee A and stated s/he required the move in

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M 348	Continued From page 7 date of Resident 2 and questioned the validity of the 11/15/2026 fire drill due to the dating sequence. As of 09/10/2026 at 5:00 PM, Surveyor did not receive a response.	M 348		
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 1 of 1 resident record (Resident 1) reviewed had a health examination by a physician to identify health problems and receive a communicable disease screening or tuberculosis (TB) test within 90 days prior to admission to the home or within 7 days after admission. Census: 1. Findings include: On 09/08/2026, Surveyor and Licensee A reviewed Resident 1's record.	M 380		

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M 380	Continued From page 8 Resident 1 moved into the home 05/20/2026. Resident 1's record did not contain an admission and health exam, and the TB test results were dated 06/02/2018. On 09/08/2026, at approximately 12:45 PM, Licensee A stated that s/he would need to review his/her electronic record and forward that documentation to the Surveyor. Surveyor explained to Licensee A that s/he had typed up an email and forwarded it to him/her stating that this documentation needed to be provided by 3:00 PM on 09/08/2026. Licensee A stated s/he understood. As of 5:00 PM on 09/09/2026, Surveyor did not receive any additional documentation.	M 380		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) individual service plans (ISP) included the following: 1. A description of the services the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and community.	M 410		

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3. Identification of who will monitor the plan.
4. Information related to his/her needs personal care needs such as bathing, dressing, toileting, dietary or mobility.
5. Signed statement of agreement.

Findings include:

On 09/08/2026, Surveyor and Licensee A reviewed Resident 1's record.

Resident 1 moved into the home 05/20/2026 and was represented by a managed care organization (MCO).
Resident 1's record did not include an ISP.

On 09/08/2026, at approximately 12:45 PM, Licensee A stated that s/he would need to review his/her electronic record and forward that documentation to the Surveyor. Surveyor explained to Licensee A that s/he had typed up an email and forwarded it to him/her stating that this documentation needed to be provided by 3:00 PM on 09/08/2026. Licensee A stated s/he understood and commented that Resident 1's MCO had not given him/her an ISP.

On 09/08/2026 at 5:07 PM, Licensee A Resident 1's ISP, dated 06/02/2026, which was not signed by Resident 1 nor the MCO representative.
The ISP language was as follows:
"Primary Area of Support: Anxiety, Emotional Regulation, Safety Awareness, and Daily Living. Person-Centered Information: [Resident 1] enjoys working and takes interest in playing games. [Resident 1] likes to stay active and enjoys activities that are familiar and enjoyable. [Resident 1] experiences frequent worry, especially when [S/he] thinks something bad may happen to [him/her]. [Resident 1] can become

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fearful when other people are angry or upset. [Resident 1] previously had a roommate who would become upset, which may contribute to [Resident 1's] concern when [s/he] observes others becoming angry. [Resident 1] benefits from a calm environment, reassurance, clear communication, and support from trusted staff.
Desired Outcome: [Resident 1] will feel safe and supported in the AFH (adult family home) while developing healthy ways to manage worry and anxiety. [Resident 1] will increase [his/her] ability to communicate [his/her] concerns, use coping strategies, and continue participating in work, household routines, and preferred activities.
Goal: Manage Anxiety and Worry
Objective: [Resident 1] will learn to recognize when [s/he] is becoming worried or anxious and communicate [his/her] feelings to staff.
Staff Support:
o Staff will encourage [Resident 1] to talk about [his/her] worries and concerns.
o Staff will listen to [Resident 1] without dismissing or minimizing [his/her] concerns.
o Staff will provide calm, simple, and honest reassurance.
o Staff will help [Resident 1] identify whether there is an actual safety concern or whether [s/he] is experiencing worry about something that might happen.
o Staff will encourage [Resident 1] to ask questions rather than assuming something bad will happen.
Goal: Coping Skills
Objective: [Resident 1] will practice appropriate coping strategies when [s/he] experiences anxiety.
Staff Support:
Staff will remind [Resident 1] to take slow, deep breaths when [s/he]. [sic]"

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M 410	Continued From page 11 The ISP did not identify: 1. A description of the services the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and community. 3. Identification of who will monitor the plan. 4. Information related to his/her needs personal care needs such as bathing, dressing, toileting, dietary or mobility. 5. Signed statement of agreement.	M 410		
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 obtain a written order from the physician who prescribed the medications, specifying who by name or position was permitted to administer the medication for 1 of 1 resident (Resident 1). Census: 1. Findings include: On 09/08/2026, Surveyor and Licensee A	M 464		

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M 464	Continued From page 12 reviewed Resident 1's record. Resident 1 moved into the home 05/20/2026. Resident 1's Medication Administration Records (MARs) identified staff had administered medication since Resident 1's admittance. Resident 1's record did not contain a written order from the physician authorizing facility staff to administer medications. On 09/08/2026, at approximately 1:20 PM, Surveyor interviewed Licensee A. Licensee A confirmed staff administered Resident 1's medications. Licensee A stated s/he was unaware that s/he needed authorization for medication administration from Resident 1's physician, but s/he would obtain the required documentation.	M 464		
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	M 466		

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M 466	Continued From page 13 for 1 of 1 resident. Census: 1. Resident 1's Medication Administration Record (MAR), dated 09/01/2026 to 09/08/2026, was missing documentation of medication administration. Findings include: On 09/08/2026, Surveyor reviewed Resident 1's record. Resident 1 had moved into the home 05/20/2026. On 09/08/2026, at approximately 1:00 PM, Surveyor and Licensee A observed Resident 1's medications. Surveyor requested to review the MAR. Licensee A provided the paper MAR, dated 09/01/2026 to 09/08/2026, and Surveyor noted that medication administration had not been documented as administered and did not include a rationale as to why the medication was not administered for the following medications and dates: -Atomoxetine capsule 100 MG (milligram) - 8:00 AM: 09/07 and 09/08 -Lamotrigine tablet 200 MG - 8:00 PM: 09/07 -Risperidone tablet 0.5 MG - 8:00 PM: 09/07 -Sertraline tablet 50 MG - 8:00 AM: 09/05, 09/07, 09/08 -Metformin tablet 750 MG - 8:00 AM: 09/05, 09/07, 09/08 -Lisdexamfeta capsule 50 MG - 8:00 AM: 09/05, 09/07, 09/08 Licensee A stated that s/he had not completed the documentation of med pass, but s/he was the one that completed all medication administration.	M 466		

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Z 012	Continued From page 14	Z 012		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an out-of-state background check was completed at the time of hire for 2 of 2 (Caregiver B and Caregiver C) employees reviewed.	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019932	A. BUILDING: _____ B. WING _____	09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UPRIGHT CARE SERVICES LLC	6130 DRISCOLL DR MADISON, WI 53718

(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
Z 012	Continued From page 15 Findings include: On 09/08/2026, Surveyor reviewed Caregiver B's and Caregiver C's employee file. Caregiver B was hired 12/02/2025. Caregiver B completed a Background Information Disclosure (BID), dated 11/28/2025, which indicated s/he lived in Illinois within the last three years. Caregiver B's employee record did not contain an out-of-state background check. Caregiver C was hired on 03/03/2024. Caregiver C completed a BID, dated 05/11/2026, which indicated s/he lived in Indiana within the last three years. Caregiver C's employee record did not contain an out-of-state background check. On 09/08/2026, at approximately 1:20 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware that s/he was responsible to conduct an out-of-state background check and would complete the requirement.	Z 012		