STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	**221 ACEWOOD BLVD , MADISON, Wisconsin, 53714**

(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) COMPLETION DATE
N0000	Initial Comments On 07/29/2026, Surveyor conducted a standard licensing survey at Tellurian Acewood House, a CBRF located in Madison, WI. As a result of the survey, 6 violations of Chapter DHS 83 were issued. Census: 5	N0000		
N0247	Task specific training. CFR(s): 83.22(1)-(4) The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training	N0247		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	**221 ACEWOOD BLVD , MADISON, Wisconsin, 53714**

(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) COMPLETION DATE
N0247	Continued from page 1 topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not have documented training in dietary for Caregiver B and Caregiver C. Findings include: On 07/29/2026 at 10:00 AM, Surveyor reviewed Caregiver B's file. Caregiver B was hired 04/25/2022. There was no documented training in Caregiver B's file that indicated completion or exemption for dietary. On 07/29/2026 at 10:00 AM, Surveyor reviewed Caregiver C's file. Caregiver C was hired 08/01/2025. There was no documented training in Caregiver C's file that indicated completion or exemption for dietary. On 07/29/2026 at 10:30 AM, Surveyor interviewed Regional Manager A. Regional Manager A stated that all staff cook meals for residents, and that residents have access to the kitchen and can prepare meals for themselves as well. Regional Manager A stated s/he would send training documentation to Surveyor. On 07/30/2026 at 4:30 PM, Regional Manager A emailed Surveyor. Regional Manager A confirmed that staff prepare meals for residents. Regional Manager A acknowledged that Caregiver B and Caregiver C had not completed training in Dietary.	N0247		
N0381	Pre-admission and ongoing assessments. CFR(s): 83.35(1)(a) Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N0381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0381	Continued from page 2 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1 was assessed for needs, abilities, physical and mental condition before admitting to the facility. Resident 1 did not have a documented admission assessment. Findings include: On 07/29/2026 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/20/2026 with diagnoses that include but are not limited to: anxiety, depression, substance abuse, dyskinesia. There was no admission assessment in Resident 1's file. On 07/29/2026 at 10:30 AM, Surveyor interviewed Regional Manager A. Regional Manager A stated, "I can't find it, we must have missed that one. We will get an assessment done as soon as possible."	N0381		
N0393	Initial evaluation of evacuation limitations. CFR(s): 83.35(5)(a) Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1 had been assessed for ability to evacuate the facility in emergency situations. Resident 1 did not have an emergency evacuation assessment in his/her medical record.	N0393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0393	Continued from page 3 Findings include: On 07/29/2026 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/20/2026 with diagnoses that include but are not limited to: Anxiety, depression, substance abuse and dyskinesia. There was no documented resident evacuation assessment in Resident 1's file. On 07/29/2026 at 11:30 AM, Surveyor interviewed Regional Manager A. Regional Manager A searched Resident 1's file. Regional Manager A acknowledged that there was no documented evacuation assessment in Resident 1's file.	N0393		
N0408	PRN psychotropic medication. CFR(s): 83.37(1)(i) As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1's Individual Service Plan (ISP) contained the rationale for use and detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. There was no documentation or rationale for prn psychotropic medication in Resident 1's ISP.	N0408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0408	Continued from page 4 Findings include: On 07/29/2026 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/20/2026 with diagnoses that include but are not limited to: anxiety, depression, substance abuse, dyskinesia. According to Resident 1's physician orders. Resident 1 was prescribed prn hydroxizine for anxiety. Resident 1's ISP did not contain a rationale or description of behaviors that would indicate a need for administration of prn hydroxizine. On 07/29/2026 at 11:30 AM, Surveyor interviewed Regional Manager A. Regional Manager A acknowledged that rationale for prn psychotropic medication is required to be in the ISP. Regional Manager A acknowledged that a rationale and description of behaviors indicating need for administration of prn hydroxizine was not in Resident 1's ISP.	N0408		
N0481	Environment safe, clean, and comfortable CFR(s): 83.43(1) Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment appropriate for residents. There was a hole in a resident bedroom wall and paint peeling off the ceiling. This is a repeat violation from previous Statement of Deficiency (SOD) HUT711 dated 01/03/2024 and HUT712 dated 06/24/2025. Findings include:	N0481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0481	Continued from page 5 On 07/29/2026 at 11:00 AM, Surveyor toured the physical environment. OBSERVATIONS: There was paint peeling off the ceiling in Resident 2's bedroom. There was a hole in the wall in Resident 3's bedroom. Hole measured approximately 2 inches by 2 inches. The wall adjacent to Resident 3's bed was very dirty. The wall was painted white, but the area adjacent to Resident 3's bed was gray/black with dirt. On 070/29/2026 at 11:30 AM, Surveyor interviewed Regional Manager A. Regional Manager A acknowledged the paint peeling off ceiling, hole in wall and dirty area by Resident 3's bed. Regional Manager A stated that facility had a recent inspection of the roof after storms and the paint peeling may have been a result of a leak.	N0481		
N0525	Fire drills. CFR(s): 83.47(2)(d) Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider	N0525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0525	Continued from page 6 did not ensure that fire drills were conducted quarterly. There were no documented other fire drills conducted for 2025. Findings include: On 07/29/2026 at 10:30 AM, Surveyor reviewed facility fire drills. There were no documented fire drills for calendar year 2025. On 07/29/2026 at 10:45 AM. Surveyor interviewed Regional Manager A. Regional Manager A stated, "I know we did them, I need to find them." Surveyor gave Regional Manager A until 07/30/2026 at noon to provide further information. On 08/01/2026, Regional Manager A sent Surveyor an email stating, "Sadly, they cannot find them. I will work with the program to better organize their documents."	N0525		
N0526	Other evacuation drills. CFR(s): 83.47(2)(e) Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure that evacuation drills (tornado, flooding or other emergency) were conducted at least semi-annually. There were no documented other evacuation drills conducted for 2025. Findings include: On 07/29/2026 at 10:30 AM, Surveyor reviewed facility evacuation drills. There were no documented drills for calendar year 2025. On 07/29/2026 at 10:45 AM. Surveyor interviewed Regional Manager A. Regional Manager A stated, "I know we did them, I need to find them."	N0526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ACEWOOD HOUSE	221 ACEWOOD BLVD , MADISON, Wisconsin, 53714

(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) COMPLETION DATE
N0526	Continued from page 7 Surveyor gave Regional Manager A until 07/30/2026 at noon to provide further information. On 08/01/2026, Regional Manager A sent Surveyor an email stating, "Sadly, they cannot find them. I will work with the program to better organize their documents."	N0526		