STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017910	A. BUILDING: _____ B. WING _____	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBANS LIVING LLC	202 SAINT ALBANS AVENUE MADISON, WI 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) COMPLETE DATE
M 000	INITIAL COMMENTS On 02/20/2025, Surveyor conducted a standard licensing survey at Albans Living LLC, an adult family home in Madison, WI. Four violations of Chapter DHS 88 were identified. One violation is a repeat violation. See statement of deficiency WGRV11, dated 09/13/2022. Census: 1	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	M 114		

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

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M 114	Continued From page 1 activities of the adult family home, the licensing agency may deny, revoke, 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 a criminal records check was completed for Caregiver C. According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). Findings include: On 02/20/2025 at approximately 11:00 AM, Surveyor reviewed employee records with Licensee A and House Manager B. The record for Caregiver C, who was hired on 11/03/2024, did not contain any background checks.	M 114		

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M 114	Continued From page 2 On 02/20/2025 at approximately 11:10 AM, Surveyor interviewed House Manager B and Licensee A. House Manager B stated s/he was aware of the regulation and was working to get the provider's records into compliance. Licensee A did not provide a reason for why background checks were not on file for Caregiver C.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant indicating that 2 of 3 service providers had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services. Findings include: On 02/20/2025, Surveyor reviewed employee records with Licensee A and House Manager B.	M 232		

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M 232	Continued From page 3 Caregiver C was hired 11/03/2024. His/her record did not include a communicable disease screen or a TB test result. Caregiver D was hired 01/20/2025. His/her record did not include a communicable disease screen or a TB test result. On 02/20/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated s/he did not have record of communicable disease screens or TB test results for Caregiver D and Caregiver D. House Manager B stated s/he was working his/her way through records still and had not come across these items. House Manager B showed Surveyor the communicable disease screen and TB test result for the newest hire to show the efforts of compliance moving forward.	M 232		
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 8 hours of continuing	M 246		

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M 246	Continued From page 4 education was completed in the previous calendar year for employees that had been employed greater than 1 year. The licensee did not have record of continuing education for themselves, for the years of 2023 or 2024. Findings include: On 02/20/2025, Surveyor reviewed employee records. The only staff that was employed longer than 5 months was Licensee A. Licensee A's record did not contain evidence of continuing education in 2023 or 2024. On 02/20/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated s/he had training on file but provided training from 2022 and earlier. House Manager B stated s/he was working to get training setup for the provider. S/he was looking at an online training system that specializes in adult family homes.	M 246		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the	M 336		

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M 336	Continued From page 5 provider did not ensure smoke detectors in the home were tested monthly to verify they were in working condition. Findings include: On 02/20/2025, Surveyor reviewed life safety records provided by Licensee A and House Manager B. There was no record of smoke detector testing for 2023 or 2024. House Manager A provided another binder that did contain testing of the detectors for 2025, including January and February. On 02/20/2025, Surveyor interviewed Licensee A and House Manager B. Licensee A stated testing had been completed but s/he did not maintain a record of the task. Licensee A assured Surveyor s/he would maintain and keep records moving forward. House Manager B explained s/he was hired in December 2024 as a consultant and will remain on as a house manager. S/he stated that is why testing had suddenly began again starting January of 2025, and s/he will be working to get the home into compliance.	M 336		