Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016671	A. BUILDING: _____ B. WING _____	R-C 07/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST ADULT FAMILY HOME	5202 PRAIRIE ROSE ROAD MADISON, WI 53704

(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 07/22/2026, with information gathered through 07/24/2026, Surveyor conducted a verification visit at Midwest Adult Family Home. Two deficiencies were identified. Two of 2 deficiencies were repeat deficiencies (See Statement of Deficiency (SOD) 503311. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 4	{M 000}		
{M 262}	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.	{M 262}		

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

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{M 262}	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that access within the home was provided for 1 of 1 resident (Resident 4) who was unable to ambulate without the use of a wheelchair. The bedroom and bathroom door serving the resident did not have a clear opening of 32 inches. This is a repeat deficiency. See Statement of Deficiency (SOD) 503312, dated 03/13/2026. Findings include: On 07/22/2026, at approximately 12:00 PM, Surveyor toured the physical environment. Surveyor measured Resident 4's bedroom door and the bathroom door that s/he utilized. The doors measured 28 inches at the most interior opening of the doorway. Surveyor noted there was not enough space in the bathroom for a resident in a wheelchair or a shower chair to turn 360 degrees. On 07/22/2026, at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had addressed the doorway opening requirements when s/he placed new hinges on the door. Surveyor explained the definition of clear opening and used a tape measure to show what the actual measurement of each doorway was.	{M 262}		
{M 342}	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the	{M 342}		

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{M 342}	Continued From page 2	{M 342}		

event of a fire. The plan shall identify an external meeting place.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not have a written plan for the immediate and safe evacuation for 1 of 1 resident in the event of a fire or natural disaster.

This is a repeat deficiency. See Statement of Deficiency (SOD) 503312, dated 03/13/2026.

Resident 4 was a 2-person transfer assist and would not be evacuated from the home if s/he was not in his/her wheelchair making him/her a point-of-rescue (POR).

Findings include:

The provider was licensed, 04/01/2017, to provide cares for up to 4 residents in the client groups developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness.

On 07/22/2026, Surveyor requested the provider's fire drills for 2026. Licensee A stated a fire drill had not been completed.

On 07/22/2026, Surveyor reviewed Resident 4's record.

Resident 4 moved into the home, 09/24/2025, with diagnoses including Down's Syndrome, dementia, osteoporosis and congenital heart anomaly.

On 07/22/2026, at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 4 still required the assistance of 2

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{M 342}	Continued From page 3 staff members for transfers. Surveyor reviewed the fire drill dated 12/06/2025, 2:00 PM, with Licensee A which stated, "[Resident 4] is wheelchair bound but with help." On 07/23/2026, Licensee A forwarded Surveyor the following fire drill which stated: "07/22/2026 at 4:45 PM, [Resident 4] is wheelchair bound. Drill was completed evacuating him/her from the home in his/her wheelchair. A Point of Rescue (POR) plan is in place for him/her if s/he isn't in his/her wheelchair. This plan was received with staff and practiced." Licensee A explained that Resident 4 would not be removed from the home and did not have a plan in place for the immediate evacuation of Resident 4. On 07/24/2026 at 7:33 AM, Surveyor emailed Licensee A and confirmed s/he had received the fire drill and questioned the language that Resident 4 was a POR. On 07/24/2026 at 9:58 AM, Licensee A emailed Surveyor and stated s/he understood that Resident 4 should not be treated as a POR.	{M 342}		