STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

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N 000	Initial Comments On 10/15/2025, Surveyors conducted a standard licensing survey and complaint investigation at Whitney Lodge II, a CBRF located in Madison, WI. As a result of the survey, 6 violations of Chapter DHS 83 were issued. The complaint was substantiated. Census: 7	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that Resident 1's Individual Service Plan (ISP) followed when Resident 1 was not provided their therapeutic diet as ordered by Resident 1's physician for weight control and seizure prevention. Findings include: On 09/02/2025, the Department received a complaint regarding ISPs not being adhered to in relation to dietary orders. On 10/15/2025 at 9:45 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/20/2025: Documentation from Resident 1's physician dated 05/2025 indicates that Resident 1 should be on a high protein or keto diet to help minimize	N 388		

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

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N 388	Continued From page 1	N 388		

seizures.

Resident 1's Individual Service Plan (ISP), dated 05/25/2025, directed staff to follow a low glycemic index diet or keto diet.

Resident 1's admission assessment dated 05/25/2025, indicated Resident 1 was to be on a keto diet.

On 10/15/2025 at 10:00 AM, Surveyors interviewed Resident 1. Resident 1 stated that his/her keto diet is not always followed by staff. Resident 1 stated, "Staff will make something that is not on my diet and tell me to eat it anyway. I have had to resort to buying my own food that includes tuna, yogurt and things that are on my diet. I don't have much money so I can't always afford to buy food." Surveyor asked Resident 1 how many days that s/he was not served food according to his/her diet. Resident 1 stated, "At least 4 to 5 days a week, one or two meals each day."

On 10/15/2025 at 10:20 AM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if s/he oversaw the facility in Licensee A's absence. Caregiver B stated, "Yeah I run things, I'm here every day so I know what's going on." Surveyor asked if Resident 1's keto diet was followed consistently. Caregiver B stated, "We try to follow Resident 1's diet, but we don't always have the food to do it." Surveyor asked Caregiver B if s/he knew what Resident 1 is supposed to eat. Caregiver B stated, "yes it's in his/her chart, there's a list." Surveyor asked Caregiver B if those items are on the shopping list to ensure that Resident 1 is served meals that are appropriate for him/her. Caregiver B shrugged his/her shoulders and said, "I don't know, I don't

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N 388	Continued From page 2 do shopping, I just put away what comes on the delivery." Surveyor asked Caregiver B where the menus are kept? Caregiver B stated, "We don't keep a written menu, we just cook what is here on the day." Surveyor asked Caregiver B if there was any documented proof that Resident 1's keto diet was being followed. Caregiver B stated, "No, nothing written down or documented."	N 388		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 2, Resident 3 and Resident 4 were evaluated for mental or physical capability to respond to a fire alarm at least annually. Resident 2, Resident 3 and Resident 4 did not have up to date resident evacuation assessments completed. This is a repeat violation from previous Statement of Deficiency (SOD) 2MVW11 dated 05/18/2021 and SOD 4IJ911 dated 08/21/2023. Findings include: On 10/16/2025 at 10:30 AM, Surveyors requested resident evacuation assessments for Resident 2, Resident 3 and Resident 4. Surveyor asked Caregiver B if the resident evacuation assessments for Resident 2, Resident 3 and Resident 4 were at the facility. Caregiver B stated that Licensee A has them at the office.	N 394		

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N 394	Continued From page 3 Surveyor asked Caregiver B if the resident evacuation assessments were up to date. Caregiver B stated, "I don't know, I don't do those." On 10/16/2025 at 11:30 AM, Surveyor emailed Licensee A and requested the most current resident evacuation assessments for Resident 2, Resident 3 and Resident 4. On 10/16/2025 at 4:00 PM, Licensee emailed surveyor with resident evacuation assessments for Resident 2, Resident 3 and Resident 4. On 10/16/2025 at 4:10 PM, Surveyor reviewed Resident 2's resident evacuation assessment. Resident 2 was admitted 08/31/2021. Resident 2's evacuation assessment was dated 12/01/2023. On 10/16/2025 at 4:10 PM, Surveyor reviewed Resident 3's resident evacuation assessment. Resident 3 was admitted 05/14/2020. Resident 3's evacuation assessment was dated 12/01/2023. On 10/16/2025 at 4:10 PM, Surveyor reviewed Resident 4's resident evacuation assessment. Resident 4 was admitted 10/04/2023. Resident 4's evacuation assessment was dated 12/01/2023.	N 394		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to	N 450		

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N 450	Continued From page 4 residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that a weekly menu was made available to residents. There was no menu posted in the facility. Findings include: On 10/15/2025 at 9:00 AM, Surveyor observed the physical environment. There was no posted menu to let residents know what was being served. On 10/15/2025 at 10:00 AM, Surveyor asked Caregiver B for print outs of the weekly menu dating back to July of 2025. Caregiver B stated, "We don't use menus, we just make what is available in the refrigerator or freezer." Surveyor asked Caregiver B if Resident 1 had a special diet? Caregiver B stated, "Yes and we try to accommodate that, but we aren't always able." Surveyor asked Caregiver B why there was no menu posted even though it is required by Chapter DHS 83? Caregiver B shrugged his/her shoulders and stated, "I don't know, we just never have."	N 450		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site,	N 452		

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N 452	Continued From page 5 according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe, sanitary manner. There was food stored in the same closet as chemicals and medications. Findings include: On 10/15/2025 at 10:45 AM, Surveyor observed the physical environment. Surveyor observed the medication closet. Along with medications for all residents, there was food (chips, cookies, and other snacks), stored in the same closet. There was also laundry detergent and cleaning chemicals stored in the same closet as food and medications. On 10/15/2025 at 11:00 AM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B why there was food, chemicals and medications stored in the same closet. Caregiver B stated, "Because the other staff are too lazy to put chemicals and food where they are supposed to	N 452		

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N 452	Continued From page 6 go." Surveyor asked Caregiver B where food and chemicals are supposed to be stored. Caregiver B stated that excess food is to be stored downstairs in a separate closet and laundry detergent and cleaning chemicals are to be stored in the laundry area or under the sink in the secured cabinet. Caregiver B acknowledged that food should not be stored in the same closet as chemicals or medications.	N 452		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that smoke detectors were maintained and in working order. There was at least 1 smoke detector beeping indicating it was not working properly. Findings include: On 10/15/2025 at 9:00 AM, Surveyors were sitting at the kitchen table. There was at least one smoke detector beeping, indicating it was not working properly. The facility smoke detector system is interconnected and hard wired (not	N 535		

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N 535	Continued From page 7 battery operated). On 10/15/2025 at 9:15 AM, Surveyor asked Caregiver B what the beeping sound was? Caregiver B stated, "Oh that's just one of the smoke alarms, it's been doing that for a while now." Surveyor asked how long the smoke detector had been beeping? Caregiver B stated, "The company was here a few months ago, but that detector has been beeping for about 2 weeks to a month." Surveyor asked if the company had been contacted to repair the detector? Caregiver B stated, "I don't think so, it's still beeping, I'll tell Licensee A about it today."	N 535		
N 636	83.59(1)(f) Exit passageways, stairways: width maintained All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit passageways and stairways to outside exits shall be at least 36 inches in width and maintained clear and unobstructed at all times. Exit passageways and stairways to outside exits shall be at least 32 inches in width in facilities licensed on or before the effective date of this section. In existing large facilities, the minimum corridor width shall be at least 4 feet. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 3 of 4 exits to/from the facility were unobstructed. Three exits were obstructed by items that would hinder the ability for residents to exit the facility in an emergency situation.	N 636		

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N 636	Continued From page 8 Findings include: On 10/15/2025 at 10:00 AM, Surveyors toured the physical environment. OBSERVATIONS: The exit ramp in the garage of the facility had furniture and decoration items on it that would hinder residents' ability to exit the facility in an emergency situation. There was an exit leading to the deck that was obstructed by furniture that would hinder residents' ability to exit the facility in an emergency situation. There was an exit in the lower level of the facility that was obstructed by a mattress and duffle bags that would hinder residents' ability to exit the facility. On 10/15/2025 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated, "I'm here all the time and am in charge when Licensee A is not here. I know that the ramp in the garage has stuff on it that shouldn't be, the exit downstairs should not have that bed and bags in front of it. The desk and chair up here don't block the exit if the chair is pushed in under the desk, but I have to make sure that it is pushed in when not in use. I understand that exits can't be blocked in case of emergency."	N 636		