STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018175	A. BUILDING: _____ B. WING _____	R-C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF MADISON	734 MESTA LANE 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
N 000	Initial Comments On 09/05/2023, Surveyor conducted a complaint investigation and verification visit at Traditions of Madison. Seven deficiencies were identified. Six of 7 deficiencies were repeat violations (see statement of deficiency (SOD) 6XI912, dated 02/02/2023, SOD H5KO11, dated 01/06/2022, and SOD YMLY11, dated 04/29/2021. Eleven previous violations from SOD 6XI912, dated 02/02/2023 were substantially corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 14	N 000		
{N 381}	83.35(1)(a) Pre-admission and ongoing assessments. 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. This Rule is not met as evidenced by:	{N 381}		

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

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{N 381}	Continued From page 1 Based on record review and interview, the provider did not complete an assessment for Resident 9 prior to admission. This is deficiency is being cited for the third time. See statement of deficiency (SOD) 6XI912, dated 02/02/2023, and SOD YMLY11, dated 04/29/2021. Findings include: On 09/05/2023, Surveyor reviewed Resident 9's record and identified the following: Resident 9 was admitted on 08/15/2023 with diagnoses including type 2 diabetes, alcohol abuse, and alcohol induced dementia. Resident 9 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 9's record did not contain a pre-admission assessment. On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E stated s/he could not find a pre-admission in Resident 9's record. Surveyor noted Resident 9 admitted after Administrator E started. Administrator E did not comment further.	{N 381}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan	N 387		

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N 387	Continued From page 2	N 387		

acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure all Individual Service Plans (ISP) had been signed by the responsible parties. Three of 3 ISP's reviewed did not contain the required signatures.

Findings include:

On 09/05/2023, Surveyor reviewed resident records and identified the following:

Resident 3 was admitted on 06/06/2016 with diagnoses of alcohol dependence, anxiety, alcohol induced dementia, depression. Resident 3 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 3's record contained an ISP dated 06/28/2023. The ISP did not include a signature from Resident 3's healthcare power of attorney.

Resident 5 was admitted on 05/18/2021 with diagnoses including nicotine dependence. Resident 5 is their own legal decision maker. Resident 5's record contained an ISP dated

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N 387	Continued From page 3 06/28/2023. The ISP did not include a signature from Resident 5. Resident 8 was admitted on 07/28/2023. Resident 8 had a guardian that made decisions on his/her behalf. Resident 8's record contained an ISP dated 07/28/2023. The ISP did not include a signature from Resident 8's guardian. On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E acknowledged the above ISP's were missing the required signatures. Administrator E stated s/he started 07/10/2023 and is still in the process of updating ISP's and acquiring the required signatures.	N 387		
{N 407}	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were reassessed by a pharmacist, practitioner, or	{N 407}		

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{N 407}	Continued From page 4	{N 407}		

registered nurse as needed, but at least quarterly for the desired response and possible side effects of scheduled psychotropic medications.

This a repeat deficiency. See statement of deficiency (SOD) 6XI912, dated 02/02/2023.

Findings include:

On 09/05/2023, Surveyor reviewed resident records and identified the following:

Resident 3 was admitted on 06/06/2016 with diagnoses of alcohol dependence, anxiety, alcohol induced dementia, depression. Resident 3 had physician orders for Olanzapine 5mg tablet for anxiety with a start date of 06/27/2023, Citalopram 40 mg tablet for depression with a start date of 06/27/2023, Lithium CR 300 mg tablet with a start date of 06/27/2023, Mirtazapine 45 mg for anxiety with a start date of 11/15/2022, and Buspar 10mg with a start date of 06/27/2023. Resident 3's record did not contain psychotropic medications reviews for the 1st and 2nd quarters of 2023.

Resident 5 was admitted on 05/18/2021 with diagnoses including nicotine dependence. Resident 5 was his/her own decision maker. Resident 5 had physician orders for Fluoxetine for depression to be taken 1x/day with a start date of 02/14/2023. Resident 5's record did not contain psychotropic medication reviews for the 1st and 2nd quarters of 2023.

On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E stated s/he reached out to the pharmacy who indicated the prior management of

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{N 407}	Continued From page 5 the facility had opted out of the pharmacy quarterly reviews. Administrator E stated s/he restarted pharmacy services and they will be starting in the 3rd quarter of 2023.	{N 407}		
{N 443}	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all pets were vaccinated. This a repeat deficiency. See statement of deficiency (SOD) 6XI912, dated 02/02/2023. Findings include: The provider is licensed to care for 17 residents in the clients groups of advanced age, irreversible dementia/Alzheimer's, and physically disabled. On 09/05/2023, Surveyor conducted a verification visit and identified the following: On 09/05/2023 at 11:20 AM, Surveyor observed a cat in Resident 4's bedroom. Surveyor asked Administrator A if Resident 4's cat had received their vaccinations since the last survey. Administrator A stated s/he did not have evidence Resident 4's cat had received their vaccinations. Administrator A noted s/he did not have record of Resident 4's vaccination record. Administrator A stated s/he had talked to Resident 4's family about his/her cat being removed from the facility, but talks are still ongoing.	{N 443}		

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N 454	Continued From page 6	N 454		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person	N 454		

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N 454	Continued From page 7 administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure Resident 10's record was maintained. Resident 10's record contained only a facesheet. This a repeat deficiency. See statement of deficiency (SOD) H5KO11, dated 01/06/2022. Findings include: On 09/05/2023, Surveyor conducted a verification visit and identified the following:	N 454		

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N 454	Continued From page 8 On 09/05/2023 at 10:40 AM, Surveyor interviewed Administrator E. Surveyor asked if there had been any allegations of caregiver misconduct from June 2023-present related to a previous violation issued in SOD 6XI912, dated 02/02/2023. Administrator E noted on 09/03/2023, Resident 10 made an allegation of misappropriation and abuse against Caregiver G. Surveyor requested Resident 10's record. Administrator E provided Resident 10's record. Surveyor observed only a facesheet in Resident 10's record. Administrator E noted Resident 10 had mental illness concerns and a had a history of making calls to the police and false accusations. A review of Resident 10's facesheet included an admission date of 09/06/2022 and diagnoses of schizophrenia, tobacco dependence, and slurred speech. Resident 10's record was missing information related to legal representative, medical, social, psychiatric history, current personal physician, results of initial health screening and subsequent health examinations, admission agreement, documentation of significant incidents and illnesses, including the dates, times and circumstances, assessments, individual service plan, physician orders, medications list, results of quarterly psychotropic medications assessments, documentation of administration of all medications, and the person administering the medications or any side effects observed by the employees. On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E acknowledged Resident 10's record was a concern. Administrator E noted s/he	N 454		

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N 454	Continued From page 9 started on 07/10/2023 and is still in the process of updating resident records.	N 454		
{N 525}	83.47(2)(d) Fire drills. 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 Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a fire drill was conducted quarterly in 2023. This is deficiency is being cited for the third time. See statement of deficiency (SOD) 6XI912, dated 02/02/2023, and SOD YMLY11, dated 04/29/2021. Findings include: On 09/05/2023, Surveyor conducted a verification visit and reviewed safety records. The following	{N 525}		

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{N 525}	Continued From page 10 was found: The provider did not have evidence a fire drill was conducted in the 2nd quarter of 2023. On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E stated s/he started in July and s/he could not find evidence a fire drill was conducted in the 2nd quarter of 2023. Administrator E confirmed s/he had not conducted a fire drill since starting. Cross Reference: N0526 DHS 83.47(2)(e) Other Evacuation Drills	{N 525}		
{N 526}	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills were conducted at least semi-annually in 2023. This a repeat deficiency. See statement of deficiency (SOD) 6XI912, dated 02/02/2023. Findings include: On 09/05/2023, Surveyor conducted a verification visit and reviewed safety records. The following was found: -The provider did not have evidence 1 other	{N 526}		

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{N 526}	Continued From page 11 evacuation drill was completed semi-annually in 2023. On 09/05/2023 at 1:45 PM, Surveyor conducted an exit conference and shared findings with Administrator E and Executive Director F. Administrator E stated s/he started in July and s/he could not find evidence 1 other evacuation drill was conducted semi-annually in 2023. Administrator E confirmed s/he had not conducted any other evacuation drills since starting. N0525 DHS 83.47(2)(d) Fire Drills	{N 526}		