| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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<br><br>On 08/26/2025, the bureau of assisted living southern regional office conducted a complaint investigation at The Sonnet at Tennyson a CBRF located in Madison, WI.<br><br>As a result of this survey, 2 violations of DHS Chapter 83 was issued.<br><br>The complaint was substantiated.<br><br>Census: 47 | N 000 | | |
| N 355 | 83.32(3)(k) Rights of Residents: Self-determination<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure each resident had the right to self-determination when deciding when to enter and/or exit their home.<br><br>FINDINGS INCLUDE:<br><br>On 08/15/2025, the Department received a complaint regarding residents waiting extended periods of time for staff to unlock the door to the unit.<br><br>On 08/26/2025, Surveyor arrived at the facility for a complaint investigation. | N 355 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 355 | Continued From page 1<br><br>On 08/26/2025 at 9:00 AM, Surveyor interviewed Administrator A. Administrator A stated a few residents had reported long wait times at unit doors since the new door system was implemented. Administrator A explained the new door system required a staff's electronic key at the door panel to unlock it for entry and exit, and to disarm the door's 15-second egress alarm system for people exiting the unit. Administrator A stated s/he recently had a meeting with residents and staff to troubleshoot issues with the new door system. Administrator A stated on 08/18/2025 s/he installed wireless black doorbells at the entrance of each floor to give residents multiple ways to summon staff.<br><br>On 08/26/2025 at 9:15 AM, Surveyor entered the facility elevator and observed a sign which stated the following, "July 10,2025 ...Dear residents: The building is licensed as a CBRF on all four floors. With that, comes the requirement to have delayed egress doors on all four floors. Effective 6:30 am on 7/11/25 all four floors will require assistance from a caregiver to enter and exit the floors. There is a doorbell on each side of the door for you to press when you are at the door. Once the doorbell is pressed you will need to wait for a caregiver to come and open the door for you ... [Name of Facility] management team (Picture 1)."<br><br>08/26/2025 at 9:35 AM, Surveyor interviewed Caregiver B. Caregiver B reported s/he had started employment approximately one month ago. Caregiver B reported s/he took care of multiple residents who were of sound mind. Caregiver B reported when residents pressed the red button to enter the unit, a message was sent to caregiver pagers and also to the nursing | N 355 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 355 | Continued From page 2 | N 355 | | |

station computer. Caregiver B stated facility staff each had an electronic key they "swipe" at the door to let people enter the unit. Caregiver B denied the unit door being locked from the inside. Caregiver B stated if a resident exited the unit without staff an alarm would go off followed by the door unlocking 15 seconds later. Caregiver B stated residents were instructed to summon caregiver assistance to disengage the alarmed egress door alarm system to exit the unit. Caregiver B reported s/he had witnessed instances where caregivers were in the middle of resident cares when their pager notified them of a person waiting at the door, and the caregiver was forced to make the person at the door wait. Caregiver B stated s/he hadn't witnessed a wait time longer than 5 minutes, but multiple residents had made complaints about waiting at the door for up to 20 minutes.

On 08/26/2025 at 11:00 AM, Surveyor interviewed Resident 4. Resident 4 stated that recently his/her family member had waited approximately 10 minutes at the unit door to be let in. Resident 4 mentioned issues with the door system happened when agency staff were on duty which was most of the time.

On 08/26/2025 at 11:30 AM, Surveyor interviewed Resident 2 and Resident 3 at the 4th floor dining room table. Resident 2 reported a single instance where s/he waited approximately 15 minutes for caregivers to let him/her back on the unit. Resident 2 stated s/he also heard complaint from his/her family and pharmacy about waiting extended periods of time at the unit entrance. Resident 3 stated s/he didn't have much issue with exiting the unit because s/he will just set off the alarm to leave. Resident 2 and Resident 3 stated s/he believe things had recently improved

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 355 | Continued From page 3 | N 355 | | |

with the implementation of the block doorbell. Resident 2 and Resident 3 reported facility staff were readily available to open the unit door for residents, but issues with long wait times arose when agency staff were on duty.

On 08/26/2025, Surveyor reviewed the "MEETING AGENDA RESIDENT," form dated 08/14/2025. The following was documented, "We are adding doorbells with a specific ringer to each floor on Monday to alert care staff that someone needs to come in or go out."

EXAMPLE 1: Resident 1

On 08/26/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/05/2022.

On 08/26/2025, Surveyor reviewed Resident 1's individualized service plan (ISP) dated 12/31/2024. Resident 1's ISP documented that s/he is his/her own person and was capable of self-supervision and making his/her own decisions. Resident 1's ISP also documented s/he was capable to administering his/her own medications.

On 08/26/2025, Surveyor reviewed Resident 1's grievance sent to Administrator A on 08/01/2025 at 3:06 AM. Resident 1 stated the following, " ...On behalf of myself and other resident I would like to express the physical and emotional challenges as a result of the new door access system ...under the current system, residents must wait for a caretaker to unlock the door in order to be let on to the floor, and we must press a button and wait for someone to allow entry when returning to the floor. While the system seems manageable in theory, the practical

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 355 | Continued From page 4 | N 355 | | |

outcome has often been frustrating and emotionally discouraging. On numerous occasions I waited on the average of 10-15 minutes to access my floor and apartment. On one occasion I was unable to access my apartment for 45 minutes. These delays are not only inconvenient but distressing ..."

EXAMPLE 2: Resident 2

On 08/26/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 11/17/2022.

On 08/26/2025, Surveyor reviewed Resident 2's current ISP. The ISP documented Resident 2. The ISP documented Resident 2 was capable of self-supervision and making his/her own decisions.

EXAMPLE 3: Resident 3

On 08/26/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 05/17/2022.

On 08/26/2025, Surveyor reviewed Resident 3's current ISP. The ISP documented Resident 3. The ISP documented Resident 3 was capable of self-supervision and making his/her own decisions.

EXIT INTERVIEW:

On 08/26/2025 at 1:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged Resident 1, Resident 2 and Resident 3 were all assessed as having full capacity for self-direction. Administrator A acknowledged Resident 1,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 355 | Continued From page 5<br>Resident 2 and Resident 3 all reported instances where they couldn't freely exit and/or enter their home since the new door system had been implemented.<br><br>CROSS REFERENCE N0649 DHS CHAPTER 83.59(4) Delayed Egress: Only One Device Permitted | N 355 | | |
| N 649 | 83.59(4)(a) Delayed egress: only one device permitted<br><br>Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: No more than one device shall be present in a means of egress.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure delayed egress door locks were approved by the department or that only one device was present as a means of egress.<br><br>FINDINGS INCLUDE:<br><br>On 08/15/2025, the Department received a complaint regarding residents waiting extended periods of time for staff to unlock the door to the unit. | N 649 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 649 | Continued From page 6<br>On 08/26/2025, Surveyor arrived at the facility for a complaint investigation.<br><br>On 08/26/2025 at 9:00 AM, Surveyor interviewed Administrator A. Administrator A stated a few residents had reported long wait times at unit doors since the new door system was implemented. Administrator A explained the new door system required a staff's electronic key at the door panel to unlock it for entry and exit, and to disarm the door's 15-second egress alarm system for people exiting the unit. Administrator A stated s/he recently had a meeting with residents and staff to troubleshoot issues with the new door system. Administrator A stated on 08/18/2025 s/he installed wireless black doorbells at the entrance of each floor to give residents multiple ways to summon staff.<br><br>On 08/26/2025 at 9:15 AM, Surveyor observed that the unit on the first-floor main entrance had a 15-second delayed egress alarm system. Surveyor then rode an elevator up to the 2nd floor and upon exiting the elevator observed the main entrance to the second was locked. Surveyor pressed the unit doorbell, and a staff member opened the door for Surveyor to enter. Upon exiting the 2nd floor unit, Surveyor observed the door had a 15-second delayed egress alarm system. Surveyor pressed the unit doorbell, and a staff member opened the door for Surveyor to exit. After exiting the unit Surveyor was then forced to summon an elevator to go back to the first floor. Surveyor observed the 3rd and 4th floors main entrances forced individuals to wait through the 15-second delayed egress alarm system before gaining access to the elevator. Surveyor entered the facility elevator and observed a sign which stated the following, "July 10,2025 ...Dear residents: The building is | N 649 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 08/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SONNET AT TENNYSON (THE) | 1936 TENNYSON LN 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 649 | Continued From page 7<br>licensed as a CBRF on all four floors. With that, comes the requirement to have delayed egress doors on all four floors. Effective 6:30 am on 7/11/25 all four floors will require assistance from a caregiver to enter and exit the floors. There is a doorbell on each side of the door for you to press when you are at the door. Once the doorbell is pressed you will need to wait for a caregiver to come and open the door for you ... [Name of Facility] management team (Picture 1)."<br><br>On 09/10/2025, Surveyor reviewed the Department's facility records. Surveyor did not find documentation of approval for facility to utilize 15-second delayed egress alarm system.<br><br>On 09/10/2025 at 3:53 PM, Surveyor emailed Administrator A. Surveyor explained that the facility did not have documented department approval for the 15-second delayed egress door alarm system. Surveyor explained that the 2nd, 3rd and 4th floor unit main entrances were not permitted to be an egress because then the elevator became a second egress.<br><br>On 09/10/2025 at 4:00 PM, Administrator A emailed Surveyor back. Administrator A thanked Surveyor for being the above issue to his/her attention. Administrator A stated s/he would follow-up with corporate leaders the next day.<br><br>CROSS REFERENCE N0355 DHS Chapter 83.32(3)(k) Rights of Residents: Self-Determination | N 649 | | |