STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019366	A. BUILDING: _____ B. WING _____	R-C 12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE MEADOWS OF MIDDLETON - 5340	5340 CENTURY AVE MIDDLETON, WI 53562

(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 12/11/2025 to 12/15/2025, Surveyors conducted 2 complaint investigations and verification visit at Sage Meadows of Middleton. One deficiency was identified. One of 1 deficiency was a repeat violation. See Statement of Deficiency (SOD) 7V0L12, dated 08/22/2025. All previous violations from SOD 7V0L12, dated 08/22/2025 were substantially corrected. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. One complaint was substantiated. One complaint was unsubstantiated. Census: 38	{N 000}		
{N 161}	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure injuries of an unknown sources were investigated for 1 of 1 resident reviewed who had injuries of an unknown source. Resident 8 had	{N 161}		

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

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{N 161}	Continued From page 1	{N 161}		

documentation of 3 bruises on his/her right arm with unknown origin that was not investigated.

This is a repeat deficiency. See Statement of Deficiency (SOD) 7V0L12, dated 08/22/2025.

Findings include:

On 11/05/2025, the Department received a complaint alleging concerns with "markings" and bruises to a resident.

On 12/11/2025, Surveyor reviewed Resident 8's record and identified the following:

Resident 8 was admitted to the facility on 04/17/2023 with a diagnosis of dementia. Resident 8 had an activated healthcare power of attorney. Resident 8's individual support plan (ISP) dated 04/11/2025 documented: "Bathing: [Resident 8] will receive partial assistance with showers on pm shift Sunday's and Wednesday's. Care staff will encourage [Resident 8] to wash [him/herself] to the best of [his/her] abilities. Care staff will provide hands-on assistance to complete bathing and showering tasks. Care staff will conduct skin check and notify the community RN of any changes or concerns. Nursing procedures: Care staff will monitor and perform skin checks on residents and report any abnormalities to the community RN for evaluation."

Resident 8's medical records dated 11/01/2025 documented an image of the front of his/her whole body. The image documented 3 bruises to Resident 8's right arm. The following was found: "-1.4 cm x 2.2 cm irregularly shaped contusion, red center with yellow edges (upper arm/above

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{N 161}	Continued From page 2	{N 161}		

elbow)
-1.8 cm x 2.2 cm circular red brown contusion, blanchable (forearm/above wrist)
-4 cm x 4.2 cm circular contusion, yellow center and red/purple edges (forearm/above wrist)."

Surveyor reviewed Resident 8's record and noted there was no documentation indicating the provider investigated the injuries of unknown source that were discovered at his/her exam on 11/01/2025. Additionally, there was no documentation indicating the provider assessed Resident 8 upon return to the facility.

On 12/11/2025 at 11:50 AM, Surveyor interviewed Assistant Director F about the incident. Assistant Director F reported on 11/01/2025, s/he was notified by Executive Director G that Resident 8's spouse had observed a heart shaped drawing on Resident 8's inner thighs along with some other writing that was illegible while assisting him/her to the bathroom and that s/he took Resident 8 to the hospital for a sexual assault examination. Assistant Director F stated s/he collected statements from staff and management took over the investigation from there. Surveyor shared pictures of Resident 8's bruising to his/her right arm. Assistant Director F reported the facility conducted an investigation into the writing on Resident 8's thighs but was unaware of the bruising. Assistant Director F stated s/he would review the provider's electronic health record to see if anything was documented regarding the bruising.

On 12/11/2025 at 1:25 PM, Surveyor interviewed Assistant Director F. Assistant Director F reported after looking through Resident 8's record going back to September 2025, staff did not document

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{N 161}	Continued From page 3 any concerns related to bruising on his/her right arm. Assistant Director F confirmed the provider did not have evidence of an investigation into the bruising. On 12/15/2025 at 11:03 AM, Surveyor interviewed Executive Director S and Licensee T. Executive Director S reported s/he had completed an investigation into the writing on Resident 8's thighs but was unaware of the bruising to his/her right arm. Executive Director S reported s/he had talked at length with Resident 8's daughter/son after the exam on 11/01/2025 and s/he never reported concerns with bruising. Surveyor shared concern that the provider had not assessed Resident 8 once s/he returned from the hospital. The management team acknowledged they did not have documentation of the cause of the bruising, or any follow up. No additional information was made available by the provider at this time.	{N 161}		