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
	0017701	A. BUILDING: _____ B. WING _____	R-C 08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF MADISON ELMWOOD	5575 BURKE RD MADISON, WI 53718

(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 08/13/2024, the bureau of assisted living southern regional office completed an enforcement verification visit and complaint investigation at Cottages of Madison Elmwood a CBRF located in Madison, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. Complaint was substantiated. Three violations from previous SOD 88ZV14 were corrected. 1 violation is a repeat violation from previous statement of deficiency (SOD) 77FZ11 dated 01/25/2021. 1 violation is a repeat violation from previous SOD 88ZV11 dated 07/05/2022, SOD 88ZV12 dated 01/26/2023, SOD 88ZV13 dated 09/27/2023 and 88ZV14 dated 03/20/2024. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 15	{N 000}		
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 acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal	N 387		

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

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N 387	Continued From page 1	N 387		

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 that 2 of 2 Individual Service Plans (ISP) were signed by the resident or their legal representative. Resident 7 and Resident 8's ISP were not signed.

This is a repeat violation from statement of deficiency (SOD) 77FZ11 dated 02/25/2021.

Findings include:

On 08/13/2024, Surveyor reviewed Resident 7's medical record. Resident 7 was admitted to the facility on 12/13/2019. Resident 7 had 2 co-guardians. Resident 7 was diagnosed with but not limited to: cognitive impairment, paralysis and aphasia (difficulties with speech).

Resident 7's ISP, dated 05/14/2024, was not signed by Resident 7's legal representative.

On 08/13/2024 at 10:30 AM, Surveyor reviewed Resident 8's medical record. Resident 8 was admitted 08/07/2024 with diagnoses that include but are not limited to: Diabetes type II with neurological complication, chronic pain, HTN, hemiplegia following unspecified cerebral

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N 387	Continued From page 2 vascular disease affecting left dominant side, history of TIA, and history of cerebral vascular accident. Resident 8 is own person and decision maker. Resident 8's ISP was not signed by Resident 8. On 08/13/2024 at 10:45 AM, Surveyor interviewed Resident 8. Resident 8 stated that s/he had not signed an ISP. Surveyor showed Resident 8 a copy of his/her ISP. Resident 8 stated, "I have never seen anything like that. They had me sign other documents, but not that one." On 08/13/2024 at 12:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that ISPs must be signed by the resident or their legal representative. Administrator A acknowledged that neither Resident 7 or Resident 8's ISP were signed by the resident or legal representative.	N 387		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment. The bathroom used by residents smelled strongly of urine and the toilet	{N 481}		

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{N 481}	Continued From page 3 seat was very dirty. This is a repeat violation from previous Statement of Deficiency (SOD) 88ZV11 dated 07/05/2022, SOD 88ZV12 dated 01/26/2023, SOD 88ZV13 dated 09/27/2023 and 88ZV14 dated 03/20/2024. Findings include: On 08/13/2024 at 9:30 AM, Surveyor toured the physical environment. OBSERVATIONS: The bathroom used by residents adjacent to Room 14 smelled very strongly of urine. There was a substance that appeared to be feces on the toilet seat. There was a brown substance that appeared to be feces on the wall next to the light switch. There was a broken outlet cover in the office area. There was a missing outlet in the office area. On 08/13/2024 at 12:00 PM, Surveyor discussed the above concern with Manager A. Manager A acknowledged that there are environmental concerns that would be addressed as soon as possible.	{N 481}		