STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018274	A. BUILDING: _____ B. WING _____	R 03/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CREATIVE CARE LLC II	2906 TURBOT DRIVE MADISON, WI 53713

(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
{M 000}	INITIAL COMMENTS On 02/25/2026, with information gathered through 02/26/2025, Surveyor conducted a verification visit at Madison Creative Care LLC II. One deficiency was identified. One of 1 deficiency was a violation (see Statement of Deficiency (SOD) 90BR11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident received medication in the proper dosage. This is a repeat deficiency. See Statement of Deficiency (SOD) 90BR11, dated 10/16/2025. Resident 1's Breztri Aerosphere (inhaler) was not administered as prescribed by his/her physician.	{M 462}		

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
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{M 462}	Continued From page 1 Findings include: On 02/25/2026, at approximately 8:47 AM, Surveyor and Caregiver B reviewed Resident 1's medication in the medication closet and observed Resident 1's Breztri Aerosphere inhaler that had approximately 94 of 120 doses remaining. The inhaler was dispensed on 12/23/2025. On 02/25/2026, at approximately 9:00 AM, Surveyor asked Caregiver B for Resident 1's medication administration record (MAR). Caregiver B stated that staff documented med administration into the computer, and s/he did not have access to run a report. On 02/26/2026 at 6:32 AM, Surveyor emailed Administrator A and requested Resident 1's MARs, dated 12/01/2025 to 02/25/2026. Surveyor asked for clarification as to when Resident 1's Breztri Aerosphere inhaler was first utilized as there were concerns the medication had not been administered as prescribed. On 02/26/2026 at 4:30 PM, Administrator A emailed Surveyor with requested documentation and stated the inhaler had been opened on 01/20/2026. On 02/26/2026, Surveyor reviewed Resident 1's record provided by Administrator A. Resident 1 moved into the home, 07/19/2025, with diagnosis including asthma. Resident 1's MARs, dated 01/20/2026 to 02/25/2026, documented: "Breztri Aerosphere - Inhale 1 puff by mouth daily. Scheduled at 8:00 AM."	{M 462}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 462}	Continued From page 2 The MARs documented the medication had been administered as prescribed. Surveyor determined if inhaler was opened 01/20/2026, 37 doses should have been administered between 01/20/2026 and 02/25/2026. The inhaler displayed approximately 26 doses had been administered (120 original doses - 94 remaining doses = 26 administered). On 03/01/2026 at 8:38 AM, Surveyor emailed Administrator A and outlined his/her concern with the administration of Resident 1's inhaler. On 03/01/2026 at 11:48 AM. Administrator A emailed Surveyor and stated s/he would address the concerns with staff. "Throw away BREZTRI AEROSPHERE 3 months after you open the foil pouch (for the 120-inhalation canister), or 3 weeks after you open the foil pouch (for the 28-inhalation canister), or when the puff indicator reaches zero "0", whichever comes first." (Source: Breztri Aerosphere website, Patient Information Breztri Aerosphere, January 2022, https://drd9vrdh9yh09.cloudfront.net/50fd68b9-106b-4550-b5d0-12b045f8b184/9d44f9af-438a-448b-bb5c-dae506e17e49/9d44f9af-438a-448b-bb5c-dae506e17e49_pi_med_guide_rendition__c.pdf. (retrieval date - March 01/2026).)	{M 462}		