STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017777	A. BUILDING: _____ B. WING _____	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING-MADISON	5601 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
U 000	INITIAL COMMENTS On 08/13/2024, Surveyors conducted an abbreviated survey at Charter Senior Living-Madison. Two deficiencies were identified. Census: 37	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure complete medication management and administration was provided for Tenant 1. Medication was unavailable for staff to administer Tenant 1's scheduled medication passes for Levothyroxine from 08/09/2024 - 08/13/2024, and	U 118		

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

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U 118	Continued From page 1	U 118		

for Methenamine on 08/10/2024 and 08/11/2024. Tenant 1 did not receive scheduled bedtime (HS) medications or have his/her blood sugar checked on 08/05/2024.

Findings include:

On 08/13/2024 at 10:35 AM, Surveyor toured the medication cart with Director of Nursing (DON) B. It was noted many bubbles were punched out and used, and out of order. Surveyor observed medication still in the HS bubble packs for Tenant 1 on several dates including 08/05/2024.

On 08/13/2024 at 10:50 AM, Surveyor interviewed DON B regarding the concerns. S/he stated staff were not always punching in the correct order, and that the medications were nearing the end of the current cycle. New packs would arrive so the medications could be punched in proper order, and staff had been and would continue to be educated on the topic. DON B proceeded to explain an incident on 08/05/2024 that Resident 1 reported about not receiving his/her bedtime medications and not getting a bedtime blood sugar check. The staff member working that evening was investigated, and it was determined that the staff never administered the bedtime medication or checked the blood sugar that evening.

On 08/13/2024, Surveyor reviewed Tenant 1's record and identified the following:

Tenant 1 admitted to the provider on 12/03/2023 with diagnosis including rheumatoid arthritis, diabetic neuropathy, and diabetes. Tenant 1's most recent assessment, dated 06/04/2024, documented that s/he required assistance with medication management including assistance

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U 118	Continued From page 2	U 118		

with administration, four or more times daily.

Tenant 1's physician orders included the following medications that have a HS administration:

" Start date: 06/04/2024- Acetaminophen 500 mg caplet: Take 2 tablets (1000 mg) three times for pain.
Start date: 04/08/2024- Assure safety lancet: Use to test blood sugar 4 times daily.
Start date: 04/08/2024- Atorvastatin tablet 20 mg: Take 1 tablet by mouth once daily for hyperlipidemia.
Start date: 04/08/2024- Brimo/Timol 0.2%-0.5% ophth: Instill 1 drop in both eyes twice daily for glaucoma.
Start date: 04/08/2024- Magnesium oxide 400 mg tablet: Take 1 tablet by mouth twice daily.
Start date: 06/04/2024- Senna-Docusate 8.6-50 mg tablet: Take 2 tablets by mouth twice daily for constipation."

Review of Tenant 1's August 2024 medication administration record (MAR) documented the medication listed above as administered on all days including 08/05/2024.

Additional physician orders include the following:

"Start date: 04/08/2024- Levothyroxine 112 mcg tablet: Take 1 tablet by mouth once daily for hypothyroidism.
Start date: 04/08/2024- Methenamine Hip tablet 1 gm: Take 1 tablet by mouth twice daily for UTI prevention/prophylaxis."

Review of Tenant 1's August 2024 MAR documented:

"Levothyroxine charted as "exception" and

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U 118	Continued From page 3 "medication not available" for 08/10/2024 and 08/11/2024. Methenamine charted as "exception" and "medication not available" on 08/09/2024 - 08/13/2024." On 08/13/2024 at 11:30 AM, Surveyor interviewed Tenant 1. Tenant 1 stated s/he had not received the bedtime medication on 08/05/2024 and waited up until 10:30 PM for his/her blood sugar check, but no one ever came. Tenant 1 shared s/he thought similar situations have occurred before but did not recall dates or times. On 08/13/2024 at 2:22 PM, Surveyors interviewed Executive Director A and DON B during an exit conference. Surveyor asked about the medications in Tenant 1's MAR that were documented as "medication not available". DON B shared s/he was not made aware of the medication being gone until 08/12/2024 and that s/he has reached out to the facility's pharmacy to get replacement doses. DON B did not know why or how they became off cycle from the rest of the medications.	U 118		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider	U 127		

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did not ensure food was stored under safe and sanitary conditions. Surveyors observed food items in the freezer with frost build up, items in the freezer and cooler that were not properly sealed, items stored on the floor in the cooler, and ice buildup on the condenser, shelves, and floor of the freezer.

Findings include:

On 08/13/2024 at 10:20 AM, Surveyors toured the facility kitchen where food is stored and prepared, and observed the following:

Freezer:
-Ice buildup hanging from the condenser at the top inside of the freezer, that had also frozen to boxes of food that were being stored on the top shelf.
-Ice buildup on the floor that also had food residue froze into it.
-Ice and frost buildup on a tray of food that was uncovered, appearing to be balls of cookie dough, and covering about 13 bags of bread products.

Cooler:
-Three boxes of juice concentrate stored on the floor.
-One box of peeled and diced potatoes on the floor.
-Two trays of bacon (about 36 pieces) uncovered on a rack.
-One tray of sausage links uncovered on a rack.

On 08/13/2024 at 10:30 AM, Surveyors interviewed Env. Serv. Director (ESD) C about the conditions of the kitchen. ESD C stated that the ice and frost build up in the freezer was related to a seal on the freezer door that was

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U 127	Continued From page 5 broken. S/he was unaware of how long the problem existed but did state the new parts were ordered and had arrived to make the appropriate repair. ESD C was aware of the requirement to have food properly stored and sealed and was not sure why it had not been completed on the items observed by Surveyors. ESD C stated s/he would pass concerns along to their dietary director. On 08/13/2024 at 2:22 PM, Surveyors interviewed Executive Director (ED) A and Director of Nursing (DON) B during exit conference. The concerns related to the kitchen were discussed and ED A shared the material for the freezer repair had been delivered, so that would be fixed soon. ED A acknowledged the requirements to have food properly sealed and stored and did not have an explanation for why this requirement had not been met.	U 127		