| 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 _____ | R-C 08/20/2025 |

| 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<br><br>On 08/20/2025, Surveyor conducted a verification visit at Charter Senior Living- Madison, a certified RCAC located in Madison, WI.<br><br>As a result of the survey, 1 deficiency of Chapter DHS 89 was identified.<br><br>This is a repeat deficiency - See Statement of Deficiency (SOD) B33912, dated 04/09/2025, and SOD B33911, dated 08/13/2024.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 45 | {U 000} | | |
| {U 118} | 89.23(2)(a)2.c SERVICES<br><br>SUFFICIENT SERVICES.<br><br>Minimum required services.<br><br>A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract:<br><br>c. Nursing services: health monitoring, medication administration and medication management.<br><br>This Rule is not met as evidenced by: | {U 118} | | |

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

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| {U 118} | Continued From page 1<br>Based on record review and interview, the provider did not ensure 2 of 2 tenants reviewed received medication management services.<br><br>Tenant 1 was not receiving the correct dose of sliding scale insulin.<br>Tenant 3 did not receive a scheduled topical pain medication.<br><br>This is a repeat deficiency - See Statement of Deficiency (SOD) B33912, dated 04/09/2025, and SOD B33911, dated 08/13/2024.<br><br>Findings include:<br><br>Example 1- Tenant 1<br><br>On 08/20/2025 Surveyor reviewed Tenant 1's record which documented the following:<br><br>Tenant 1 admitted to the facility on 12/03/2023 with diagnosis including type 2 diabetes and chronic kidney disease. The record included Tenant 1's medication administration record (MAR) which documented the following medications:<br><br>Insulin Lispro 100 U/ML Kwikpen: Inject 10 units subcutaneously before breakfast. Scheduled at 8:00 AM.<br>Insulin Lispro 100 U/ML Kwikpen: Inject 8 units subcutaneously before lunch. Scheduled at 12:00 PM.<br>Insulin Lispro 100 U/ML Kwikpen: Inject 6 units subcutaneously before dinner. Scheduled at 5:00 PM.<br>Ozempic 4 MG/3ML (1 MG Dose): Inject 1 MG subcutaneously once weekly on Fridays for diabetes mellitus type 2. Scheduled at 8:00 AM.<br>Tresiba Flex Inj 100 Unit: Inject 38 units | {U 118} | | |

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| {U 118} | Continued From page 2<br>subcutaneously once daily for type 2 diabetes mellitus. Scheduled at 8:00 AM.<br>Insulin Lispro 100 U/ML Kwikpen: Inject subcutaneously per sliding scale before meals for blood sugar: 150-200= 2U; 200-250= 4U; 250-300= 6U; 300-350= 8U; 350-400= 10U. No scheduled time.<br><br>The MAR did not include any charting notations to indicate the sliding scale dose had been administered.<br><br>On 08/20/225 at approximately 11:50 AM, Surveyor interviewed Health and Wellness Director (HWD) F. HWD F stated s/he had previously called the pharmacy requesting the sliding scale order be put into the MAR as scheduled, but that it still had not been changed.<br><br>On 08/20/2025 at approximately 12:45PM, Surveyor interviewed HWD F and Executive Director (ED) A. Surveyor requested a copy of the physician order for Tenant 1's insulin. The physician order for sliding scale matched the directions within the MAR. ED A and HWD F confirmed if staff were not signing it off on the MAR that the sliding scale doses were likely not being administered. HWD F stated that until reviewing the information together, s/he did not realize staff were not administering it. ED A and HWD F did not know why the pharmacy set the order as an as needed versus scheduled.<br><br>Example 2- Tenant 3<br><br>On 08/20/2025 Surveyor reviewed Tenant 3's record which documented the following:<br><br>Tenant 3 admitted to the facility on 04/12/2024. | {U 118} | | |

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| {U 118} | Continued From page 3<br><br>Tenant 3's medication administration record (MAR) included an order for scheduled Biofreeze Gel 4%- Apply to cervical paraspinal region 3 times daily for pain (scheduled 8:00 AM, 2:00 PM, and 8:00 PM). A review of the charting records within Tenant 3's MAR (dating from 08/01/2025 - 08/20/2025) indicated the Biofreeze Gel was not administered on 15 different occasions with an exception reason documented as "medication not available". Tenant 3's record indicated s/he experienced frequent pain/discomfort as the MAR documented 13 occasions s/he received an as needed dose of acetaminophen for pain between 08/01/2025 - 08/20/2025.<br><br>On 08/20/2025 at approximately 12:00 PM, Surveyor observed the medication cart and located 2 bottles of Biofreeze Gel labeled for Tenant 3, 1 with a fill date of 07/21/2025, and the other 08/01/2025. Surveyor interviewed HWD F, Caregiver D, and Caregiver E who were all present in the medication room. HWD F stated s/he will call the pharmacy for re-orders, but that the caregivers also have a button on the MAR they can press to request refills. Caregivers D and E explained some staff missed the Biofreeze in the medication cart because the packaging recently changed. They stated it used to come in a tube with a flip top, but it now comes in a bottle with a pump. | {U 118} | | |