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 _____	C 04/29/2025

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 04/29/2025, Surveyor conducted a complaint investigation at Sage Meadows of Middleton. One deficiency was identified. The complaint was substantiated. Census: 37	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not implement Resident 1's individual service plan (ISP) as written regarding Tubi-grips (compression stockings). Findings include: On 04/29/2025, Surveyor conducted a complaint investigation and identified the following: On 04/29/2025 at 10:05 AM, Surveyor interviewed Caregiver B. Caregiver B reported concerns that Resident 1 was refusing cares. Caregiver B reported Resident 1 was already dressed for the day when s/he arrived to work at (7am) and s/he was unsure if Resident 1 used tubi grips. On 04/29/2025 at 10:12 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he has worked full-time on the 1st shift since January 2025. Caregiver C reported 3rd shift got	N 388		

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

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N 388	Continued From page 1 Resident 1 up for the day and s/he was sleeping in the common space when they arrived to work this morning. Caregiver C stated Resident 1 is supposed to wear tubi grips 24 hours a day unless receiving wound care and Resident 1 did not have any open wounds currently. At 10:17 AM, Caregiver C and Surveyor observed Resident 1 sleeping in a chair next to the dining room. Caregiver C lifted both of Resident 1's pant legs up to his/her knees and no tubi grips were observed. Caregiver C stated 3rd shift staff must have forgotten to put Resident 1's tubi grips on when getting him/her dressed this morning. On 04/29/2025 at 12:25 PM, Surveyor interviewed Administrator A. Administrator A reported Resident 1 was supposed to wear tubi grips 24 hours/day except for bathing and wound care. Administrator A stated s/he followed up with 3rd shift staff who reported hospice gave Resident 1 a bath yesterday, so they thought tubi grips were applied by hospice. Administrator A confirmed 3rd shift staff did not ensure Resident 1 was wearing his/her tubi grips when assisting with getting him/her up for the day. Administrator A acknowledged Surveyor's concern with Resident 1's reoccurring lower leg edema and history of wounds to his/her legs, their tubi grips were an important prevention measure that was not followed per his/her ISP. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 03/28/2023. Resident 1's ISP with an unknown date documented: -"Dressing: Resident requires staff monitoring and/or reminders and cures to complete dressing tasks. Care staff will offer [Resident 1] two seasonal appropriate clothing choices each	N 388		

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N 388	Continued From page 2	N 388		

morning. Care staff will provide hands on assistance to complete all dressing tasks in the morning and night."
-"Tubi grips: Compression should be left in place at all times when wound care is not being completed. Changed daily and wash and hang to dry."

Resident 1's hospital records dated 12/07/2024 to 12/17/2024 documented: "admission Dx: cellulitis of left lower extremity, bilateral lower extremity edema, and wound of left lower extremity. Details of hospital stay: ...Bilateral erythema and swelling but much more pronounced on L leg- and erythema of foot unilaterally supports cellulitis diagnosis on admission. Suspect edema and wound on admission contributes .....-S/p cefazolin x2 days, keflex x6 days (EOT 12/15), Continue lower extremity compression with derma fits as patient allowed ....History taken from patients [daughter/son] who brought the patient to the ER. [Daughter/son] received a call from patient's facility that patient had leg swelling and a new open weeping wound. [S/he] was not sure how long this had been present. [Daughter/son] reports that the patient is supposed to have compression socks and has tried many times to get the patient fitted, but facility has been unable to accommodate."