STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019367	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE MEADOWS OF MIDDLETON - 5330	5330 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 08/29/2024, Surveyor conducted a complaint investigation at Sage Meadows of Middleton, a CBRF located in Middleton, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. The complaint was substantiated.	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure prompt and adequate treatment for Resident 1. Resident 1 called local emergency services and summoned an ambulance on 2 occasions in the month of July 2024 because staff did not respond to his/her call light. Resident 1 was transported to the hospital on both occasions. Findings include: On 08/05/2024, the Department received a complaint alleging that residents must wait regularly in excess of 25 minutes when they use their call light. On 08/29/2024 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 05/21/2024 with diagnoses that include	N 353		

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

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N 353	Continued From page 1 but are not limited to: Anxiety, abnormal gait and history of malignant neoplasm. Resident 1 was identified as a fall risk according to fall assessment dated 05/23/2024. On 08/29/2024 at 9:30 AM, Surveyor reviewed Resident 1's progress notes and call light response logs dated 07/01/2024 through 08/28/2024. -A progress note dated 07/05/2024 indicated that Resident 1 complained of constipation. A bowel management protocol was recommended with continued monitoring. -Call light response log dated 07/06/2024 indicated Resident 1 activated his/her call light at 10:41 PM and waited 36 minutes for assistance from caregivers. -A progress note dated 07/06/2024 indicated police arrived at facility at 11:45 PM to check on welfare of Resident 1 because the family of Resident 1 had called police out of concern for Resident 1 and the unanswered call light. Resident 1 complained of abdominal pain to police. -A progress note dated 07/07/2024 indicated police were at facility again to check on welfare of Resident 1 who was complaining of abdominal pain. Resident 1 had called 911 and was transported to the hospital via ambulance. -Documentation from the hospital dated 07/10/2024 indicated Resident 1 was transferred to the hospital 07/08/2024 and admitted for abdominal pain and constipation from 07/08/2024 to 07/10/2024. -A progress note dated 07/15/2024 indicated that at 3:00 AM on 07/15/2024 Resident 1 came out of his/her room crying and complaining of severe abdominal pain. -Call light response log dated 07/14/2024	N 353		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 353	Continued From page 2	N 353		

indicated that Resident 1 had activated his/her call light at 9:02 AM and waited 75 minutes for assistance from caregivers.
-Call light response log dated 07/15/2024 indicated that Resident 1 had activated his/her call light at 5:00 AM and waited 48 minutes for assistance from caregivers.
-Call light response log dated 07/15/2024 indicated that Resident 1 had activated his/her call light at 6:55 PM and waited 193 minutes for assistance from caregivers.
-A progress note dated 07/16/2024 indicated that at 11:13 PM, Resident 1 called 911 and wanted to go to the hospital. Resident 1 was transported to the hospital and admitted 07/16/2024 to 07/18/2024. Resident 1 was diagnosed with acute uncomplicated diverticulitis.

Hospital documentation dated 07/18/2024 indicated hospital admission 07/16/2024-07/18/2024. Documentation noted Resident 1 stated to hospital staff regarding facility care, "They're fine until you get sick and then they forget you. I had to call the ambulance twice myself."

On 08/29/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that call light response times have been an issue that s/he has been trying to address. Administrator A acknowledged that Resident 1 had to wait a long time for assistance and ended up calling 911 him/herself to be transported to the hospital.