STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017702	A. BUILDING: _____ B. WING _____	R-C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF MADISON OAKWOOD	5555 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
N 000	Initial Comments On 10/18/2024, Surveyors conducted a verification visit and complaint investigation at Cottages of Madison Oakwood, a CBRF in Madison. Six deficiencies were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) EC0P12, dated 06/15/2021, GT2Y11, dated 10/13/2021, EC0P14, dated 03/29/2022, EC0P16, dated 10/07/2022, EC0P17, dated 04/06/2023 M20M11, dated 07/11/2023, EC0P18, dated 09/11/2023, M20M12, dated 11/02/2023, EC0P19, dated 02/21/2024 and EC0P1A, dated 06/11/2024. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	N 000		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) GT2Y11, dated 10/13/2021, EC0P16, dated 10/07/2022, M20M11, dated	{N 196}		

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

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{N 196}	Continued From page 1 07/11/2023, M20M12, dated 11/02/2023 and EC0P1A, dated 06/11/2024. Findings include: On 10/18/2024, Surveyors conducted a complaint investigation and verification visit. The following concerns were identified: Example 1 - Repeat Deficiencies: As a result of the survey, 6 deficiencies were identified, all of which were repeat deficiencies. Deficiencies included the following: - Resident Health Screenings: The provider did not have clinically apparent communicable disease screens, including a tuberculosis test for 1 of 3 residents reviewed. - Medication Storage: The provider did not ensure medications were stored secured. - Health Monitoring: The provider did not clarify diabetic management orders with Resident 17's physician when unsure of the orders. The provider did not monitor Resident 13's bowel movements as care planned. - Interior Floors, Walls, Ceilings: The provider did not ensure trim and door frames were in good repair. - Toxic Substances: The provider did not ensure all toxic chemicals were secured and not accessible to residents. Example 2 - Noncompliance of Special Orders: On 07/30/2024, the provider received SOD EC0P1A, which included the following order: "AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice,	{N 196}		

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{N 196}	Continued From page 2 the licensee shall achieve and maintain substantial compliance with all requirements ... Based on the results of the Department's investigation, and pursuant to Wis. Stat. 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NORICE and ORDER, the Department of Health Services HERBY ORDERS that [provider]: CONSULTANT REQUIRED: 1. Pursuant to Wis. Stat. 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. The licensee will correct all identified deficiencies in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of client groups served by [provider]. The licensee will provide the consultant with a copy of Statement of Deficiency EC0P1A, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address each identified deficient practice. Additionally: - All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. - Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an	{N 196}		

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{N 196}	Continued From page 3 outline of course content. - Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant. - A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request. 2. Pursuant to Wis. Stat. 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide each resident's legal representative and case manager (if any) with a copy of Statement of Deficiency EC0P1A and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department upon request. On 10/18/2024 at approximately 8:30 a.m., Surveyors requested documentation from Administrator JJ of the provider's follow up to EC0P1A's special orders, including documentation of consultant activity and notifications. Administrator JJ provided Surveyors with documentation indicating the following: Consultant Activity: - 09/12/2024: Date of 1st consultant activity provided to Surveyors. Documentation indicated a "Mock Survey" took place with recommendations to address environmental concerns, organizational concerns, hire and schedule housekeeping personnel, schedule meetings with legal representatives, care managers and residents and prepare for return state visit.	{N 196}		

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{N 196}	Continued From page 4 - 09/17/2024: Observed environment, reviewed "State Binder," reviewed employee files, observed staff cleaning rooms and discussed a cleaning schedule and spoke regarding medication delivery. - 09/27/2024: Wrote Plan of Correction for SOD EC0P1A, assisted with state binder and observed the environment. - 10/07/2024: Completed resident assessment, reviewed employee files, observed medication administration, reviewed health monitoring, completed the "State Binder," walked through the facility, provided compliance calendar and scheduled staff training.\ On 10/18/2024 at 9:00 a.m., Surveyor asked Administrator JJ if employees had been trained regarding the consultant activity that had taken place and any updated policies/procedures that addressed concerns identified in SOD EC0P1A. Administrator JJ replied, "No," and explained that trainings were scheduled for early November 2024. Surveyor shared concern that the Notice and Order letter stated the provider shall be in compliance within 45 days of receiving SOD EC0P1A, which was issued on 07/30/2024, resulting in a compliance date of 09/13/2024. Administrator JJ stated s/he had just started working for the provider in August. Administrator JJ explained, "Walking into a building with a lot going on was like walking into a fire. We are still working on things." On 10/18/2024 at approximately 4:20 p.m., Surveyor received an email from Manager MM stating the provider's compliance with consultant activity was delayed due to the provider's preferred consultant's unavailability for medical reasons. Documentation indicated the preferred consultant provided Manager MM with contact	{N 196}		

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{N 196}	Continued From page 5 information for an alternate consultant, who the provider was currently working with, on 08/02/2024. On 10/18/2024 at approximately 4:30 p.m., Surveyor reviewed the department's record and confirmed the provider had not been approved for an "extension" of their 09/13/2024 plan of correction date. Notifications: - Resident 15's legal representative was not provided a copy of SOD EC0P1A. Administrator JJ stated this was due to Resident 15 being out of the building upon receipt of SOD EC0P1A. - Resident 13's legal representative was not provided a copy of SOD EC0P1A. Administrator JJ stated s/he had attempted to reach the legal representative by phone. - Resident 16's legal representative was not provided a copy of SOD EC0P1A. Administrator JJ stated s/he had attempted to reach the legal representative for an address, but Resident 16 passed away prior to receiving address. - Resident 14's was not provided a copy of SOD EC0P1A. Administrator JJ stated Resident 14 moved out before the provider was able to provide a copy of EC0P1A. On 10/18/2024 at approximately 11:00 a.m., Surveyors reviewed the Notice and Order letter and noted there was not an exemption to not provide residents and/or their legal representatives with SOD EC0P1A if they had not been residing in the building at the time of SOD EC0P1A's issuance. Cross Reference: N0302 83.28(4)(a) Resident Health Screening	{N 196}		

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{N 196}	Continued From page 6 And Documentation N0419 83.37(3)(c) Medication Storage: Locked Cabinet N0431 83.38(1)(g) Health Monitoring N0491 83.44(2)(c) Interior Floors, Walls And Ceilings N0499 83.45(3) Toxic Substances	{N 196}		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1of 3 residents reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission and that documentation of the screening was maintained in each resident's record. The provider did not have tuberculosis test record for Resident 19.	N 302		

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N 302	Continued From page 7 This is a repeat deficiency. See Statement of Deficiency (SOD) EC0P19, dated 02/21/2024 and ECOP1A, dated 06/11/2024. Findings include: On 10/18/2024 at approximately 8:15 a.m., Surveyors requested communicable disease screenings, including tuberculosis tests, for 3 residents from Administrator JJ. On 10/18/2024 at approximately 1:00 p.m., Administrator JJ provided Surveyors with tuberculosis tests for 2 of 3 residents requested. Administrator JJ stated s/he was unable to locate a tuberculosis test for Resident 19 who admitted on 08/30/2024.	N 302		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medicine administered by the facility was kept locked. The provider's medication room, which had medications on the counter and in a refrigerator, was kept unsecured. This is a repeat deficiency. See Statement of Deficiency (SOD) EC0P12, dated 06/15/2021, EC0P14, dated 03/29/2022, and M20M11, dated 07/11/2023. Findings include:	N 419		

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N 419	Continued From page 8 On 10/18/2024 at approximately 8:45 a.m., Surveyors toured the provider's facility. Surveyors observed the provider's medication room was unlocked allowing access to the medication room without a key. Surveyors observed the following medications in the refrigerator and on the counter: Ozempic .25-.5mg 2mg/3ml, Victoza 18mg, Toujeo 300units/mL, Shingrix 50MCG, Novolog 100 units/ml, Insulin Glarg 300 unit/ml, Lantus 100 unit/ml, Tizanidine 2 mg tablets - 1 card with 29 tablets, Benazepril 10 mg - 1 card with 28 tablets and 2 plastic totes with miscellaneous packs of medications. On 10/18/2024 at approximately 1:00 p.m., Surveyors reviewed concern with Administrator JJ that the medication room was unlocked, allowing access to medications. Administrator JJ took note of Surveyors' concern. Administrator JJ stated that the door doesn't close tight, and s/he was constantly reminding staff to pull the door shut behind them. Administrator JJ stated that a new door should be purchased.	N 419		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical	{N 431}		

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{N 431}	Continued From page 9 health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed had their health monitored The provider did not clarify Resident 17's blood sugar monitoring order. The provider did not ensure Resident 13's bowel movements were monitored and documented as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) EC0P16, dated 10/07/2022, EC0P17, dated 04/06/2023, EC0P18, dated 09/11/2023, EC0P19, dated 02/21/2024 and EC0P1A, dated 06/11/2024. Findings include:	{N 431}		

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{N 431}	Continued From page 10 On 10/18/2024 at approximately 11:00 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 17: Resident 17 was admitted to the provider's facility on 05/14/2024 with a diagnosis of diabetes. Resident 17's physician orders, dated 05/07/2024, included an order to test Resident 17's blood sugar (BS) 4 times daily and an order, dated 05/07/2024, to check his/her blood sugar 2 times daily. Resident 17's Medication Administration Record (MAR), dated 09/13/2024 to 10/17/2024, documented 5 days his/her blood sugar was checked in the AM only, 11 days when his/her blood sugar was checked in the PM only, 18 days when his/her blood sugar was checked in the AM and PM and 1 day when his/her blood sugar was not checked at all. On 10/18/2024 at approximately 11:30 a.m., Surveyor interviewed Pharmacist KK, with the provider's pharmacy. Surveyor asked Pharmacist KK to review Resident 17's most recent physician orders for blood sugar monitoring. Pharmacist KK reviewed an order, dated 05/07/2024, that stated to check Resident 17's blood sugar 4 times daily and an order, dated 05/07/2024, that stated to check Resident 17's blood sugar 2 times daily. Pharmacist KK stated there was a note in the pharmacy's system stating the orders needed to be clarified, but no update to the note. On 10/18/2024 at approximately 11:50 a.m., Surveyor interviewed Administrator JJ. Surveyor reviewed Resident 17's blood sugar checks, dated 09/13/2024 through 10/17/2024, and the inconsistencies of checking his/her blood sugar 1 time per day vs 2 times per day. Surveyor	{N 431}		

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{N 431}	Continued From page 11 reviewed Statement of Deficiency (SOD) EC0P1A, dated 06/11/2024, that identified inconsistencies with Resident 17's orders for blood sugar checks. Surveyor asked Administrator JJ if s/he had an updated order regarding Resident 17's blood sugar monitoring. On 10/18/2024 at approximately 2:00 p.m., Administrator JJ confirmed s/he was unable to locate clarification orders related to Resident 17's blood sugar monitoring. Administrator JJ stated s/he thought the facility's RN was taking care of diabetic management for residents, but that Administrator JJ would need to follow up instead. Example 2 - Resident 13: Resident 13 was admitted to the provider's facility on 08/31/2023 with diagnosis of atrial fibrillation. Resident 13's physician orders included Enema 7-19 gm (Start Date: 09/04/2024) - Use daily as needed for constipation and Milk of Magnesia (Start Date: 09/05/2024) - Use daily as needed for constipation. Resident 13's individual service plan (ISP), not dated, stated "Resident requires staff to monitor and document bowels." Neither Resident 13's MAR, nor his/her progress notes, documented monitoring of Resident 13's bowel movements. On 10/18/2024 at approximately 11:30 a.m., Surveyor requested documentation of Resident 13's bowel movement monitoring from Administrator JJ. Administrator JJ stated s/he was unaware Resident 13 required bowel movement monitoring but that s/he would check records. On 10/18/2024 at 12:25 p.m., Administrator JJ updated Surveyor that s/he was unable to locate	{N 431}		

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{N 431}	Continued From page 12 documentation indicating the provider's staff monitored Resident 13's bowel movements. On 10/18/2024 at 12:27 p.m., Surveyor confirmed with Caregiver LL that caregivers did not monitor Resident 13's bowels.	{N 431}		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior doors and trim were in good repair. The providers interior doors and trim had wood scraped off and gouges in wood. This is a repeat deficiency. See Statement of Deficiency (SOD) EC0P19, dated 02/21/2024 and ECP01A, dated 06/11/2024. Findings include: On 10/18/2024 at approximately 1:00 p.m., Surveyors toured the provider's facility and observed the following concerns throughout the facility: -The main entrance had wood scraped off (Photo 4) -Bathroom doors had damaged trim and wood with rough edges (Photo 5 and Photo 6) - Resident 20's door frame had wood scraped off and a ripped seal (Photo 1) - Resident 21's door had wood scraped off (Photo 2) - Resident 22's door frame had wood scraped off	N 491		

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N 491	Continued From page 13 (Photo 3) On 10/18/2024 at approximately 1:15 p.m., Surveyors reviewed concern with Administrator JJ that the facility's door frames, and trim were not in good repair. Administrator JJ stated that maintenance had been trying to develop a plan to repair and not just stain over the scrapes.	N 491		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic chemicals were stored in a secured area. Cleaning agents were accessible to residents. This is a repeat deficiency. See Statement of Deficiency (SOD) EC0P12, dated 06/15/2021, EC0P13, dated 10/05/2021, EC0P14, dated 03/29/2022, M20M11, dated 07/11/2023, M20M12, dated 11/02/2023 and EC0P1A, dated 06/11/2024. Findings include: The provider is licensed to serve up to 16 residents with diagnoses including physically disabled, advanced age, irreversible dementia/Alzheimer's and emotionally disturbed/mental illness. On 10/18/2024 at approximately 8:00 a.m.,	{N 499}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017702	A. BUILDING: _____ B. WING _____	R-C 10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF MADISON OAKWOOD	5555 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
{N 499}	Continued From page 14 Surveyor toured the provider's facility. Surveyor observed the provider's laundry room and storage closet were unlocked and accessible to residents. The following toxic chemicals were observed unsecured: - Purex detergent (Label: CAUTION: EYE IRRITANT. MAY BE HARMFUL IF SWALLOWED). - All Purpose Cleaner (Label: Keep out of reach of children). - Great Value Dishwasher Gel (Label: Eye and Skin Irritant, If swallowed or gets in mouth, drink a glassful of water to dilute and call a Poison Control Center or physician). - Tide Pods: (Label: Harmful if put in mouth or swallowed. Eye irritant). - Fabuloso (Label: Do not swallow. Eye irritant). From 10/18/2024 at 8:00 a.m. to 1:00 p.m., Surveyors observed Resident 18 and Resident 22, who had diagnoses of cognitive impairments, mobilize independently throughout the facility. On 10/18/2024 at approximately 1:00 p.m., Surveyors reviewed concern with Administrator JJ that both the laundry room and storage closet were unlocked, allowing for access to toxic chemicals for several hours earlier in the morning. Administrator JJ shook his/her head and took note of Surveyors' concern. Administrator JJ stated s/he was constantly reminding caregivers that both the storage closet and laundry room need to be kept locked.	{N 499}		