Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008572	A. BUILDING: _____ B. WING _____	R-C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT OAKS	6165 MINERAL POINT RD MADISON, WI 53705

(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 07/12/2023, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation and verification visit at Covenant Oaks, a CBRF located in Madison, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. Five violations from previous SOD# ECDG12 dated 03/21/2023 were corrected. Under statutory provisions of Wis. Stat Ch. 50, a $200 revisit fee is being assessed. Census: 35	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Resident 1's Individual Service Plan (ISP). Resident 1's family requested	N 389		

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

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N 389	Continued From page 1	N 389		

bowel movement (BM) monitoring during a care conference and was not updated on the ISP.

Findings include:

05/15/2023, the Department received a complaint that the facility was not monitoring BM output.

On 07/12/2023 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 01/27/2021.

According to progress note dated 03/31/2023, a care conference was held with Administrator A and Resident 1's family. Documentation indicates that Resident 1 was having issues with regular BMs. Changes to care plan were: Toileting Resident 1 after meals and making sure BMs were documented.

According to Resident 1's Medication Administration Record (MAR) for June 2023 and July 2023, Resident 1 has Physician's Order for as needed (prn) Milk Of Magnesia for constipation. There was no documentation in Resident 1's MAR in June 2023 or July 2023 that prn Milk Of Magnesia was administered.

On 07/12/2023 at 10:00 AM, Surveyor requested Resident 1's ISP. There was no documentation supporting Resident 1's BMs would be monitored despite the agreement on 03/31/2023.

On 07/12/2023 at 10:20 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that on 03/31/2023 there was a care conference and Resident 1's BM issues were discussed. Administrator A acknowledged that it was agreed that facility would add documenting and monitoring Resident 1's BMs in

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N 389	Continued From page 2 Resident 1's ISP. Surveyor asked Administrator A how staff are to know to administer prn Milk of Magnesia if Resident 1's BMs are not documented. Administrator A stated, "They wouldn't know." Administrator A acknowledged that facility had not updated Resident 1's ISP to include BM monitoring as agreed on 03/31/2023.	N 389		