STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020250	A. BUILDING: _____ B. WING _____	R 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMERSLEY HOUSE	5222 HAMMERSLEY ROAD MADISON, WI 53711

(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 07/28/2025, Surveyors conducted a verification visit at Hammersley House, a CBRF in Madison. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) FQ7B11, dated 02/04/2025, SOD FQ7B12, dated 04/24/2025 and SOD FQ7B13, dated 07/14/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	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 comply with all laws governing the CBRF. This is as repeat deficiency. See Statement of Deficiency (SOD) FQ7B13, dated 07/14/2025. Findings include: On 07/28/2025, Surveyors conducted a verification visit. The facility has a class CNA (non-ambulatory) probationary license, effective 08/01/2024, as a community based residential facility (CBRF) able to serve up to 8 residents	N 196		

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

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N 196	Continued From page 1 within the client groups of irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and advanced age. Surveyors have conducted the following surveys since the issuance of the probationary license on 08/01/2024: SOD FQ7B11, dated 02/04/2025, a probationary/standard survey resulting in the following deficiencies: - 83.17(2)(a) Employees Screened for Communicable Disease Screen - 83.18(1) Employee Records Maintained and Current - 83.28(3) Provide Admission Agreement As Required - 83.28(4)(a) Resident Health Screening and Documentation - 83.32(3)(h) Rights of Residents: Receive Medications - 83.35(3)(c) Implement, Follow The Individual Service Plan - 83.35(3)(d) Service Plans Updated Annually or on Changes - 83.35(5)(a) Initial Evaluation of Evacuation Limitations - 83.37(1)(h) Scheduled Psychotropic Medication - 83.37(2)(d) Documentation Of Medication Administration - 83.38(1)(g) Health Monitoring - 83.38(1)(h) Medication Administration - 83.41(2)(c) Nutrition: Menus - 83.41(3)(b) Food Safety - 83.47(2)(d) Fire Drills - 83.47(2)(e) Other Evacuation Drills - 83.47(3) Fire Inspection	N 196		

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N 196	Continued From page 2 - 83.48(3)(a) Fire Detection System Inspected Annually SOD FQ7B12, dated 04/24/2025, a complaint investigation and verification visit resulting in the following deficiencies: - 83.12(5)(a) Notification: Incident, Injury, Changes - 83.32(3)(h) Rights of Residents: Receive Medications *Repeat deficiency. - 83.36(1)(a) Adequate Staff To Meet Resident Needs - 83.37(1)(j) Proof-of-Use Record - 83.37(2)(d) Documentation Of Medication Administration *Repeat deficiency. - 83.38(1)(g) Health Monitoring *Repeat deficiency. - 83.41(1)(c) Dishwashing - 83.41(2)(c) Nutrition: Menus *Repeat deficiency. - 83.41(3)(b) Food Safety *Repeat deficiency. - 83.45(3) Toxic Substances - 83.55(3) Bath and Toilet Areas: Hand Drying SOD FQ7B13, dated 07/14/2025, a verification visit resulting in the following deficiencies: - 83.14(2)(a) Licensee Ensures Facility Complies With Laws - 83.32(3)(h) Rights of Residents: Receive Medications *Repeat deficiency. - 83.36(2) Maintain Current Written Staffing Schedule - 83.42(1) Resident Record Maintained - 83.55(3) Bath and Toilet Areas: Hand Drying *Repeat deficiency. SOD FQ7B14, dated 07/28/2025, a verification visit resulting in the following deficiency:	N 196		

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N 196	Continued From page 3 - 83.14(2)(a) Licensee Ensures Facility Complies With Laws *Repeat deficiency. - 83.32(3)(h) Rights of Residents: Receive Medications *Repeat deficiency. On 07/28/2025 at 11:30 a.m., Surveyors shared that they were ready to review findings with Administrator G. Administrator G had Surveyors review findings with him/her. Owner I was not present. Surveyor reviewed repeat finding of medication concerns with Administrator G and Caregiver J. Administrator G was unable to explain how medication errors occurred when s/he audited medication administration daily. Administrator G expressed concerns about the repeat citation regarding medications and what it meant for the provider as s/he was aware the facility currently held a probationary license expiring 07/31/2025.	N 196		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received his/her medications as prescribed. Resident 3 did not receive his/her Insulin Aspart as received.	N 352		

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N 352	Continued From page 4 This is a repeat deficiency. See Statement of Deficiency (SOD) FQ7B11, dated 02/04/2025, SOD FQ7B12, dated 04/24/2025 and SOD FQ7B13, dated 07/14/2025. Findings include: On 07/28/2025 at 11:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 admitted to the provider's facility on 01/06/2016 with diagnosis of diabetes. Resident 3's physician orders included the following: Breakfast: Insulin Aspart 100 unit/ml (Start Date: 07/14/2025) - Inject with breakfast per sliding scale of <100=0 units, 100-150=2 units, 151-200=3 units, 201-250=4 units, 251-300=5 units, 301-350=6 units, 351-400=7 units, >400=Call physician. Lunch: Insulin Aspart 100 unit/ml (Start Date: 07/09/2025 / Discontinued 07/14/2025) - Inject 1 unit with lunch + sliding scale: <150=0 units, 150-200=1 unit, 201-250=2 units, 251-300=4 units, >301=6 units. Insulin Aspart 100 unit/ml (Start Date: 07/14/2025) - Inject with lunch per sliding scale of <100=0 units, 100-150=2 units, 151-200=3 units, 201-250=4 units, 251-300=5 units, 301-350=6 units, 351-400=7 units, >400=Call physician. Dinner: Insulin Aspart 100 unit/ml (Start Date: 06/30/2025 / Discontinued 07/13/2025) - Inject 1 unit with	N 352		

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N 352	Continued From page 5	N 352		

dinner + sliding scale: <150=0 units, 150-200=1 unit, 201-250=2 units, 251-300=4 units, >301=6 units

Insulin Aspart 100 unit/ml (Start Date: 07/13/2025) - Inject with dinner per sliding scale of <100=0 units, 100-150=2 units, 151-200=3 units, 201-250=4 units, 251-300=5 units, 301-350=6 units, 351-400=7 units, >400=Call physician.

Resident 3's Medication Administration Record (MAR), dated 07/11/2025 to 07/28/2025, documented the following insulin administration errors:

- 07/11/2025 5:05 p.m. Blood Sugar = 214; 4 units administered
*Per physician order, 3 units (1 unit + 2 units sliding scale) should have been administered.
- 07/14/2025 at 5:00 p.m. Blood Sugar = 162, 2 units administered
*Per physician order, 3 units should have been administered.
- 07/15/2025 at 7:30 a.m. Blood Sugar = 152, 2 units administered
*Per physician order, 3 units should have been administered.
- 07/15/2025 at 1:16 p.m. Blood Sugar = 264, 6 units administered
*Per physician order, 5 units should have been administered.
- 07/15/2025 at 5:12 p.m. Blood Sugar 144, 0 units administered.
*Per physician order, 2 units should have been administered.
07/16/2025 at 12:08 p.m. Blood Sugar = 152, 2 units administered.
*Per physician order, should have been 3 units.

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N 352	Continued From page 6 On 07/28/2025 at 11:30 a.m., Surveyor reviewed insulin administration errors with Administrator G and Caregiver J. Administrator G replied, "I audited this like twice daily." Administrator G did not explain how the insulin administration errors occurred or how they were missed during his/her audit. On 07/28/2025 at 12:40 p.m., Surveyor reviewed insulin administration concerns with Consultant H. Consultant H stated s/he had been auditing insulin administration and did not note any errors. After Surveyor reviewed specific dates with errors, Consultant H replied, "Well now I'm embarrassed."	N 352		