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
	0017703	A. BUILDING: _____ B. WING _____	R-C 08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF MADISON APPLEWOOD	5565 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 08/22/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) FT8K12, issued 06/16/2023, at Cottages of Madison Applewood located at 5565 Burke Rd in Madison, WI. Two deficiencies of noncompliance are issued. All citations included within SOD FT8K12 are substantially corrected.. Census: 11 Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.	N 408		

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

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N 408	Continued From page 1	N 408		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that the individual service plan (ISP) for 1 of 1 resident reviewed included a rationale for use and a detailed description of the behaviors which indicated the need for as-needed (PRN) psychotropic medication administration.

Resident 17 was administered PRN Lorazepam 16 times between 07/17/2023 - 08/21/2023, however, his/her current ISP did not contain any information about his/her PRN Lorazepam use.

Findings include:

On 08/22/2023, Surveyor reviewed Resident 17's record. Resident 17 was admitted to the provider on 09/08/2020 with diagnoses including major depressive disorder, phobic anxiety disorder, unspecified, and Alzheimer's disease. Resident 17's prescriptions included an order for Lorazepam 0.5 mg tablets to be taken "every 4 hours as needed for anxiety/agitation."

Surveyor reviewed Resident 17's medication administration records (MARs) from 07/01/2023 - 08/21/2023. Surveyor observed that Resident 17 was hospitalized from 07/01/2023 until 07/17/2023. From 07/17/2023 - 08/21/2023, Surveyor observed that Resident 17's Lorazepam was administered on the following 16 dates/times:

- 07/26/2023 (5:27 p.m.)
- 07/29/2023 (2:12 p.m.)
- 08/02/2023 (10:02 a.m.)
- 08/03/2023 (8:34 a.m.)
- 08/09/2023 (8:40 a.m.)
- 08/11/2023 (3 administrations: at 8:33 a.m., at

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N 408	Continued From page 2 2:08 p.m., and at 7:50 p.m.) - 08/14/2023 (7:17 a.m.) - 08/15/2023 (2 administrations: at 10:43 a.m. and at 6:38 p.m.) - 08/16/2023 (2 administrations: at 8:21 a.m. and at 3:37 p.m.) - 08/17/2023 (3:38 p.m.) - 08/19/2023 (2 administrations: at 8:17 a.m. and at 5:47 p.m.) Surveyor did not observe any evidence of the need for Lorazepam administration documented for any of the above dates/times. Of the above administrations, Surveyor observed 2 occasions in which staff commented on Resident 17's pain as part of their follow up documentation after administering Lorazepam, including the following: - 08/02/2023 (10:02 a.m. administration): "resident stated [his/her] head hurts" - 08/14/2023 (7:17 a.m. administration): "effective resident is not complaining of any pain." Surveyor reviewed Resident 17's ISP, dated 07/14/2023 and signed as reviewed on 08/09/2023. There was no evidence in the ISP of Resident 17's Lorazepam use, including the rationale for its use and detailed description of behaviors warranting its administration. At approximately 12:15 p.m., Surveyor interviewed Administrator WW. Administrator WW acknowledged Surveyor's concern that the rationale for Lorazepam use and detailed description of Resident 17's behaviors warranting Lorazepam administration was not documented in his/her ISP and stated, "Okay."	N 408		

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N 640	Continued From page 3	N 640		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the laundry room, which was on a common level with resident bedrooms, had a self-closing door. Findings include: On 08/22/2023, at approximately 7:53 a.m., Surveyor observed the provider's sole laundry room, which was located on the main level with all resident bedrooms. The door to the laundry room was ajar. Upon entering the laundry room, Surveyor observed that the door did not close and remained in the open position. At approximately 9:20 a.m., Surveyor observed the laundry room again. The door to the laundry room was ajar. At approximately 12:15 p.m., Surveyor interviewed Administrator WW. Administrator WW reported s/he was newer to the provider and had not noticed that the laundry room door was	N 640		

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N 640	Continued From page 4 not self-closing. Administrator WW reported s/he would follow up on the door.	N 640		