STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019366	A. BUILDING: _____ B. WING _____	R-C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE MEADOWS OF MIDDLETON - 5340	5340 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 04/18/2024, with information obtained through 05/02/2024, the Bureau of Assisted Living, Southern Regional Office, conducted two complaint investigations and a verification visit at Sage Meadows of Middleton, a community-based residential facility (CBRF) located in Middleton, WI. As a result of the survey, 2 deficiencies were identified. One deficiency is a repeat deficiency from Statement of Deficiency (SOD) GLXI12, dated 02/09/2024, and SOD GLXI11, dated 09/28/2023. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. One complaint was substantiated. One complaint was unsubstantiated. Census: 32	{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.	{N 389}		

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

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 389}	Continued From page 1	{N 389}		

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 3 residents reviewed was updated to reflect a change in the resident's needs and physical condition.

From 02/10/2024 until 04/10/2024, when Resident 5 moved out of the facility, s/he experienced 4 falls, 2 of which resulted in documented injuries. The only changes documented in his/her care plan related to fall risk mitigation interventions were the initiation of physical therapy (which began on 01/02/2024, approximately 6 weeks prior to the most recent series of falls), wearing proper footwear, and ensuring that Resident 5's walker was in front of him/her while seated. There was no evidence that any of Resident 5's 4 falls occurred due to improper footwear.

This is a repeat deficiency. See Statement of Deficiency (SOD) GLXI12, dated 02/09/2024, and SOD GLXI11, dated 09/28/2023.

Findings include:

On 04/18/2024, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 10/27/2023 where s/he resided until s/he moved to a different facility on 04/10/2024. Resident 5's diagnoses included dementia with behavioral disturbance. Surveyor reviewed observation notes for Resident 5 from 02/10/2024 - 04/19/2024 and observed the following:

- Incident reports for 4 unwitnessed falls were

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{N 389}	Continued From page 2 documented as created on 02/11/2024 (2:10 a.m.), 02/12/2024 (8:56 a.m.), 03/05/2024 (9:25 a.m.), and 04/04/2024 (9:02 p.m.) - Entry on 02/11/2024 (6:30 a.m.): "...Resident is doing better from fall. No further concerns at this time." - Entry on 02/12/2024 (10:15 a.m.): "...writer did notice some redness on the back of resident's legs. and [sic] Residents [sic] [power of attorney (POA)] were both notified. when [sic] Writer spoke with residents [sic] POA about the falls, POA notified writer that [Resident 5] has complained of pain in [his/her] right arm, POA noted that [s/he] will make an appointment for [Resident 5] to be seen...After speaking with POA writer went back and made contact with resident, writer completed range of motion on both of resident's arms, resident did not show any signs of pain at the time of assessment. Care staff will monitor resident and notify community [registered nurse]/Management with any further concerns." - Entry on 02/14/2024 (9:45 a.m.): "Follow up on fall 02/12/2024, Writer received a call from care staff about discoloration on residents' [sic] legs. Writer did make contact with the resident. Writer did observe old purple bruising on the resident's right leg. The bruises are Associated [sic] with the fall on previously 02/12/20247 [sic] Resident did not show any signs of discomfort or pain. Care staff will continue to monitor and report any new changes." - Entry on 03/05/2024 (9:15 a.m.): "Upon staff doing a wellness check and to assist with bringing [him/her] down for breakfast, staff found resident sitting on the floor in [his/her] bedroom in front of the recliner. After carefully checking [him/her]	{N 389}		

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	0019366	A. BUILDING: _____ B. WING _____	R-C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{N 389}	Continued From page 3	{N 389}		

over for injuries or pain, staff assisted [him/her] up and took [him/her] to the bathroom and to breakfast. Management and family contacted shortly after. No further concerns at this time."

- Entry on 03/06/2024 (10:45 a.m.): "Follow up on fall on. [sic] 03/05 /2024 [sic]. Writer made contact with resident was sleep in the common area in the recliner. did [sic] not show any signs of discomfort or pain. Care staff will continue to monitor resident and complete safety checks."

- Entry on 04/08/2024 (9:45 a.m.): "Follow up on fall 04/04/2024, Writer made contact with resident...Writer did not observe any skin tears, bruising, discoloration,or [sic] redness. Care staff will continue to monitor resident and complete frequent safety checks."

Surveyor reviewed the incident reports for each of the 4 falls documented above, and observed the following:

- Incident report dated 02/11/2024 (1:50 a.m.): "Staff did rounds around 11 resident was in bed sleep. Staff goes to do the second rounds of the night resident is laying on the floor by [his/her] bed...Staff asked resident what happened resident says that resident fell out of bed." The report documented that Resident 5 sustained a "small carpet burn on [his/her] right knee."

- Incident report dated 02/12/2024 (7:26 a.m.): "Care staff was going to residents' [sic] room to bring [him/her] down for breakfast. When the care staff knocked and opened the resident's door, the care staff noticed the resident was laying on the floor on [his/her] right side. Changing [his/her] clothing. The care staff asked [Resident 5] why [s/he] was changing [his/her] clothes. Resident

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SAGE MEADOWS OF MIDDLETON - 5340	5340 CENTURY AVE MIDDLETON, WI 53562

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{N 389}	Continued From page 4 stated [s/he] did not like what [s/he] was wearing. Care staff complete vitals, range of motion. Resident did not hit [his/her] head, resident denied having pain. [S/he] had a rug burn on both knee [sic], redness on [his/her] right hip and back of [his/her] leg..." - Incident report dated 03/05/2024 (9:23 a.m.): "staff [sic] was doing a wellness check and to assist with bringing [him/her] down for breakfast. staff [sic] found resident sitting on the floor in [his/her] bedroom in front of the recliner." No injuries were documented as having occurred. - Incident report dated 04/04/2024 (8:00 p.m.): "Resident found sitting on the floor on [his/her] bottom in front of [his/her] recliner chair. No marks, bruises, or pain noted." No injuries were documented as having occurred. Surveyor reviewed the ISP active for Resident 5 at the time of his/her discharge on 04/10/2024, not dated, which was provided by Executive Director I. The following was documented: - Under the "Ambulation" heading: "[Resident 5] is Independent [sic] with ambulation. [Resident 5] ambulates with [his/her] walker. [S/he] is known to walk away without using [his/her] walker. staff [sic] will encourage [him/her] to use [his/her] walker. Physical therapy has recommended leaving the walker in front of [him/her] when [s/he] is sitting." - Under the "Transferring" heading: "[Resident 5] is a standby assistance with all transfers. [Resident 5] uses a walker daily...Care staff will monitor [Resident 5], care staff will also make sure [Resident 5] is safely using [his/her] walker independently to transfer from place to place	{N 389}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SAGE MEADOWS OF MIDDLETON - 5340	5340 CENTURY AVE MIDDLETON, WI 53562

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{N 389}	Continued From page 5 safely as desired." - Under the "Fall Risk and Intervention" heading: "[Resident 5] has been identified as a High [sic] fall risk. Staff will ensure that the resident always uses a walker when ambulating. The resident is enrolled in [physical therapy], [occupational therapy], and [speech therapy] services. Staff will ensure that [s/he] is wearing proper footwear at all times. Staff will ensure [his/her] room is clear of clutter. Staff will ensure the walker is in front of [him/her] at all times when sitting in a chair." - The section below the information about Resident 5's fall risk documented that Resident 5 was discharged from physical therapy, occupational therapy, and speech therapy on 04/08/2024. Between the observation notes and incident reports, Surveyor did not observe any evidence of Resident 5's most recent 4 falls having been related to wearing proper footwear or room clutter. Surveyor did not observe any information regarding the frequency or duration of safety checks completed for Resident 5 that staff documented from his/her observation notes. Surveyor did not observe any other fall risk mitigation interventions documented in Resident 5's ISP. Surveyor reviewed a previous ISP for Resident 5, dated 12/20/2023, which documented the following interventions related to his/her fall risk: "Care staff will remind [Resident 5] to use [his/her] walker to safely ambulate. Care staff will make sure [Resident 5] room/floor is clear and free from clutter." Surveyor observed that besides the initiation of physical therapy, which started prior to [his/her] most recent 4 falls, the only other	{N 389}		

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SAGE MEADOWS OF MIDDLETON - 5340	5340 CENTURY AVE MIDDLETON, WI 53562

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{N 389}	Continued From page 6	{N 389}		

fall risk mitigation intervention additions from this ISP to his/her most recent one was to ensure Resident 5 was wearing proper footwear at all times and had his/her walker in front of him/her when sitting in a chair.

Surveyor did not observe any information regarding the frequency or duration of safety checks completed for Resident 5 that staff documented from his/her observation notes. Surveyor did not observe any other fall risk mitigation interventions documented in Resident 5's ISP.

Within Resident 5's record, Surveyor observed a physical therapy note, dated 02/08/2024, that documented that Resident 5 had started physical therapy on 01/02/2024 to work on "general functional mobility within facility."

At approximately 2:50 p.m., Surveyor interviewed Executive Director I and Director of Operations B. When asked about the fall risk mitigation interventions staff utilized for Resident 5 as s/he continued to experience falls, Executive Director I reported s/he couldn't tell what specific interventions were used. Executive Director I reported that a couple of Resident 5's falls had occurred prior to him/her starting employment with the provider. Executive Director I confirmed that s/he did not know firsthand or have any other documentation showing that Resident 5's falls were related to improper footwear. Executive Director I reported that standard wellness checks for residents occurred approximately every 2 hours, but s/he did not know what specific parameters (frequency and duration) staff had increased their checking on Resident 5 and confirmed that this was not documented in his/her ISP. Director of Operations B reported that after

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{N 389}	Continued From page 7 the last survey, staff were directed to updated Resident 5's fall risk mitigation interventions and that it was disappointing to see that this update didn't seem to occur. Executive Director I agreed with Surveyor's concerns that the fall interventions documented for Resident 5 did not appear to be specific to his/her fall risk. On 05/02/2024, Surveyor reviewed a discharge summary, dated 04/02/2024, from Resident 5's physical therapist, provided by Executive Director I. The summary documented that Resident 5 was discharged from physical therapy on 04/02/2024 after having treatment previously on hold while awaiting for insurance authorization. Within the note, the following was documented: "[Patient] is still inconsistent with use of rollator when up and about withing [sic] facility." Surveyor observed that one of Resident 5's falls, on 04/04/2024, occurred after his/her physical therapy treatment had ended.	{N 389}		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observations and interview, the provider did not ensure that the living environment was clean and homelike. Findings include:	N 481		

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 481	Continued From page 8 On 03/14/2024, the Department received a complaint alleging concerns the facility is not being cleaned. On 04/18/2024 at 7:20 AM, Surveyors toured the provider's memory care unit. The following was observed while on tour of the facility: At approximately 7:20 AM, Surveyor observed Resident 6's room. In the bathroom below the toilet paper holder, Surveyor observed 3 areas with brown marks consistent in appearance with fecal matter. At the foot of Resident 6's bed, Surveyor observed a 2ft by 2ft floor area with a yellowish liquid consistent in appearance and odor of urine. On Resident 6's mattress, Surveyor observed 3 areas in the middle of the bed with brown marks consistent in appearance with fecal matter. Resident 6's mattress did not have a mattress cover or sheets. At 1:45 PM, Surveyor observed Resident 6's room again and observed the areas with brown marks consistent with fecal matter remained in the same spots. The area with yellowish liquid on the floor was now dry but sticky to the touch and still gave off an odor consistent with urine. Resident 6's mattress did not have a mattress cover or sheets. At approximately 7:44 AM, Surveyor observed Resident 8's room. Surveyor observed Resident 8's fall mat laid next to his/her bed and was creating a trip hazard. Along the floorboards in the following areas, near Resident 6's head of bed and in bathroom, Surveyor observed black streak marks on the wall. In the shower area, Surveyor observed the floor had small pieces of debris consistent with dirt. At 1:47 PM, Surveyor observed Resident 8's room again and observed the debris in Resident 8's shower area still	N 481		

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N 481	Continued From page 9	N 481		

remained.

At approximately 7:52 AM, Surveyor observed Resident 9's room. Resident 9's bathroom floor was sticky to the touch.

At approximately 8:01 AM, Surveyor observed Resident 10's room. In the entry way, Surveyor observed Resident 10's wheelchair with a used chuck pad hanging from his/her chair. The chuck pad had dried brown marks and urine stains. Resident 10 was observed in the dining room eating breakfast. Surveyor observed debris consistent with food crumbs all over Resident 10's mattress.

At approximately 8:05 AM, Surveyor observed Resident 11's room. Surveyor observed many carpet stains in the common areas of the room.

At approximately 8:05 a.m., Surveyor observed Caregiver J passing medications to Resident 7. Upon entering Resident 7's room, there was a strong odor consistent with personal body odor. Caregiver J confirmed that s/he smelt the odor and it was there "all the time." Caregiver J reported that s/he thought this was due to Resident 7's personal/body odors, due to Resident 7 frequently refusing showers. Caregiver J reported that s/he thought the odor was also maybe due to the smell of Resident 7's soiled clothes, because Resident 7 was known to hide dirty laundry around his/her room which staff had to routinely search for.

At approximately 2:50 p.m., Surveyors interviewed Executive Director I and Director of Operations B. Surveyor noted above concerns. Executive Director I acknowledged environment and cleanliness concerns and stated s/he would

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N 481	Continued From page 10 work with staff to get above areas cleaned.	N 481		