| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018873 | A. BUILDING: _____ B. WING _____ | C 06/16/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIDGE AT MADISON (THE) | 2879 FISH HATCHERY ROAD FITCHBURG, WI 53713 |

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| N 000 | Initial Comments<br><br>On 06/15/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and complaint investigation at The Ridge at Madison, a CBRF located in Fitchburg, WI.<br><br>As a result of the survey, 5 violations of Chapter DHS 83 were issued.<br><br>The complaint was substantiated.<br><br>Census: 16 | N 000 | | |
| N 219 | 83.17(1) Licensee conduct caregiver background check<br><br>Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that a caregiver background check was conducted for 2 of 3 employees reviewed. Caregiver C and Caregiver D had out of date Background Information | N 219 | | |

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

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| N 219 | Continued From page 1<br>Disclosure (BID) forms.<br><br>Findings include:<br><br>On 06/15/2023 at 12:30 pm, Surveyor reviewed Caregiver C's employee record. Caregiver C was hired 11/20/2014. Caregiver C's BID form was dated 11/21/2014.<br><br>On 06/15/2023 at 12:30 pm, Surveyor reviewed Caregiver D's employee record. Caregiver D was hired 11/20/2014. Caregiver D's BID form was dated 04/18/2017.<br><br>On 06/15/2023 at 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated that all information for Caregiver C and Caregiver D were in the files provided. Administrator A stated, "If it's not in the file, we don't have it." | N 219 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a safe, clean and homelike environment appropriate for residents. There were numerous environment concerns throughout the facility. | N 481 | | |

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| N 481 | Continued From page 2<br>Findings include:<br><br>On 06/15/2023 at 9:00 am, Surveyor toured the physical environment.<br><br>Findings include:<br><br>There were stains on the countertop near the sink in a common area used by residents.<br><br>The faucet at the sink was leaking and was visibly corroded.<br><br>The top of a table used by residents in the common area was deteriorating and the finish was very faded.<br><br>The bathroom wall next to Resident 1's bedroom was deteriorating and paint was peeling off the wall.<br><br>The towel holder in bathroom near Resident 2 and 3 bedroom was torn off the wall.<br><br>The cabinet in the bathroom near Resident 2 and 3 bedroom was very scuffed up and in need of repair/replace.<br><br>The carpeting in Resident 4's room was stained with a black substance. Administrator A stated that Resident 4's room was going to be recarpeted very soon.<br><br>The cabinet in bathroom near Resident 4's room was deteriorating, the bottom of the cabinet was broken and the paint was gone.<br><br>There was a substance that appeared to be blood or feces was on the wall of the bathroom near | N 481 | | |

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| N 481 | Continued From page 3 | N 481 | | |

Resident 4's room.

There was a mildew like substance in the inside of a bathroom cabinet in the bathroom near Resident 5's bedroom.

The threshold on the bathroom floor near Resident 6's bedroom was coming up off the floor creating a trip/fall hazard.

There was obvious water damage in a common room used by residents for activities. Ceiling tiles were stained and beveling.

In the community room used by residents for activities, a smoke/heat detector had been removed due to water damage to the ceiling around the detector. The detector had previously been hard wired in.

There was obvious water damage to the base of the wall and floor (approximately 20 feet long by 2 feet high) in the community room.

There was an empty room in the basement with obvious water damage from previous flooding (residue was dirty/dusty from dried water on floor). 5 mattresses were being stored in the room that appeared dirty, possible mold.

There were 2 light bulbs missing at an outside exit used by residents that would make it difficult to see at night.

The sprinkler inside a closet containing chemicals was very rusty and corroded.

On 06/15/2023 at 2:30 pm, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged that the physical

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| N 481 | Continued From page 4<br>building was in need of improvements and the facility is working on that ongoing. Administrator A was taking notes and stated that the maintenance director would be involved in repairing/replacing items throughout the facility. | N 481 | | |
| N 504 | 83.46(1)(c) Heating system maintenance.<br><br>Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that the furnace was serviced every 3 years. There was no record found indicating the furnace had been serviced or inspected in the last 3 years.<br><br>Findings include:<br><br>On 06/15/2023 at 2:15 pm, Surveyor reviewed the facility records. There was no documentation found that the furnace had been serviced in the last 3 years.<br><br>On 06/15/2023 at 2:25 pm, Surveyor interviewed | N 504 | | |

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| N 504 | Continued From page 5<br>Administrator A. Administrator A stated that all records regarding the furnace would be in the documents provided. Administrator A acknowledged that the furnace must be inspected at least every 3 years.<br><br>Surveyor gave Administrator A until 06/16/2023 at noon to provide further information.<br><br>As of 06/16/2023 at noon, no further information was provided. | N 504 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that emergency evacuation drills were conducted semi annually. There was 1 documented evacuation drill for calendar year 2022.<br><br>Findings include:<br><br>On 06/15/2023 at 1:00 pm, Surveyor reviewed facility evacuation drills. There was 1 documented emergency evacuation drill for calendar year 2022.<br><br>On 06/15/2023 at 1:15 pm, Surveyor interviewed Administrator A. Administrator A acknowledged that semi-annual evacuation drills are required. Administrator A acknowledged that facility conducted 1 evacuation drill for calendar year 2022. | N 526 | | |

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| N 558 | 83.48(8)(b) Sprinkler system installation and maintenance<br><br>Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that sprinkler heads were maintained. There were 2 sprinkler heads that were corroded or obstructed, hindering effectiveness.<br><br>Findings include:<br><br>On 06/15/2023 at 10:30 am, Surveyor toured the physical environment.<br><br>There was a sprinkler head in the kitchen cooler that was completely obstructed by a black substance that looked like tar.<br><br>There was a sprinkler head in an closet containing an air handler that was corroded and rusted.<br><br>On 06/15/2023 at 10:45 am, Surveyor interviewed Administrator A. Administrator A acknowledged that the 2 sprinkler heads identified were obstructed and will need to be replaced. Administrator A stated s/he would contact maintenance to get the sprinkler heads replaced | N 558 | | |

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| N 558 | Continued From page 7<br>as soon as possible. | N 558 | | |