| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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<br><br>On 01/02/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Tellurian Acewood House, a CBRF located in Madison, WI.<br><br>As a result of the survey, 5 violations of Chapter DHS 83 were issued.<br><br>Census: 7 | N 000 | | |
| N 243 | 83.21(1)-(3) All employee training.<br><br>The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:<br>Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment.<br>Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. | N 243 | | |

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 |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 243 | Continued From page 1<br>Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.<br>Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed completed training in resident rights, client group and challenging behaviors. Caregiver B did not have documented training in resident rights, client groups or challenging behaviors.<br><br>Findings include:<br><br>On 01/03/2024 at approximately 11:00 AM, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from Program Supervisor A.<br><br>Resident Rights<br><br>The record for Caregiver B, hired 05/08/2023 did not contain evidence of training or evidence of meeting an exemption for resident rights training. | N 243 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 243 | Continued From page 2<br><br>On 01/03/2024 at 11:30 AM, Surveyor contacted Program Supervisor A via email and inquired if Caregiver B had any documented training for resident rights. Regional Supervisor A replied via email and stated that all training records were provided to Surveyor. Regional Supervisor A confirmed that there were no documented completed training for Caregiver B in resident rights.<br><br>Client Group<br><br>The record for Caregiver B, hired 05/08/2023 did not contain evidence of training or evidence of meeting an exemption for client group training.<br><br>On 01/03/2024 at 11:30 AM, Surveyor contacted Program Supervisor A via email and inquired if Caregiver B had any documented training for client group. Regional Supervisor A replied via email and stated that all training records were provided to Surveyor. Regional Supervisor A confirmed that there were no documented completed training for Caregiver B in client group.<br><br>Recognizing, Preventing, Managing and Responding to Challenging Behaviors<br><br>The record for Caregiver B, hired 05/08/2023 did not contain evidence of training or evidence of meeting an exemption for training in challenging behaviors.<br><br>On 01/03/2024 at 11:30 AM, Surveyor contacted Program Supervisor A via email and inquired if Caregiver B had any documented training for challenging behaviors. Regional Supervisor A replied via email and stated that all training | N 243 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 243 | Continued From page 3<br>records were provided to Surveyor. Regional Supervisor A confirmed that there were no documented completed training for Caregiver B in challenging behaviors.<br><br>On 01/03/2024 at 12:00 PM, Surveyor emailed Regional Supervisor A and stated that gave him/her until 01/04/2023 at 12:00 PM to provide further information.<br><br>As of 01/04/2024 at 12:00 PM, no further information was provided. | N 243 | | |
| 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.<br><br>Findings include:<br><br>On 01/02/2024, Surveyor observed the physical environment.<br><br>OBSERVATIONS:<br><br>There was a heating register in the living room that was rusty and bent. | N 481 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 481 | Continued From page 4<br><br>There were 5, 7 gallon, storage totes on a table in the living room.<br><br>There was a broken plexiglass cabinet in the hallway.<br><br>On 01/02/2024 at 11:00 AM, Surveyor discussed the above concern with Program Supervisor A. Program Supervisor A stated that the Plexiglas cabinet, that was broken by a resident, will be replaced as soon as possible and the heating register would be replaced and the storage bins would be moved to the basement. | N 481 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.<br><br>This Rule is not met as evidenced by: | N 525 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 525 | Continued From page 5<br>Based on record review and interview, the provider did not conduct quarterly fire drills for calendar year 2023. There was only one documented fire drill for calendar year 2023.<br><br>Findings include:<br><br>On 01/02/2024, Surveyor reviewed the facility records for fire drills.<br><br>There was only 1 documented fire drill for calendar year 2023.<br><br>On 01/02/2023 at 11:15 AM, Surveyor asked Program Supervisor A if there were any other documented fire drills for calendar year 2023. Program Supervisor A stated there were no other documented fire drills for 2023. | N 525 | | |
| 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 evacuation drills were conducted at least semiannually. There was only 1 documented severe weather drill for calendar year 2023.<br><br>Findings include:<br><br>On 01/02/2024, Surveyor reviewed the facility evacuation drills. There was only 1 documented evacuation drill for calendar year 2023. | N 526 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 526 | Continued From page 6<br><br>On 01/02/2024 at 11:15 AM, Surveyor asked Program Supervisor A if there were any other documented evacuation drills for calendar year 2023. Program Supervisor A acknowledged that 2 evacuation drills were required annually to be conducted semi-annually. Program Supervisor A acknowledged that the facility conducted 1 evacuation drill for calendar year 2023. | N 526 | | |
| N 637 | 83.59(1)(g) Proper exit locations, sidewalks, driveways.<br><br>All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that the outside driveway, sidewalk | N 637 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 110326 | A. BUILDING: _____ B. WING _____ | 01/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TELLURIAN ACEWOOD HOUSE | 221 ACEWOOD BLVD MADISON, WI 53714 |

| (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 637 | Continued From page 7<br>and walkways leading to the entrance of the facility were clear of ice/snow. The deck, sidewalks and driveway on facility premises were not clear of ice/snow.<br><br>Findings include:<br><br>On 01/02/2024, Surveyor observed the physical environment.<br><br>The sidewalks on the facility premises were not clear of ice and snow. There was a layer of at least 1/4-1/2 inch of ice on the sidewalk.<br><br>The driveway on facility premises was not clear of ice and snow. There was a layer of at least 1/4-1/2 inch of ice on the driveway.<br><br>The deck leading to the facility entrance was not clear of ice and snow.<br><br>The last documented precipitation event was 12/30/2023.<br><br>On 01/02/2024 at 10:30 AM, Surveyor discussed the above concern with Program Supervisor A. Program Supervisor A acknowledged that all walkways, including sidewalks and driveways should be clear of ice and snow to prevent falls. | N 637 | | |