STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110331	A. BUILDING: _____ B. WING _____	R-C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MADISON WEST AL/MC	413 S YELLOWSTONE DR MADISON, WI 53719

(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 05/16/2024, Surveyor conducted 1 verification visit at Brookdale Madison West AL/MC. One deficiency was identified. The deficiency was a repeat violation. Four of 5 deficiencies from Statement OF Deficiency (SOD) SOD JTYV12 dated 01/10/2024 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 37	{N 000}		
{N 489}	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was clean. The refrigerators located in the kitchenettes and available for resident use were soiled and unlabeled and undated food items were stored in the refrigerators. This is a repeat violation. See Statement Of Deficiency (SOD) 1KI812, dated 11/25/2020, 1KI813, dated 03/18/2021 and JTYV12 dated 01/10/2024. Findings include: The facility is licensed to serve up to 42 residents	{N 489}		

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

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{N 489}	Continued From page 1 in the client groups of advanced age and irreversible dementia. This facility is divided into two units. The memory care unit was located downstairs and referred to as 'Clarebridge' and the other unit located upstairs was referred to as 'Crossings'. Residents had access to the kitchenettes on both units. On 05/16/2024 at 2:26 PM, Surveyor while touring facility with Executive Director (ED) A Surveyor observed: Example 1- Crossing Kitchenette Refrigerator The refrigerator's door handle was soiled. A red substance was dried onto the bottom of the inside of the refrigerator. An unlabeled and undated bag containing an old sandwich with hardened bread was in the bottom drawer. An empty fast-food cup with the lid and straw attached labeled "Bill" was lying in the bottom shelf of the door (Photo 1). The interior of the microwave was speckled with dried food. Example 2- Clarebridge Kitchenette Refrigerator The refrigerator's door handle was soiled. The 2nd to the bottom drawer's handle was broken off and the front face of the drawer was cracked and broken. A pan of bars was unlabeled and uncovered. A disposable food container and an opened container of potato salad were not dated. An open container of pasta salad was dated 04/27/2024. The bottom of the freezer was soiled with a dried orange substance (Photo 2). A posting on the door of the refrigerator stated "The sandwiches and other snacks in the refrigerator are for RESIDENTS to enjoy at any time of the day. ***Please assist them in preparing these items as they request them!" A 2nd posting on the refrigerator door stated "FOOD STORAGE	{N 489}		

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{N 489}	Continued From page 2 SHELF LIFE ...3 DAY ...Items portioned for service ...7 DAY Any open Dairy or Deli items ...Some Examples: Deli Meat/Deli Salads ..." (Photo 3). The interior of the microwave was speckled with dried food. On 05/16/2024 at 2:43 PM, Surveyor interviewed Assistant Executive Director G. When Surveyor asked Assistant Executive Director G what plan of correction was instituted after SOD JTYV12 dated 01/10/2024 and the accompanying enforcement letter was issued on 03/25/2024, Assistant Executive Director G stated the night shift caregivers were to monitor and clean the kitchenette refrigerators. On 05/16/2024 at approximately 3:15 PM, Surveyor observed Wellness Director B cleaning the kitchenette refrigerators. On 05/16/2024 at approximately 3:25 PM, Surveyor discussed concern of cleanliness of the kitchenette refrigerators with Executive Director J, Assistant Executive Director G, Wellness Director B, and Area Nurse Manager K. Surveyor reviewed SOD JTYV12 dated 01/10/2024, N0489 DHS 83.44(2)(a) Rooms Clean And Free From Odors with them and read the following statement " ...In the kitchenette refrigerator, that is accessible to residents, Surveyor observed two partially wrapped sandwiches that were not dated. Surveyor picked up one of the sandwiches and noted that the bread was very hard, and the meat was dried and discolored. The drawers and shelves of the refrigerator were spackled with an accumulation of crumbs and spills of red liquid ..." Executive Director G stated since January 2024 there was a change in the facility's leadership and the corporate office was aware or repetitive issues. Executive Director G	{N 489}		

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{N 489}	Continued From page 3 stated s/he was transferred to the facility to resolve the issues and was implementing daily manager checks of the units.	{N 489}		