STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 000	Initial Comments On 08/12/2024, with information gathered through 08/16/2024, Surveyor conducted a standard licensure survey and a complaint investigation at Madison AL Operations LLC. Seventeen deficiencies were identified. Two of 17 deficiencies are repeat violations (see Statement of Deficiency (SOD) LQL011). Complaint was unsubstantiated. Census: 55	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees (Med Technician G) reviewed had been screened for clinically apparent communicable disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a	N 220		

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
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 220	Continued From page 1 licensed registered nurse within 90 days before the start of employment. Findings include: On 08/12/2024, Surveyor reviewed Med Technician G's record. Med Technician G was rehired on 04/26/2024. Med Technician G's employee record contained a communicable disease screen and a negative TB test result, dated 07/01/2024. Med Technician G's TB test was not completed within 90 days before the start of employment. On 08/12/2024, at approximately 1:00 PM, Surveyor interviewed Business Office Manager B. Office Manager B confirmed Med Technician G's TB test and communicable disease screen were not completed within 90 days before the start of employment.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall	N 239		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 239	Continued From page 2	N 239		

successfully complete training in first aid and procedures to alleviate choking.
Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure 1 of 3 staff reviewed obtained all department approved training as required.

Resident Care Coordinator E's record did not contain evidence of training or evidence of meeting an exemption for medication administration.

Findings include:

On 08/12/2024, at approximately 12:10 PM, Surveyor observed Resident Care Coordinator E organizing and stocking the med cart with the new med cycle medications. Surveyor interviewed Resident Care Coordinator E who stated s/he was responsible for maintaining the med carts by ensuring medications were ordered timely, expired medications were disposed of, and medications were administered as ordered.

On 08/12/2024, Surveyor reviewed Resident Care Coordinator E's record.

Resident Care Coordinator E was hired on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 239	Continued From page 3 06/09/2024. Resident Care Coordinator E's record contained a certificate titled, 'Certificate of Completion 6 Hour Medication Technician,' which stated, "Completion of this course means the student named below has met the requirements of the State and Federal guidelines of DOEA and OSHA (The Occupational Safety and Health Administration) requirements. (6 Credit Course). Date of Issue: June 08, 2024. Date of Expiration: June 08, 2025." Resident Care Coordinator E's record contained the Nurse Aide certification, issued 08/31/2020 and expires in 08/31/2024. Resident Care Coordinator E's record did not contain documentation that s/he had completed a medication aide training program with this certification. On 08/12/2024, Surveyor verified through the CBRF training registry that Resident Care Coordinator E had not received required Department approved training in medications. On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Wise and Well Program Director F and Business Office Manager B stated they did not know what 'DOEA' stood for and would have Resident Care Coordinator E enroll in the department approved program immediately.	N 239		
N 381	83.35(1)(a) Pre-admission and ongoing assessments.	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 381	Continued From page 4 Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not assess 2 of 2 residents (Resident 6 and Resident 7) when there was a change of condition regarding the use of bedrails. This is a repeat deficiency. See Statement of Deficiency (SOD) LQL011, dated 03/29/2023. Findings include: On 08/12/2024, at approximately 1:30 PM, Surveyor toured the facility and observed 2 half-length side bedrails on Resident 6's and Resident 7's hospital style bed. On 08/12/2024, Surveyor requested and reviewed Resident 6's and Resident 7's record. Example 1: Resident 6 Resident 6 admitted to the facility, 04/14/2022, with diagnoses including Alzheimer's disease, Bell's Palsy (facial muscle weakness or	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 381	Continued From page 5	N 381		

paralysis), osteoporosis, dementia, mood disturbance, and anxiety.

Resident 6's individual service plan, dated 06/21/2023, did not document that Resident 6 utilized bedrails.

Resident 6's record did not include a bedrail assessment.

Example 2: Resident 7

Resident 7 admitted to the facility, 07/15/2022, with diagnoses including emphysema, abdominal aortic aneurysm, chronic obstructive pulmonary disease, and dependence on supplemental oxygen.

Resident 7's individual service plan, updated 05/27/2024, did not document that Resident 7 utilized bedrails.

Resident 7's record did not include a bedrail assessment.

On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Wise and Well Program Director F stated s/he would review all residents who utilize bedrails and ensure each had the proper assessment in their record.

According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 381	Continued From page 6 which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment...3. Use of bed rails should be based on patient's assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients' assessed needs...The care plan should: include educating the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 08/13/2024)).	N 381		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan	N 385		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 385	Continued From page 7 under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a temporary service plan for 1 of 1 resident (Resident 1) upon admittance. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury. On 08/12/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted, 10/19/2023, with diagnoses including multiple sclerosis with multiple falls and bipolar affective disorder with mania. Resident 1's record did not contain a temporary service plan. On 08/12/2024, at approximately 3:30 PM, Surveyor interviewed Wise and Well Program Director F. Wise and Well Program Director F stated s/he was unable to locate a temporary service plan for Resident 1. Wise and Well Program Director F explained that Resident 1 moved out on 11/20/2023.	N 385		
N 387	83.35(3)(b) Service plan development: parties involved	N 387		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 387	Continued From page 8 Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and in agreement with the plan for 2 of 3 resident records (Resident 2) reviewed. Findings include: Resident 2 was admitted on 05/11/2016 and is his/her own person. Resident 2's available ISP, which was undated, did not contain a signature page. Resident 6 was admitted on 04/14/2022 and has an activated power of attorney. Resident 6's available ISP, which was undated,	N 387		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 387	Continued From page 9 did not contain a signature page. The last signature page available was dated 06/21/2023. On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Wise and Well Program Director F stated s/he was unable to locate signature pages for Resident 2's and Resident 6's ISP and would address that concern immediately.	N 387		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 Individual Service Plans (ISP) were reviewed when the resident experienced a change of condition. This is a repeat deficiency. See Statement of Deficiency (SOD) LQL011, dated 03/29/2023.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 389	Continued From page 10	N 389		

Resident 3's ISP did not document his/her toileting routine.
Resident 6's ISP did not document his/her wandering behavior.

Findings include:

Example 1: Resident 3

On 08/12/2024, at approximately 1:20 PM, Surveyor observed Resident 3's room. Resident 3's room had a distinct urine like scent emanating from it. Surveyor requested Resident 3's record.

Resident 3's individual service plan (ISP), dated 07/18/2024, documented:
"Toileting: Resident will call for assistance as needed with hygiene."

On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Registered Nurse C, and Wise and Well Program Director F. Registered Nurse C and Wise and Well Program Director F confirmed that Resident 3 dealt with incontinence and his/her individual service plan would be updated accordingly.

Example 2: Resident 6

On 08/12/2024, at approximately 1:20 PM, Surveyor was speaking with Resident 3. During the conversation, Resident 6 approached Resident 3 and accused of him/her stealing some of his/her belongings. Resident 3 commented, "[S/he] gets confused and often thinks this is [his/her] room. [S/he] wanders around the facility, all hours, and is very confused. This has been going on for about 7 or 8 months." A caregiver

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 389	Continued From page 11 arrived and informed Surveyor that Resident 6 often confuses Resident 3's room with his/her own room. Surveyor walked Resident 6 to his/her room, which was across the hall. On 08/12/2024, Surveyor reviewed Resident 6's record. Resident 6's ISP, undated, documented: "Mobility - Resident is able to ambulate independently with walker." On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Executive Director A stated Resident 6 has not eloped from the building but s/he does wander and s/he does confuse Resident 3's room with his/her own. Wise and Well Program Director F stated s/he would update Resident 6's ISP to incorporate his/her wandering habits.	N 389		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure 1 of 1	N 401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 401	Continued From page 12	N 401		

resident's prescription medication had a permanent label attached to the outside of the container.

Resident 8's prescribed Fluticasone propionate and Salmeterol (inhaler) did not have a permanent label attached to the outside of the container.

Findings include:

On 08/12/2024, at approximately 12:10 PM, Surveyor and Resident Care Coordinator E reviewed the providers med carts and observed 2 Fluticasone propionate and Salmeterol inhalers that were not labeled with his/her name or contain a prescription label. Resident Care Coordinator E stated staff usually write the resident's initials on medications that are not stored in the original delivery package.

On 08/12/2024, Surveyor reviewed Resident 8's record.

Resident 8 was admitted to the facility 05/15/2024.

Resident 8's June, July, and August 2024 Medication Administration Records, dated 07/01/2024 to 08/12/2024, documented: "Flutic/Salme (Fluticasone propionate and Salmeterol) - Inhale one puff by mouth twice daily for COPD (chronic obstructive pulmonary disease). Order Date: 05/13/2024."

On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Surveyor was informed this would be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 401	Continued From page 13 discussed with med passers.	N 401		
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. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 2 resident prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. Resident 4's PRN Lorazepam was not documented in his/her ISP.	N 408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 408	Continued From page 14	N 408		

Resident 6's PRN Alprazolam was not documented in his/her ISP.

Findings include:

Example 1: Resident 4

On 08/12/2024, at approximately 12:10 PM, Surveyor and Resident Care Coordinator E reviewed the providers med carts and observed Resident 4's blister card of PRN Lorazepam, which documented, "Take 1 tablet by mouth every 6 hours as needed for anxiety."

On 08/12/2024, Surveyor reviewed Resident 4's record.

Resident 4 was admitted to the facility 04/25/2023 with diagnosis including anxiety disorder.

Resident 4's June, July, and August 2024 Medication Administration Record (MAR), dated 06/01/2024 to 08/12/2024, documented: "Lorazepam - Take 1 tablet by mouth every 6 hours as needed for anxiety. Start Date: 06/19/2023."

Resident 4's individual service plan (ISP), dated 06/14/2023, documented:
"The resident uses psychotropic medications. Prior the administration of PRN psychotropic medications, attempt the following non-pharmaceutical interventions: 1:1 allow to discuss feelings, offer activity of choice. If interventions are not effective, may offer PRN. May also give if resident requests for anxiety."

Example 2: Resident 6

On 08/12/2024, Surveyor reviewed Resident 6's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 408	Continued From page 15	N 408		

record.

Resident 6 admitted to the facility, 04/14/2022, with diagnoses including Alzheimer's disease, Bell's Palsy (facial muscle weakness or paralysis), osteoporosis, dementia, mood disturbance, and anxiety.

Resident 6's June, July, and August 2024 MAR, dated 06/01/2024 to 08/12/2024, documented: "Alprazolam - One tablet by mouth twice daily as needed for anxiety/for agitation. Start Date: 04/10/2024." Documented as administered on 07/26/2024, 07/31/2024, 08/06/2024, and twice on 08/09/2024, with no documented rationale.

Resident 6's individual service plan (ISP), undated, documented:
"Prior to the administration of PRN psychotropic medications, attempt the following non-pharmaceutical interventions (offer one on one, distraction, activity of choice, music, ambulate with resident in building, food or drink). If interventions are not effective, may offer PRN. Ordered for anxiety or sleep, so may give under resident request also. Date Initiated: 03/09/2024."

On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Wise and Well Program Director F stated s/he was responsible for updating resident ISPs and would update the ISPs to reflect specific PRN psychotropic medications prescribed and what would be considered above baseline as a rationale for the administration of the medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 432	Continued From page 16	N 432		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents received prescribed medications prior to expiration dates. Resident 5's lubricating eye drops (Systane) were not dated when opened, had a dispensed date of 03/12/2024, and had been currently administered. Resident 6's Dorzol/Timol eye drops were not dated when opened, had a dispensed date of 04/01/2024, and had been currently administered. Findings include: Example 1: Resident 5 On 08/12/2024, at approximately 12:10 PM, Surveyor and Resident Care Coordinator E observed the medication cart and observed Resident 5's Systane eye drops which were not dated when opened and had a dispensed date of 03/12/2024. Resident Care Coordinator E did not	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 432	Continued From page 17	N 432		

know when the eye drops had been opened but assumed they would have been close to the dispensed date. Resident Care Coordinator E stated the concern would be discussed at the next staff meeting.

On 08/12/2024, Surveyor reviewed Resident 5's record.

Resident 5's June, July, and August 2024 Medication Administration Record (MAR), dated 06/01/2024 to 08/12/2024, documented:
"Lubricating eye drop 0.4-0.3% (Systane) - Instill 1 drop in both eyes twice daily for dry eyes. Order Date: 06/14/2023."
Surveyor noted there were no other bottles of Systane available for Resident 5.

"As with most medications, this product should be stored at room temperature. Store it in a secure location where it will not be exposed to excessive heat, moisture, or direct sunlight. Once opened, the product must be used within 30 days. Any unused portion should be discarded." (Source: Familiprix website, Systane Original eye drops, 2024, https://www.familiprix.com/en/medications/systane-original-eye-drops-02248967 (retrieval date - August 13, 2024).)

Example 2: Resident 6

On 08/12/2024, at approximately 12:15 PM, Surveyor and Resident Care Coordinator E observed the medication cart and observed Resident 6's Dorzol/Timol eye drops which were not dated when opened and had a dispensed date of 04/01/2024. Resident Care Coordinator E did not know when the eye drops had been opened but assumed they would have been close

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	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 432	Continued From page 18 to the dispensed date. Resident Care Coordinator E stated the concern would be discussed at the next staff meeting. On 08/12/2024, Surveyor reviewed Resident 6's record. Resident 6's June, July, and August 2024 Medication Administration Record (MAR), dated 06/01/2024 to 08/12/2024, documented: "Dorzolamide HCl-Timolol Mal solution - Instill 1 drop in left eye two times a day for glaucoma. Order Date: 12/14/2022." Surveyor noted there were no other bottles of Dozol/Timol available for Resident 6. "Dorzolamide/Timolol should be used within 28 days after the bottle is first opened. Therefore, you must throw away the bottle 4 weeks after you first opened it, even if some solution is left. To help you remember, write down the date that you opened it in the space on the carton and the bottle." (Source: Electronic Medicines Compendium, Package Leaflet: Information for the User - Dorzolamide/Timolol 20mg/ml + 5mg/ml eye drops, solution, 2022, https://www.medicines.org.uk/emc/files/pil.10111.pdf (retrieval date - August 13, 2024).) On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Regional Director of Wellness C and Wise and Well Program Director F stated this would be discussed with the med passers.	N 432		
N 435	83.38(1)(k) Transportation.	N 435		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 435	Continued From page 19	N 435		

As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Transportation. The CBRF shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure transportation was arranged or provided for resident medical appointments.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury.

On 08/12/2024, from approximately 11:40 AM to 5:30 PM, Surveyor toured the facility and observed a sign hanging in the elevator that read, "06/11/2024 - This letter is to inform you that effective 07/01/2024, we will be ending our

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 435	Continued From page 20	N 435		

transportation until further notice. Due to vehicle maintenance and scheduling issues. Here are a few suggestions for local transportation companies: [names and numbers]. All Managed Care Organizations have been informed of this change. Please reach out to your caseworker with transportation needs. Please also note that any transportation costs will be out of pocket and not covered by the facility. We will honor all rides that are currently scheduled, but we will not be taking any additional requests effective immediately." The letter was signed by Executive Director A.

On 08/12/2024, Surveyor reviewed Resident 1's admission agreement, dated 10/19/2023, which documented:
"Transportation: As part of your Basic Services Fee, the Community will make available scheduled transportation, subject to availability, for medical and dental appointments, and for planned social events, within the number of miles of the Community as set fort in Exhibit A.

On 08/12/2024, Surveyor reviewed Resident 4's individual service plan, undated, which documented:
"Resident schedules and arranges medical appointments - Encourage resident to notify staff of scheduled appointments. Date Initiated: 09/12/2023. Offer assistance in scheduling and arranging appointments if resident displays difficulty arranging and attending appointments."

On 08/13/2024 at 5:28 PM, Surveyor emailed Executive Director A and asked for clarification on why the provider was no longer providing and/or assisting residents with transportation to medical appointments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 435	Continued From page 21 On 08/16/2024 at 6:34 AM, Executive Director A stated, "We do offer transportation. We had vehicle issues for awhile. One of our transport vans has been repaired. We have a driver available as well. Any transportation we cannot do we call for another company to transport in place." On 08/16/2024 at 6:56 AM, Surveyor responded to Executive Director A requesting clarification due to the sign that was posted in the elevator during the survey process on 08/12/2024. On 08/16/2024 at 7:51 AM, Executive Director A stated, "This started back up Monday 8/5. We were using another company for Resident transportation during the time we did not have a vehicle."	N 435		
N 444	83.40 Oxygen storage. Oxygen storage. Oxygen storage shall be in an area that is well ventilated and safe from environmental hazards, tampering, or the chance of accidental damage to the valve stem. If oxygen cylinders are in use, oxygen cylinders shall be secured in an upright position. If stored upright, cylinders must be secured. If stored horizontally, cylinders shall be on a level surface where they will remain stationary. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store oxygen cylinders in a way that ensured they were safe from environmental hazards, tampering or the chance of accidental damage to the valve and were not secured in an upright position. Surveyor observed 3 cylinders of oxygen not stored safe from environmental	N 444		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 444	Continued From page 22 hazards in Resident 2's bedroom. Findings include: On 08/12/2024, at approximately 11:40 AM, Surveyor toured the facility and observed in Resident 3's room, 3 cylinders of oxygen lying on the carpeted floor, next to the oxygen condenser. One cylinder had a piece of paper taped to it which stated 'empty.' On 08/12/2024, at approximately 4:10 PM, Surveyor interviewed Regional Director of Wellness C. Regional Director of Wellness C stated that oxygen tanks should always be stored upright in a cylinder rack. Regional Director of Wellness C stated s/he would address the concern.	N 444		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 452	Continued From page 23	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid freezer burn and contamination; food packages stored in the dry food area were not sealed properly; spices were expired. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses.

Findings include:

On 08/12/2024, at approximately 1:55 PM, Surveyor toured facility kitchen and serving kitchen with Dining Service Manager H and observed the following:

Pantry:
A 25-pound open bag of breadcrumbs that was not sealed.
(2) 50-pound open bags of flour that were not sealed.
A 50-pound bag of corn starch that was not sealed.

Refrigerator:
A 40-ounce package of cheddar cheese slices that was not sealed.
A metal container of grapes and sliced strawberries that were not sealed and dated.

Freezer:
A pan that contained 9 cooked hamburger patties that were not covered or dated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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N 452	Continued From page 24 A container of what appeared to be 12 breakfast sausage links that were not covered. A pan that contained an unidentified food that was not properly sealed, and the aluminum foil was ripped across the top of the container. (2) tubular beef blocks that appeared to have thawed on top of the box they were originally stored in. Spice Rack: A 5-ounce container of Mediterranean Style Oregano Leaves with a Prep Date of 04/10/2022 and a Best-By-Date of 03/04/2024. A 14-ounce container of Ground Coriander with a Best-By-Date of 03/15/2024. A 6-ounce container of Thyme Leaves with a Best-By-Date of 07/11/2023. A 5-ounce container of Dill Weed with a Best-By-Date of 08/13/2023. A 16-ounce container of Curry Powder with a Best-By-Date of 10/27/2023. Dining Services Manager H stated s/he had been employed with the provider for approximately 2 months and s/he had been working to address concerns.	N 452		
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 interview and observation, the provider did not ensure that all rooms are clean and free from odor. Findings include:	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 489	Continued From page 25 On 08/12/2024, from approximately 10:30 AM to 5:30 PM, Surveyor conducted an investigation and toured the facility and observed the following: At approximately 11:40 AM, Surveyor observed Resident 9's room. Surveyor noted what appeared to be a urine like scent when s/he entered the room. At approximately 11:45 AM, Surveyor observed Resident 10's room. When Surveyor entered his/her bathroom, there appeared to be a feces like scent. Surveyor observed a light brown color around the rim of the toilet seat which appeared to be dried on feces. At approximately 12:30 PM, Surveyor observed Resident 11's room. When Surveyor entered his/her bedroom, there appeared to be a urine like scent emanating from his/her bathroom. Surveyor walked into the bathroom and observed Resident 11's toilet having the appearance of not being flushed after several uses. On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Surveyor was informed that the concerns would be addressed.	N 489		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 499	Continued From page 26 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury. On 08/12/2024, at approximately 11:30 AM, Surveyor toured the facility and observed the following: Laundry Rooms -Gallon jug of laundry and air disinfectant - eucalyptus -32 ounce bottle of disinfectant cleaner with bleach -(5) 5 gallon jug of advanced enzyme detergent -15 ounce spray can of flying insect insecticide Surveyor noted there were signs on the doors that stated, "Door must remain closed and locked," but the doors were blocked open. Maintenance Room -Shelves full of paint cans, spray cans of paint, tubes of caulk, cleaners with bleach, furniture polish, wood cleaner, weed killer, ant killer, etc. These areas were accessible to all residents. Residents were observed moving freely throughout the facility.	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 499	Continued From page 27 On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Regional Director of Wellness C, and Wise and Well Program Director F. Executive Director A stated the concern would be addressed with staff.	N 499		
N 502	83.46(1)(a) Comfortable and safe temperatures A CBRF shall maintain comfortable and safe temperatures. The CBRF shall provide tempered air at all times to eliminate cold air drafts. The heating system shall be capable of maintaining temperatures of 74º F. in areas occupied by residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure areas occupied by residents were at 74° Fahrenheit (F). The spa room, where residents were showered, on the main level had a registered temperature reading of 64°F. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury. On 08/12/2024, at approximately 12:45 PM, Surveyors toured the facility and observed the	N 502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

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MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 502	Continued From page 28 spa room, on the main level, where residents were assisted with their showers. Surveyor noted when s/he walked in, there was cold air blowing out of the vent, located on the wall next to the toilet. The vent cover was laying on the floor and a steady flow of cold air was emanating from the vent space. Surveyor measured the temperature with his/her thermometer and the temperature read at 64°F. On 08/12/2024, at approximately 4:45 PM, Surveyor interviewed Executive Director A, Business Office Manager B, Registered Nurse C, and Wise and Well Program Director F. Executive Director A stated that bathroom was being remodeled and maintenance would be contacted.	N 502		
N 525	83.47(2)(d) Fire drills. 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.	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 29	N 525		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider's fire drills in 2022 and 2023 did not 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.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury.

On 08/12/2024, at approximatley 12:00 PM, Surveyor toured the dining room and observed residents in manual and electric wheelchairs.

On 08/12/2024, Surveyor reviewed provider's 2022 and 2023 fire drills which documented:
12/05/2023 - Head Count: Resident - 32; Staff - 7; Visitor - 2
12/05/2023 - Head Count: Resident 21; Staff - 5; Visitor - 0
11/01/2023 - Head Count: Resident - 23; Staff - 6; Visitor - 0
02/27/2023 - Head Count: Resident - 55; Staff - 6; Visitor - 0

10/20/2022 - Head Count: Resident - 61; Staff - 16; Visitor - 2
10/21/2022 - Head Count: Resident - 62; Staff - 10; Visitor - 3
06/23/2022 - Head Count: Resident - 59; Staff -

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 30 14; Visitor - 0 04/29/2022 - Head Count: Resident - 56; Staff - 11; Visitor - 0 03/16/2022 - Head Count: Resident - 48; Staff - 4; Visitor - 0 03/04/2022 - Head Count: Resident - 49; Staff - 6; Visitor - 0 02/23/2022 - Head Count: Resident - 49; Staff - 9; Visitor - 0 On 08/12/2024, at approximately 12:30 PM, Surveyor interviewed Environmental Services Director D. Environmental Services Director D stated s/he had been employed by the provider for a few months and since then, has started to ensure residents are evacuated outside. Environmental Services Director D stated s/he would review the paperwork and include those that had an evacuation time greater than 2 minutes and/or refused to participate in the drill.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually. The provider's record did not include drills for 2022 and 2023. Findings include: The provider is licensed as a class CNA	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

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N 526	Continued From page 31 (non-ambulatory) CBRF (community-based residential facility) able to serve up to 73 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, and traumatic brain injury. On 08/12/2024, at approximately 12:30 PM, Surveyor interviewed Environmental Services Director D and requested the other evacuation drills for 2022 and 2023. Environmental Services Director D stated s/he was unable to locate documentation showing that the other evacuation drills had been completed.	N 526		