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 _____	R-C 01/24/2025

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 000}	Initial Comments On 01/16/2025, with information gathered through 01/24/2025, Surveyor conducted a verification visit and 2 complaint investigations at Madison AL Operations LLC. Five deficiencies were identified. Three of 5 deficiencies were repeat violations. See Statement of Deficiency (SOD) LQL011, dated 03/29/2023, LQL013, dated 01/12/2024, and KRV011, dated 08/16/2024. One of 2 complaints was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 60	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 3 working days when Resident 14 sustained a fall which required hospitalization. Findings include: On 12/05/2024, the Department received a concern that residents do not receive adequate	N 165		

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

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N 165	Continued From page 1	N 165		

response times when they sustain a fall that results in an injury.

On 01/16/2025, Surveyor requested Resident 14's record from Executive Director A.

On 01/22/2025, Surveyor reviewed Resident 14's record.

Resident 14 moved into the facility, 06/24/2024, with diagnoses including cerebral infarction (stroke), chronic pain, and mild cognitive impairment.

Resident 14's "Progress Notes" documented: 11/14/2024 - Resident returning to [Facility Name] today post hospitalization for NSTEMI (heart attack), skin tear to both arms post fall.

Resident 14's medical records documented: Date of Admission: 11/13/2024. Date of Discharge: 11/15/2024.
"Presents to ER (emergency room) with head injury s/p (status post) fall. Sounds like the patient was trying to stand up from the toilet and became weak, subsequently fell. In the ER [s/he] was noted to have contusion to the posterior occiput (injury on the back of the head) and 2 skin tears on [his/her] left upper forearm which are now bandaged."

On 01/24/2025, Surveyor reviewed the Department file and noted that no written reports had been submitted to the Department regarding Resident 14's fall resulting in hospitalization.

On 01/24/2025 at 2:57 PM, Surveyor emailed Executive Director A requesting the written report that had been submitted to the Department.

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N 165	Continued From page 2 On 01/24/2025 at 3:06 PM, Executive Director A emailed Surveyor and stated the filing of the report had been overlooked and s/he would file one with the Department.	N 165		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 13 did not receive his/her Levetiracetam (seizure medication) and Baclofen (muscle spasm medication) as prescribed. Findings include: On 01/22/2025, Surveyor reviewed Resident 13's record. Resident 13 moved into the facility 12/04/2023 with diagnoses including epilepsy, chronic ischemic heart disease, and cerebral infarction (stroke). Resident 13's November and December 2024 Medication Administration Record (MAR), dated 11/17/2024 to 12/31/2024, documented:	N 352		

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N 352	Continued From page 3	N 352		

Levetiracetam 500 MG (milligram) Tablet - Take 2 tablets (1000MG) by mouth every morning. Start Date: 11/30/2023. D/C (discontinued) Date: 11/27/2024.
Levetiracetam 500 MG (milligram) Tablet - Take 3 tablets (1500MG) by mouth at bedtime. Start Date: 11/30/2023. D/C Date: 11/27/2024.
Baclofen 5 MG - Take 3 tablets (15 MG) by mouth 3 times daily. Order Date: 12/01/2023. D/C Date: 11/27/2024.

Resident 13's hospital medical discharge summary documented:
Admit Date: 12/01/2024. Discharge Date: 12/09/2024. Primary Discharge Diagnoses: Seizure.
Presented to [medical facility] with a complaint of seizure, from what sounds like due to not being given [his/her] normal anti-epileptic drugs/baclofen. Per triage note, patient comes from nursing facility, did not get refill end of November of [his/her] seizure medicines and baclofen.

On 01/23/2025 at 4:19 PM, Surveyor emailed Executive Director A and requested clarification as to why Resident 13's seizure medication had been discontinued.

On 01/25/2025 at 9:37 AM, Executive Director A emailed Surveyor and stated the pharmacy had pulled Resident 13's orders to profile which removed it from the electronic MAR system. The Director of Wellness F completed reeducation with Resident Care Coordinator E regarding faxed orders from the pharmacy are to be reviewed for accuracy.

On 01/24/2025 at 1:30 PM, Surveyor interviewed Executive Director A, Regional Director of

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N 352	Continued From page 4 Wellness C, Director of Wellness F, and Regional Director of Operations J. Regional Director of Wellness C stated the concern was created on the pharmacy side, but the provider also had a systems breakdown.	N 352		
{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 observation, record review and interview, the provider did not ensure 2 of 2 Individual Service Plans (ISP) were updated when the resident experienced a change of condition. This is a repeat deficiency. See Statement of Deficiency (SOD) LQL011, dated 03/29/2023, and KRV011, dated 08/16/2024. Resident 12's ISP did not document his/her behaviors to refuse bathing. Resident 15's ISP did not document his/her	{N 389}		

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{N 389}	Continued From page 5	{N 389}		

potential behaviors when s/he consumed alcohol.

Findings include:

Example 1: Resident 12

On 01/16/2025, at approximately 2:00 PM, Surveyor observed Resident 12's bottle of Ketoconazole Shampoo (treats fungal or yeast infections in your skin) which was dispensed 07/30/2024.

On 01/20/2025, Surveyor reviewed Resident 12's record provided by Executive Director A.

Resident 12 moved into the facility 08/17/2021.

Resident 12's December 2024 and January 2025 Medication Administration Records (MARs), dated 12/01/2024 to 01/16/2025, documented:
Ketoconazole 2% Shampoo - Apply to scalp topically every evening shift every Wed (Wednesday), Sun (Sunday) for dry scalp use for washing hair on shower days. Start Date: 11/06/2024.
The December MAR documented 6 out of 9 opportunities as refusals.
The January MAR documented 4 out of 5 opportunities as refusals, and 1 opportunity as 'Hold.'

Resident 12's ISP, updated 11/12/2024, documented:
Bathing/Showering: The resident requires assistance for bathing/showering.

On 01/23/2025 at 4:19 PM, Surveyor emailed Executive Director A requesting clarification if Resident 12 was refusing his/her showers when the medicated shampoo was documented as

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

refused.

On 01/25/2025 at 9:37 AM, Executive Director A emailed Surveyor and stated Resident 12 consistently refuses his/her showers and staff attempt to redirect him/her.

Example 2: Resident 15

On 12/02/2024, the Department received a concern that management allowed residents to consume alcohol when they displayed verbal and physical behaviors.

On 01/16/2025, at approximately 4:30 PM, Surveyor interviewed Business Office Manager (BOM) B. BOM B stated Resident 15 could display "bully" like behaviors during happy hour when s/he wanted additional drinks.

On 01/16/2025, at approximately 4:45 PM, Surveyor interviewed Executive Director (ED) A. ED A stated Resident 15 could display behaviors but that is one of the reasons why Resident 15 resides in an assisted living facility, so that s/he had staff available to guide him/her when s/he displayed negative behaviors.

On 01/20/2025, Surveyor reviewed Resident 15's record provided by ED A.

Resident 15 moved into the facility, 05/30/2006, with diagnosis including alcohol abuse with intoxication.

Resident 15's "Progress Notes," dated 08/01/2024 to 01/16/2025, documented:
08/09/2024 - Late Entry - 02/13/2024 - Resident came to the Mardi Gras party - pushed chairs and tables to get to the alcohol table then grabbed a

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{N 389}	Continued From page 7 bottle of vodka. Writer and activity director said to let it go. Resident struggled to try to drink from the bottle while staff tried to take the bottle away. Staff did get the bottle away before [s/he] drank from it. 09/06/2024 - The resident participated in Happy Hour. [S/he] laughed at me and demanded a 3rd drink. I turned and walked away from [his/her] abusive behavior. Resident 15's ISP, updated 12/19/2024, did not document that Resident 15 displayed any kind of behaviors, verbal or physical. On 01/24/2025 at 1:30 PM, Surveyor interviewed Executive Director A, Regional Director of Wellness C, Director of Wellness F, and Regional Director of Operations J. Regional Director of Wellness C confirmed the resident's ISPs should document potential behaviors and would be updated accordingly.	{N 389}		
{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	{N 408}		

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{N 408}	Continued From page 8 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 2 of 2 resident's record included the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN (as needed) psychotropic medication in their Individual Service Plan (ISP). This is a repeat deficiency. See Statement of Deficiency (SOD) KRV011, dated 08/16/2024. Resident 6 was prescribed PRN Alprazolam, and his/her record did not indicate the rationale for the medication. Resident 15 was prescribed PRN Quetiapine, and his/her record did not indicate the rationale for the medication. Findings include: Example 1: Resident 6 On 01/16/2025, at approximately 3:20 PM, Surveyor observed Resident 6's blister card of PRN Alprazolam in the medication cart. Surveyor requested Resident 6's record from Executive Director A. On 01/22/2025, Surveyor reviewed Resident 6's record.	{N 408}		

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{N 408}	Continued From page 9 Resident 6 moved into the facility, 04/14/2022, with diagnoses including psychotic disturbance, mood disturbance, and anxiety. Resident 6's December 2024 and January 2025 Medication Administration Records (MAR), dated 12/01/2024 to 01/16/2025, documented: Alprazolam Tab (tablet) 0.25 MG (milligram) - One tablet by mouth twice daily as needed for anxiety / for agitation. Order Date: 10/08/2024. The medication was administered with no documented rationale on: 12/24 - 1924 (7:24 PM) 01/11 - 1603 (4:03 PM) 01/12 - 1542 (3:42 PM) Resident 6's "Progress Notes" did not document any behaviors on these dates. Resident 6's ISP, updated 08/20/2024, documented: The resident uses scheduled and PRN psychotropic medications. Delusions/paranoid thoughts, thinking people are stealing (his/her) clothes, shoes, selling (his/her) items, wandering in halls, entering other residents' rooms at times. Prior to the administration of PRN psychotropic medications, attempt the following non-pharmaceutical interventions; allow time to talk with others, provide a quiet space, provide touch to hand to calm. If interventions are not effective, may offer PRN. On 01/22/2025 at 12:29 PM, Surveyor emailed Executive Director A and requested documentation that would show why a PRN psychotropic medication had been given.	{N 408}		

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{N 408}	Continued From page 10 On 01/23/2025 at 8:15 AM, Executive Director A emailed Surveyor and stated if a rationale was documented it would have appeared in the resident's progress notes. Example 2: Resident 15 On 01/16/2025, at approximately 2:10 PM, Surveyor observed Resident 15's blister card of PRN Quetiapine in the medication cart. Surveyor requested Resident 15's record from Executive Director A. On 01/22/2025, Surveyor reviewed Resident 15's record. Resident 15 moved into the facility, 10/15/2024, with diagnoses including anxiety disorder and obsessive-compulsive disorder. Resident 15's December 2024 and January 2025 MARs, dated 12/01/2024 to 01/16/2025, documented: Quetiapine Fumarate 25 MG tablet - Give 2 tablet orally as needed for as needed after dinner once daily for agitation. Order Date: 10/10/2024. The medication was administered with no documented rationale on: 12/07 at 1846 (6:46 PM) 12/11 at 1903 (7:03 PM) 12/19 at 1849 (6:49 PM) 12/21 at 2104 (9:04 PM) 12/22 at 1835 (6:35 PM) 12/24 at 1931 (7:31 PM) 12/30 at 1841 (6:41 PM) 01/01 at 1854 (6:54 PM) 01/03 at 1822 (6:22 PM) 01/05 at 0956 (9:56 AM) Resident 15's "Progress Notes" did not document	{N 408}		

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{N 408}	Continued From page 11 any behaviors on these dates. Resident 15's ISP, updated 12/18/2024, documented: The resident has a behavior problem, anxiousness, repetitive worry, resistive with cares, verbally aggressive. The resident is unable to self-administer medications. Medications will be administered at the preferred time as ordered by provider. The resident uses psychotropic medications anxiety, and restlessness. Repetitive movement, repetitive worry, restlessness, calling out after all needs have been met. Prior to the administration of PRN psychotropic medications, attempt the following non-pharmaceutical interventions, allow to vent and problem solve, active listening, offer food/drink, 1:1 visit, offer activity of choice. If interventions are not effective, may offer PRN. On 01/22/2025 at 12:29 PM, Surveyor emailed Executive Director A and requested documentation that would show why a PRN psychotropic medication had been given. On 01/23/2025 at 8:15 AM, Executive Director A emailed Surveyor and stated if a rationale was documented it would have appeared in the resident's progress notes. On 01/24/2025 at 1:30 PM, Surveyor interviewed Executive Director A, Regional Director of Wellness C, Director of Wellness F, and Regional Director of Operations J. Regional Director of Wellness C stated staff would be reeducated to document in the MAR why a PRN psychotropic medication was being administered and ensure the resident's ISP reflected which PRN psychotropic should be administered.	{N 408}		

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Y3244	Continued From page 12	Y3244		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received adequate and appropriate cares to meet their needs. Resident 14 and Resident 16 did not receive timely assistance with care needs. Findings include: On 12/05/2024, the Department received a concern alleging resident call lights were not answered timely when residents needed assistance.	Y3244		

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Y3244	Continued From page 13	Y3244		

On 01/16/2025, Surveyor requested Resident 14's and Resident 16's records from Executive Director A.

On 01/22/2025, Surveyor reviewed Resident 14's and Resident 16's records.

Example 1: Resident 14

Resident 14 moved into the facility, 06/24/2024, with diagnoses including cerebral infarction (stroke), chronic pain, and mild cognitive impairment.

Resident 14's individual service plan, undated, documented:
Bathing: Resident requires physical assist and verbal cues while bathing.
Dressing: Allow sufficient time for dressing and undressing.
Mobility: Uses walker, needs contact guard assist with ambulation

Resident 14's "Progress Notes" documented:
12/23/2024 - Resident had a fall yesterday AM, stated s/he was reaching for something from bed and fell. Later stated s/he was standing next to bed and tried to reach for something and fell. 911 called as resident having right hip pain, dx (diagnosis) of right hip fracture. POA (power of attorney) and MD (medical doctor) updated of incident and hospital admission.

On 01/22/2025, Surveyor reviewed interview with Resident 14's Family Member (FM) K. FM K stated that Resident 14 was a fall risk and when s/he had sustained falls, would have to wait over 30 minutes for a staff member to respond. FM K stated, "When [Resident 14] fell and broke [his/her] hip, who knows how long [s/he] waited

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 _____	R-C 01/24/2025

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
Y3244	Continued From page 14 before staff found [him/her]." Resident 14's call light report, dated 12/19/2024 to 12/21/2024, documented: 12/19 7:17 AM - 28 minute response time 12/19 9:08 AM - 54 minute response time 12/19 3:05 PM - 35 minute response time 12/20 5:17 AM - 26 minute response time 12/20 8:03 AM - 98 minute response time 12/20 2:27 PM - 65 minute response time Example 2: Resident 16 On 01/16/2025, at approximately 3:25 PM, Surveyor interviewed Resident 16. Resident 16 stated, "Things have gotten better but staff don't have time to dedicate to cares, they are always in a rush. You are on their schedule, not what you want. For example, I like to be in bed by around 8:00 PM, to ensure I get at least 8 hours of sleep. I will be waiting until 9:00 or 9:30 PM before I am finally assisted into bed. I need assistance to be toileted. I call to be assisted to the bathroom, and I call when I have finished, and you never know how long you are going to end up waiting. You are just sitting on the toilet." Resident 16 stated s/he relied on staff assistance for personal cares and wait times can be "frustrating." Resident 16 moved into the facility, 11/19/2015, with diagnoses including osteoarthritis, cerebellar ataxia (condition that causes a loss of muscle control), and scoliosis. Resident 16's call light report, dated 01/15/2025 to 01/16/2025, documented: 01/15 5:27 AM - 26 minute response time 01/15 4:30 PM - 44 minute response time 01/15 7:57 PM - 20 minute response time 01/15 8:21 PM - 28 minute response time	Y3244		

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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Y3244	Continued From page 15 01/15 8:50 PM - 20 minute response time 01/16 4:57 AM - 48 minute response time On 01/24/2025 at 1:30 PM, Surveyor interviewed Executive Director A, Regional Director of Wellness C, Director of Wellness F, and Regional Director of Operations J. Regional Director of Wellness C explained that the goal of responding to call lights during non-peak hours is approximately 10 minutes. If resident's request assistance during peak hours, before or after meals, then the response time could be approximately 15 to 20 minutes. Executive Director A and Regional Director of Operations J stated that staff reeducation would be provided to ensure everyone is trained the same way as to when the call light should be turned off when answered, as that could be a rationale for extended response times. Executive Director A and Regional Director of Operations J stated adequate number of staff were being scheduled.	Y3244		