STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010867	A. BUILDING: _____ B. WING _____	C 08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMOMILE ASSISTED LIVING LTD I I	842 JUPITER DRIVE MADISON, WI 53718

(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 08/22/2023, The Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and complaint investigation at Chamomile Assisted Living II, a CBRF located in Madison, WI. As a result of this survey 8 violations of Chapter DHS 83 were issued. Complaint was substantiated. Census: 20	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 ensure a written report was sent the Department within 3 working days after an accident which resulted in serious injury requiring emergency room treatment of a resident. On 06/13/2023, Resident 4 suffered a fall at the facility and was sent to an emergency room (ER) via ambulance. While in the ER Resident 4 was diagnosed with a left fibular fracture and fitted with a knee immobilizer before being discharged back to the facility. Resident 4's fall resulting in emergency room treatment and injury was not reported to the Department.	N 165		

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

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N 165	Continued From page 1 This is a repeat of statement of deficiency (SOD) #20CZ11 dated 07/21/2020. FINDINGS INCLUDE: On 08/22/2023, Surveyor arrived at the facility for a complaint investigation. On 08/22/2023 Surveyor reviewed Resident 4's facility facesheet. Resident 4 was admitted to the facility on 02/20/2017. Resident 4 has a guardian. On 08/22/2023, Surveyor reviewed Resident 4's after visit summary from an ER visit on 06/13/2023, that noted on 06/13/2023, Resident 4 suffered a fall and was transported to an ER via ambulance where s/he was diagnosed with a left fibular fracture. The discharge instructions stated Resident 4 was to wear a knee immobilizer and was to attend a follow-up appointment with orthopedics on 06/21/2023. On 08/22/2023, Surveyor reviewed a facility incident report dated 06/13/2023. Which documented Resident 4's fall and transport to the ER. Licensee A documented the following, "[S/he] was treated and released on the same day. [Resident 4] was found to have a small, closed fracture in [his/her] knee area and given instructions to use a sit-to-stand for transfers if unable to tolerate bearing weight on the leg. A follow-up appointment is scheduled with orthopedics on 06/21/2023." On 08/22/2023, Surveyor reviewed Department records and could not find a self-report filed by the facility for Resident 4's fall, ER treatment and/or injury in June 2023.	N 165		

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N 165	Continued From page 2 On 08/22/2023 at 12:00 PM, Surveyor interviewed Licensee A and stated that the Department did not have a self-report on file for the above incident. Surveyor asked Licensee A if the facility emails or faxes self-reports to the Department. Licensee A stated self-reports are emailed to the Department. Surveyor requested the email confirmations for when the self-report for the incident on 06/13/2023 was sent to the Department. Licensee A stated s/he did not have access to that email account at this time. Surveyor asked if email confirmation for the self-report filed for the incident on 06/13/2023 could be sent to Surveyor by 12:00 PM on 08/23/2023. Licensee A stated s/he would be able to send the email confirmation from the Department to Surveyor by noon the next day. As of 12:00 PM on 08/23/2023, no further documentation of the self-report was received from the provider.	N 165		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction.	N 346		

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N 346	Continued From page 3	N 346		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure each resident had confidentiality of health, personal information and records.

On 08/22/2023, Surveyor observed a clear plastic bag containing discarded prescription blister packs with resident names and prescription information visible to all persons in the resident dining room. Surveyor took the elevator to the lower level and found a storage room with a propped open door. The storage room was connected to a hallway shared with resident rooms. Upon entry to this storage room Surveyor observed a shelving unit full of resident records.

FINDINGS INCLUDE:

On 08/22/2023 at 9:00 AM, Surveyor arrived at the facility for a standard licensing survey.

On 08/22/2023 at 9:02 AM, Surveyor observed 3 staff and 7 residents in the resident dining room.

On 08/22/2023, Surveyor observed the following resident information to be available to all persons inside of the facility:

1.) Resident 6's facility record was sitting on a shelving unit in a storage room. The storage room had a propped open door which led to a hallway shared by resident rooms. Surveyor opened Resident 6's record and found on the first page to be, "NOTICE OF REMOVAL OF A HUMAN CORPSE FROM A FACILITY," which

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N 346	Continued From page 4 contained Resident 6's full name, date of birth, date of death and social security number (Picture #2). 2.) The storage room with the propped open door had a shelving unit with a clear tupperware container filled with resident medication administration records (MARs), an accordion file filled with resident MARs, and a large green crate filled with resident MARS. The large green crate was labeled, "Resident MARs January 08 & December 09," (Picture #3). Surveyor found Resident 2's October 2022 MAR set on top of a binder on the second shelf (Picture #4). On the second and third shelf Surveyor found 3 crates filled with resident records with a pile of 7 resident binders set loosely on top of one another (Picture #5). 3.) Surveyor found a clear plastic bag filled with empty/discarded resident prescription blister packs set on top of a bench in the resident dining room (Picture #10). Surveyor observed resident names along with prescription information was visible to any persons who looked through the open top of the clear plastic bag. Surveyor observed Resident 3's blister pack for Omeprazole DR 40mg capsules (Picture #11). 4.) Surveyor observed a posting above the thermostat in the main resident hallway. The posting had each resident's first name and room number on it (Picture #18). On 08/22/2023 at 1:30 PM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged the shelving unit of resident records in the storage room with a propped open door. Licensee A acknowledged all persons in the building had access to the resident records in the	N 346		

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N 346	Continued From page 5 storage room. Licensee A acknowledged that resident prescription blister packs had been stored in a resident common area; and were not being stored in a manner that protected resident confidentiality. Licensee A acknowledged that resident names with correlating room numbers posted in the resident hallway did not protect resident's right to confidentiality.	N 346		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. 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 record review and interview, the provider did not ensure each resident's needs abilities, physical and mental condition were assessed when there was a change in needs, abilities and/or condition. On 06/13/2023, Resident 4 suffered a fall and was sent to an emergency room (ER). While in the ER Resident 4 was treated for a left fibular fracture, fitted with a knee immobilizer and sent back to the facility. On 07/18/2023, Resident 4 was sent to an ER due to change in level of	N 381		

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N 381	Continued From page 6	N 381		

consciousness and signs of infection to pressure wound on the left heel. Resident 4 was admitted to the hospital and discharged back to the facility on 07/21/2023 with new wound care orders.

FINDINGS INCLUDE:

On 08/22/2023, Surveyors arrived at facility for a complaint investigation.

On 08/22/2023 Surveyor reviewed Resident 4's facility facesheet. Resident 4 was admitted to the facility on 02/20/2017. Resident 4 has a guardian.

On 08/22/2023, Surveyor reviewed Resident 4's after visit summary from an ER visit on 06/13/2023. On 06/13/2023, Resident 4 suffered a fall and was transported to an ER via ambulance where s/he was diagnosed with a left fibular fracture. The discharge instructions stated Resident 4 was to wear a knee immobilizer and was to attend a follow-up appointment with orthopedics on 06/21/2023.

On 08/22/2023, Surveyor reviewed a facility incident report dated 06/13/2023. Which documented Resident 4's fall and transport to an ER. Licensee A documented to following, "[S/he] was treated and released on the same day. [Resident 4] was found to have a small, closed fracture in [his/her] knee area and given instructions to use a sit-to-stand for transfers if unable to tolerate bearing weight on the leg. A follow-up appointment is scheduled with orthopedics on 06/21/2023."

On 08/22/2023, Surveyor reviewed Resident 4's after visit summary from an ER visit on 07/18/2023. On 07/18/2023, Resident 4 was sent to an ER via ambulance due to change in

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N 381	Continued From page 7 consciousness and signs of infection to the pressure wound on his/her left heel. Resident 4 was admitted to the hospital and was discharged back to the facility on 07/21/2023 with new wound care orders. On 08/22/2023 at 12:00 PM, Surveyor request assessments for when Resident 4 returned from the hospital with changes in condition on 06/13/2023 and 07/21/2023 from Licensee A. On 08/22/2023 at 1:30 PM, Licensee A stated s/he did not complete assessments on Resident 4 for changes in condition during June or July of 2023. Licensee A acknowledged that Resident 4 experienced changes in needs, abilities and condition on 06/13/2023 and 07/21/2023 so an assessment and update should have been completed.	N 381		
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.	N 389		

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N 389	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1's Individual Service Plan (ISP) was updated annually. Resident 1's ISP was not updated annually. This is a repeat violation of statement of deficiency (SOD) #20CZ11 dated 07/21/2020. Findings include: On 08/22/2023, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 08/31/2020 with diagnoses that include but are not limited to: Depression, anxiety, hypertension, sleep apnea, chronic kidney disease, Parkinson's, GERD, ileostomy in place with high output. On 08/22/2023, Surveyor reviewed Resident 1's ISP. Resident 1's ISP was dated 03/08/2022. On 08/22/2023 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "Well there's another thing I didn't do. That ISP needs to be updated and I will get it done asap." Licensee A acknowledged that resident ISPs need to be updated annually. Licensee A acknowledged that Resident 1's ISP was out of date.	N 389		
N 422	83.37(3)(f) Medication storage: internals and externals. Internal and external application. The CBRF shall physically separate medications for internal consumption from medications for external application.	N 422		

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N 422	Continued From page 9 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that medications for internal consumption were physically separated from medications for external application. There were ointments and eye drops in same compartment as oral medication in the medication cart. This is a repeat violation from Statement of Deficiency #7C9311 dated 02/22/2023. Findings include: On 08/22/2023 at 10:15 AM, Surveyor reviewed the facility medication cart. The medications were organized by resident name. Surveyor observed topical ointments, eye drops that were in the same compartment as oral medications and were not separated by a barrier. On 08/22/2023 at 11:00 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that medications for internal consumption are to be physically separated from externally applied medication. Licensee A stated that facility had made a change to keep the topical ointments and eye drops would be stored in a separate container, "but I guess I missed a few." Licensee A stated facility would keep external medications separate from internal medications.	N 422		
N 427	83.38(1)(c) Leisure time activities. 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	N 427		

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N 427	Continued From page 10 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure residents were provided with leisure time activities adequate to meet resident needs, that a daily activity program to meet the interests of residents was occurring and that an activity schedule was posted in an area available to residents. FINDINGS INCLUDE: On 08/22/2023 at 9:00 AM, Surveyor arrived at facility for a standard licensing survey. On 08/22/2023, Surveyor toured the facility environment and did not see an activity schedule posted for residents. On 08/22/2023 at 9:45 AM, Surveyor interviewed Resident 5. Resident 5 stated that facility always does bingo after dinner at night. Resident 5 stated that most residents do not like bingo and do not attend the activity. Resident 5 denied ever seeing an activity schedule posted anywhere in the facility. Resident 5 did not recall any activities besides bingo occurring.	N 427		

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N 427	Continued From page 11 On 08/22/2023, Surveyor reviewed the facility resident roster. Resident 5 was admitted to the facility on 04/09/2022. On 08/22/2023 at 10:35 AM, Surveyor asked Licensee A where the activity schedule was posted. Licensee A stated that there was not an activity schedule posted for the month of August. Licensee A stated s/he would type one up and post it up as soon as possible.	N 427		
N 481	83.43(1) Environment safe, clean, and comfortable 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and comfortable environment appropriate for resident needs. This is a repeat violation from previous Statement of Deficiency # 7C9311 dated 02/22/2023. FINDINGS INCLUDE: On 08/22/2023 at 10:25 AM, Surveyor toured the physical environment. OBSERVATIONS: -There were rips in the carpeting measuring 1.5 feet by 6 inches in the hallway.	N 481		

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N 481	Continued From page 12 -There was a large stain measuring 2.5 feet by 2 feet in front of Resident 2 bedroom door. -The exit door at rear of facility leading to the porch was damaged on the bottom 1/4 of the door from being struck by assistive devices. -The baseboard heater near the rear exit was damaged and coming off the wall. -There were several stains outside of Resident 3 bedroom door measuring 2 inches by 2inches. -The porcelain tile in a bathroom used by residents was broken and coming off the wall. -Used medical gloves discarded on the floor of the resident chapel. There was not a trash can available in the resident chapel (Picture #12). -Moderately soiled toilet in Resident 4's private bathroom (Picture #13). -The shared resident bathroom on the lower level had a moderately soiled toilet, trash covering 15% of the floor by the shower, and 4 rolls of paper towels stacked on top of the sink (Picture #14). -The wallpaper in Resident 5's private bathroom is peeling from the wall (Picture #15). -Moderately soiled toilet in Resident 5's private bathroom (Picture #16). -The plastic panel is missing from an electrical sign above the exit to the main floor patio (Picture #17). On 08/22/2023 at 1:30 PM, Surveyor discussed	N 481		

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N 481	Continued From page 13 the above environmental concerns with Licensee A. Licensee A acknowledged the above environmental issues and stated the facility would be cleaned and/or repaired as soon as possible. CROSS REFERENCE N0499 DHS Chapter 83.45 (3) Toxic Substances	N 481		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds, polishes, insecticides and toxic substances were stored in a secure area. FINDINGS INCLUDE: The facility provides cares to the following client groups: advanced aged. On 08/22/2023, Surveyor arrived at facility for a standard licensing survey. On 08/22/2023, Surveyor observed the following toxic substances in unsecured areas of the facility: 1.) 1 box of powder "Gain Laundry Detergent," in an unlocked cabinet in the unlocked resident laundry room (Picture #1). 2.) 1 bottle of "Pet Carpet & Upholstery Cleaner,"	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010867	A. BUILDING: _____ B. WING _____	C 08/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMOMILE ASSISTED LIVING LTD I I	842 JUPITER DRIVE MADISON, WI 53718

(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 14 in an unlocked storage room connected to a resident hallway (Picture #6). 3.) 1 bottle of "TERRO ANT KILLER...5.4% Borax," in an unlocked storage room connected to a resident hallway (Picture #7). 4.) 1 bottle of "Germicidal Ultra Bleach," on the floor of the unlocked resident laundry room (Picture #8). 5.) 1 spray bottle of "Stainless Steel Cleaner & Polish...DANGER: HARMFUL OR FATAL IF SWALLOWED," in an unlocked resident bathroom (Picture #9). On 08/22/2023 at 1:30 PM, Surveyor discussed the above concerns with Licensee A. Licensee A acknowledged that the before mentioned toxic substances were not stored securely. Licensee A stated the above toxic substances would be stored in a secured location as soon as possible. CROSS REFERENCE N0481 DHS Chapter 83.43 (1) Environment Safe, Clean And Comfortable	N 499		