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 _____	R-C 01/04/2024

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 01/04/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation and verification visit at Chamomile Assisted Living Ltd II, a CBRF located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) # KWUX11 dated 08/22/2023 & SOD # 2OCZ11 dated 07/21/2020. Seven violations from previous SOD# KWUX11 were corrected. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 16	N 000		
{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}		

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
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{N 389}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the Individual Service Plan (ISP) for 4 of 4 residents reviewed were updated annually or on changes. Resident 11, Resident 12, Resident 13 and Resident 14 did not have updated ISPs. This is a repeat violation from previous Statements of Deficiency (SOD) # KWUX11 dated 08/22/2023 and SOD# 20CZ11 dated 07/21/2020. Findings include: On 01/04/2024 at 9:00 AM, Surveyor reviewed Resident 11's medical record. Resident 11 was admitted 03/29/2014 with diagnoses that include but are not limited to: Dementia, multiple sclerosis and osteoporosis. The documented ISP in Resident 11's record was dated 10/15/2022. On 01/04/2024 at 9:00 AM, Surveyor reviewed Resident 12's medical record. Resident 12 was admitted 03/04/2022 with diagnoses that include but are not limited to: Memory difficulty, cognitive impairment, decreased vision and HTN. The documented ISP in Resident 12's record was dated 03/28/2022. On 01/04/2024 at 9:00 AM, Surveyor reviewed Resident 13's medical record. Resident 13 was admitted 11/18/2021 with diagnoses that include but are not limited to: Bipolar Disorder, Crohn's disease, COPD, history of lung cancer. The documented ISP in Resident 13's record was dated 11/29/2021. On 01/04/2024 at 9:00 AM, Surveyor reviewed	{N 389}		

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{N 389}	Continued From page 2 Resident 14's medical record. Resident 14 was admitted 12/15/2022 with diagnoses that include but are not limited to: Cerebral Vascular Accident, depression, GERD, atrial fibrillation. The documented ISP in Resident 14's record was dated 01/10/2022. On 01/04/2024 at 10:30 AM, Surveyor discussed the above concern with Licensee A. Surveyor asked Licensee A if there were ISPs for Residents 11, 12, 13 and 14. Licensee A stated, "Nope, I'm way behind on those, you got me." Licensee A acknowledged that resident ISPs must be updated annually or on changes in condition. Licensee A acknowledged that the ISP for Residents 11, 12, 13 and 14 should have been updated. Licensee A stated, "I've got work to do on those, I will get them updated."	{N 389}		