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 05/07/2024

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 05/07/2024, The Bureau of Assisted Living, Southern Regional Office conducted an enforcement verification visit and complaint investigation at Chamomile Assisted Living LTD II, a CBRF located in Madison, WI. As a result of this survey, 1 violation of Chapter DHS 83 was issued. 1 violation from previous statement of deficiency (SOD) # KWUX12 dated 01/04/2024 were re-issued. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 20	{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. This Rule is not met as evidenced by: Based on record review and interview, the	{N 389}		

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provider did not ensure Resident 3's individual service plan (ISP) was updated when there was a change in their needs, ability and/or physical condition.

On 12/08/2023, Doctor D ordered Resident 3 be transferred from their wheelchair to their bed between 6-6:30 PM.

On 05/03/2024, Resident 3 emailed Case Manager E and Administrator A because s/he had asked Caregiver C to help tranfer from his/her wheelchair to bed. Caregiver C had told Resident 3 s/he would need to wait until after the evening activity to be transferred to bed. Resident 3 stated it was 6:36 PM and s/he had not been transferred from their wheelchair to bed.

On 05/07/2024, Surveyor reviewed Resident 3's ISP signed on 04/17/2024. No, information about Resident 3's medical order to be transferred out of his/her wheelchair between 6-6:30 PM was included.

This is a repeat violation from previous Statements of Deficiency (SOD) KWUX11 dated 08/22/2023, SOD 20CZ11 dated 07/21/2020 & SOD KWUX12 dated 01/04/2024.

FINDINGS INCLUDE:

On 03/26/2024, the Department received a complaint related to care at facility.

On 05/07/2024, Surveyor arrived at facility for complaint investigation and verification visit.

On 05/07/2024 at 10:15 AM, Surveyor interviewed Resident 3 and Case Manager E. Resident 3 stated Administrator A will listen to

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resident verbalize concerns but doesn't change anything requested. Resident 3 stated Administrator A has never made them feel their concerns were being taken into consideration. Resident 3 stated s/he had recently emailed Administrator A about a situation that occurred this past Friday night (05/03/2024). Resident 3 stated s/he required a Hoyer lift and a staff member for safe transfers in and out of his/her power wheelchair. Resident 3 stated s/he is supposed to be transferred out of his/her power wheelchair and into bed before 6:30 PM. Resident 3 stated was not the first time s/he had been forced to wait for evening activities to end before s/he was transferred into bed. Case Manager E stated Resident 3 had included s/he on this email sent to Administrator A. Case Manager E stated s/he could forward Surveyor the email. Resident 3 stated Administrator A had not followed up with them concerning the issues identified in the 05/03/2024 email.

On 05/07/2024 at 10:48 AM, Case Manager E sent Surveyor an email titled, "Problem with 2nd Shift on 5-3-2024." The email was sent from Resident 3 on 05/03/2024 at 6:55 PM to Administrator A and Case Manager E. Resident 3 wrote the following message, "I tried to call and leave a message just now and your voice mail was full. At 638 pm I rang my pendant to remind everyone I needed to go to bed because no one had come after dinner to put me on bed after dinner. [Caregiver C] called and said that no one could put me to because [Caregiver F] had to do bingo first. Didn't you tell me that you had talked to second shift and told them care came before bingo or crafts? [Resident 3]".

On 05/07/2024 at 11:40 AM, Surveyor requested all grievances reported by Resident 3 since the

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beginning of 2024 from Administrator A. Administrator A stated Resident 3 had not reported any grievances since the beginning of 2024. Surveyor showed Administrator A the email forwarded from Case Manager E. Administrator A acknowledged s/he had received the above email from Resident 3 and s/he did not believe it necessitated a grievance summary/investigation. Administrator A stated s/he thought a resident needed to fill out an official grievance form for the grievance summary/investigation process to be initiated. Administrator A stated s/he talked to Caregiver F about Resident 3's medical order to be transferred to bed before 6:30 PM and felt s/he had sufficiently handled the situation.

On 05/07/2024, Surveyor reviewed Resident 3's medical order. The order comes from Resident 3's internal medicine clinic. The order is dated 12/08/2023. The order stated the following, "Please place [Resident 3] in bed between 6-6:30 pm so [s/he] has time out of [his/her] wheelchair in the evening. Do not put in bed before 5"45 pm unless [s/he] is ill and requests this. Sincerely, The office of [Doctor D]".

On 05/07/2024, Surveyor reviewed Resident 3's individualized service plan (ISP) signed by Resident 3 on 04/17/2024. Resident 3's date of admission was 06/17/2022. No, documentation related to Doctor D's order for Resident 3 to be transferred to bed between 6-6:30 PM is in the ISP. Under the subsection titled, "Functional Mobility," the following is documented, "S/he requires 1full assistance with hoyer (sic.) lift transfers due to the inability to bear weight." Under the subsection titled, "Cognitive Functioning," the following is documented, "[Resident 3] has no memory loss... [Resident 3's] decision-making abilities are

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{N 389}	Continued From page 4 normal...Interventions: Actively listen when [his/her] needs or preferences are communicated, including acknowledging [his/her] requests and responding appropriately...Recognize [his/her] autonomy and respect [his/her] choices and decisions." On 05/07/2024 at 11:55 AM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged s/he had not updated Resident 3's ISP with Doctor D's order for Resident 3 to be transferred into bed between 6:00 PM and 6:30 PM. Administrator A acknowledged Resident 3 emailed him/her on 05/03/2024 with concerns. Administrator A acknowledged s/he had not completed a grievance summary/investigation in Resident 3's concerns.	{N 389}		