STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110331	A. BUILDING: _____ B. WING _____	C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MADISON WEST AL/MC	413 S YELLOWSTONE DR MADISON, WI 53719

(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 From 06/24/2024 to 06/26/2024, Surveyor completed a complaint investigation at Brookdale Madison West AL/MC, a CBRF in Madison. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 1KI812, dated 11/25/2020 and 1KI814, dated 06/30/2021. The complaint was substantiated. Census: 32	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 provider did not update the individual service plan (ISP) for 1 of 2 residents reviewed when there was a change in his/her needs. Resident 1's ISP was not updated for greater than 1 month when the provider identified a change in his/her needs.	N 389		

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

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N 389	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) 1KI812, dated 11/25/2020. Findings include: From 06/24/2024 to 06/26/2024, Surveyor completed a complaint investigation alleging the provider did not assist with personal cares as needed. On 06/24/2024 at approximately 10:25 a.m., Surveyor interviewed Caregiver E, who was working on the 1st floor. Caregiver E identified Resident 1 as 1 of the few residents that required assistance with morning cares. Caregiver E stated, "[Resident 1] just moved down here." Caregiver E was unable to recall the date, but of note, Caregiver E's start date was 05/12/2024. On 06/24/2024 at approximately 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 admitted to the provider's facility on 03/15/2023 with diagnosis of dementia. Resident 1 had an activated Health Care Power of Attorney (HCPOA). Resident 1's record included a progress note, dated 05/10/2024, that stated the facility discussed Resident 1 moving downstairs (same facility, but increased assistance on 1st floor) secondary to gradual change with cognition, more incontinence including resident putting dirty depends folded up in drawers. The progress note stated Resident 1's family was in agreement and also had noticed a gradual decline in cognition. The progress note stated the family had been shown rooms on 1st floor and would follow up regarding pricing. Progress notes did not indicate what date Resident 1 moved from 2nd floor to 1st floor. Resident 1's record included the following ISPs:	N 389		

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N 389	Continued From page 2 - 01/01/2024: Documented no assistance required with dressing or grooming, no need for showering assistance (but staff to check in on him/her) and independent with toileting, transfers, and ambulation. *Only update was "Signed on with hospice 06/14/2024. - 06/21/2024: Documented need for assistance with dressing, grooming, toileting, transfers and escorting to the dining room. Also documented hospice now assisted with bathing needs. On 06/24/2024 at approximately 12:00 p.m., Surveyor interviewed Health and Wellness Director A and shared concern that Resident 1's decline was noted on 05/10/2024, which prompted a move, yet Resident 1's ISP was not updated until 06/21/2024. Health and Wellness Director A stated the previous RN left the facility, so s/he had just begun overseeing the facility which resulted in a delay in updating the ISP. Health and Wellness Director A stated caregivers would have been verbally informed of Resident 1's needs when s/he moved to 1st floor until the ISP was updated. Health and Wellness Director A stated s/he believed Resident 1 moved from 2nd floor to 1st floor on 05/10/2024, but didn't have confirmation. On 06/24/2024 at approximately 12:30 p.m., Surveyor interviewed Family Member C. Family Member C stated Resident 1 was frequently observed still in his/her nightclothes and in bed at 11:00 a.m. from 05/12/2024 to 05/15/2024. On 06/24/2024 at approximately 12:30 p.m., Surveyor interviewed Caregiver F. Caregiver F confirmed Resident 1 had recently moved from 2nd floor to 1st floor. Caregiver F stated caregivers now assisted Resident 1 with his/her	N 389		

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N 389	Continued From page 3 personal cares because after s/he moved to 1st floor it was identified that Resident 1 was not taking initiative to complete his/her cares independently. Caregiver F was unable to provide a date that Resident 1 moved from 2nd floor to 1st floor. The provider identified changes in Resident 1's needs on 05/10/2024 prompting a meeting with his/her family and a move within the facility, but the ISP was not updated until 06/21/2024.	N 389		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health	N 431		

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N 431	Continued From page 4 status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure changes in Resident 1's health were documented in his/her record. This is a repeat deficiency. See Statement of Deficiency (SOD) 1KI814, dated 06/30/2021. Findings include: From 06/04/2024 to 06/26/2024, Surveyor conducted a complaint investigation that alleged a resident was found with injuries that the provider was not aware of and the provider did not monitor. On 06/24/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 03/15/2023. Resident 1's record included a skin assessment, dated 06/17/2024, which documented no open areas, rashes or bruises. Resident 1's record, dated 02/22/2024 to 06/24/2024, included the following progress notes related to injuries: - 02/26/2024: Writer received call from care staff on 02/25/2024 reporting that resident had a bruise to his/her right eye, an abrasion to his/her right temple and a bruise to his/her left thigh.	N 431		

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N 431	Continued From page 5 Resident was unable to tell staff what occurred or how the injuries were obtained. Given injuries and location, fall suspected. - 04/24/2024: Resident noted to have bruising to right eye lid and bruised, raised area to right temple. Resident stated s/he fell and got him/herself up. Taken to ER for evaluation and returned the same day. On 06/24/2042 at approximately 12:00 p.m., Surveyor interviewed Health and Wellness Director A and Resident Care Coordinator B. Surveyor asked if Resident 1 sustained injuries, such as bruises, in the month of May. Both Health and Wellness Director A and Resident Care Coordinator B denied awareness of any injuries in the month of May and stated his/her record didn't include any record of injuries. Health and Wellness Director A stated prior to 06/17/2024, the most recent skin assessment was completed in March because the assessments were done quarterly. On 06/24/2024 at approximately 5:00 p.m., Surveyor reviewed photos provided by Family Member C, dated 05/15/2024, of bruising to Resident 1's left side of face (Photo 1), left palm (Photo 4), left hip (Photo 2) and below the left knee (Photo 3). On 06/25/2024 at approximately 3:40 p.m., Surveyor provided Interim Administrator D with the photos showing Resident 1's bruising. On 06/26/2024 at approximately 3:30 p.m., Surveyor followed up with Interim Administrator D and Health and Wellness Director A. Interim Administrator D and Health and Wellness Director A stated the only documentation they could find regarding bruising was on 04/24/2024.	N 431		

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N 431	Continued From page 6 Surveyor pointed out that the 04/24/2024 documentation was regarding bruising to the right side, not the left side. Interim Administrator D then explained that the nurse who was responsible for Resident 1's care in May was no longer with the company and one of the reasons for this change was concerns with documentation.	N 431		