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	0018873	A. BUILDING: _____ B. WING _____	C 04/30/2025

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RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

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N 000	Initial Comments On 04/29/2025, Surveyor conducted a standard licensing survey and complaint investigation at The Ridge at Madison CBRF, a CBRF located in Fitchburg, WI. As a result of the survey, 6 violations of Chapter DHS 83 were issued. The complaint was substantiated. Census: 13	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the	N 158		

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

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N 158	Continued From page 1	N 158		

provider did not ensure that an investigation was completed after an accusation of caregiver abuse. Former Caregiver D was witnessed and filmed yelling at Resident 1 as well as calling him/her derogatory names, but no investigation was conducted by the facility.

Findings include:

On 03/16/2025, the Department received a complaint that alleged a caregiver was filmed yelling and berating a resident.

On 04/02/2025, Family E stated Former Caregiver D was yelling at Resident 1. Former Caregiver D was heard yelling, "You are an ugly, fat [explicative]! Don't nobody like you!" Former Resident 1's Family stated Former Caregiver D yelling and swearing at another coworker and asking Former Resident 1, "Isn't she fat and ugly too? Isn't she disgusting?" Former Caregiver D could be heard making threats to the other coworker in front of Former Resident 1.

On 04/29/2025 at 9:00 AM, Surveyor interviewed Resident Care Coordinator B (RCC-B). RCC-B stated that there was an incident that Former Caregiver D was observed yelling at Former Resident 1 and calling him/her derogatory names. RCC-B stated s/he was unaware that this incident was filmed by a visitor but confirmed that the incident did occur. "Former Caregiver D yelled at a resident and also threatened another caregiver while residents were in earshot. Former Caregiver D no longer works here." Surveyor asked RCC-B if an investigation was conducted? RCC-B stated that s/he did not know and would need to ask Administrator A.

On 04/29/2025 at 10:30 AM, Surveyor

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N 158	Continued From page 2 interviewed Administrator A. Administrator A confirmed there was an incident involving Former Caregiver D and Former Resident 1. Former Caregiver D was witnessed yelling and calling Former Resident 1 derogatory names. Administrator A stated that this happened on a weekend and before a full investigation could be conducted, Former Caregiver D called and stated that s/he quit without notice. Sureyor asked Administrator A if an investigation was conducted and if Former Caregiver D was referred to the Office of Caregiver Quality (OCQ). Administrator A stated no, that an investigation was not conducted due to Former Caregiver D quitting without notice. Administrator A stated that s/he did not refer Former Caregiver D to OCQ.	N 158		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter	N 239		

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N 239	Continued From page 3 medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed had completed training in First Aid and Choking, fire safety and medication administration. Caregiver C did not have documented evidence of completing training in first aid and choking, fire safety or medications. Findings include: First Aid and Choking On 04/29/2025, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired 07/10/2024. There was no evidence that Caregiver C had completed training in first aid and choking. There was no evidence found in the file indicating that Caregiver C was exempt from this training. On 04/29/2025 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver C works as a caregiver and would have to administer first aid and respond to choking emergencies. On 04/29/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking.	N 239		

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N 239	Continued From page 4 Fire Safety On 04/29/2025, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired 07/10/2024. There was no evidence that Caregiver C had completed training in fire safety. There was no evidence found in the file indicating that Caregiver C was exempt from this training. On 04/29/2025 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver C works as a caregiver and would have to respond to fire emergencies. On 04/29/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. Medication Administration On 04/29/2025, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired 07/10/2024. There was no evidence that Caregiver C had completed training in medication administration. There was no evidence found in the file indicating that Caregiver C was exempt from this training. On 04/29/2025 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver C works as a caregiver and would have to administer medications to residents. On 04/29/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for medication administration. On 04/29/2025 at 12:00 PM, Surveyor discussed	N 239		

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N 239	Continued From page 5 the above concern with Administrator A. Administrator A acknowledged that all employees must be trained in fire safety, first aid and choking within 90 days of hire. Administrator A acknowledged that caregivers must be trained in medication administration prior to passing medications alone. Administrator A acknowledged that Caregiver C had worked since 07/10/2024 without completing training in fire safety, first aid and choking and medication administration.	N 239		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the medication cabinet was locked when not in use. The medication cabinet was unlocked and unattended in a common area. Findings include: On 04/29/2025 at 9:00 AM, Surveyor observed the medication cart to be unlocked and unattended in the common area. Surveyor did not see a caregiver in the area. On 04/29/2025 at 9:30 AM, Surveyor observed the medication cart to be unlocked and unattended in the common area. Surveyor did not see a caregiver in the area. On 04/29/2025 at 10:00 AM, Surveyor observed the medication cart to be unlocked and unattended in the common area. Surveyor did	N 419		

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N 419	Continued From page 6 not see a caregiver in the area. On 04/29/2025 at 10:15 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that the medication cart should be locked when a caregiver walks away from the cart. Administrator A acknowledged that the medication cabinet was unlocked and unattended in the common area.	N 419		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were clean and free from odors. A bathroom in the common area used by residents had feces on the toilet, floor and smelled of feces as well. Findings include: On 04/29/2025 at 9:00 AM, Surveyor toured the environment. A bathroom in the common area used by residents smelled of feces and urine. The toilet seat had what appeared to be feces on it. There was a substance that appeared to be feces on the floor as well. On 05/01/2025 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that bathrooms should be clean and free from odors. Administrator A stated that bathroom should be checked for cleanliness after a resident	N 489		

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N 489	Continued From page 7 uses the bathroom. "I guess that did not happen today."	N 489		
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 that toxic substances were stored in a secure area. There was a bucket of laundry detergent unsecured in the common area of the facility. Findings include: The facility serves individuals that have diagnoses that include but are not limited to: irreversible dementia/Alzheimer's, terminally ill and advanced age. On 04/29/2025 at 9:15 AM, Surveyor toured the physical environment. There was an unsecured closet that contained a bucket of laundry detergent. The closet doors were opened and unlocked. The detergent had a label that warned that it was dangerous to the skin and harmful if swallowed. On 04/29/2025 at 9:30 AM, Surveyor interviewed Resident Care Coordinator B (RCC-B). RCC-B stated that the closet door containing the clothes washer/dryer and detergent should be locked.	N 499		

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N 499	Continued From page 8 On 04/29/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that the closet containing the washer/dryer and detergent should be locked. Administrator A acknowledged that the laundry detergent was toxic to touch bare skin and also dangerous if ingested. Administrator A stated s/he would re-educate staff on importance of locking the door to secure the laundry detergent.	N 499		
N 532	83.47(4)(b) Fire extinguishers: locations. A fire extinguisher shall be mounted on a wall or a post or in an unlocked wall cabinet used exclusively for that purpose. Fire extinguishers shall be clearly visible. The route to the fire extinguisher shall be unobstructed and the top of the fire extinguisher shall not be over 5 feet high. The extinguisher shall not be tied down, locked in a cabinet or placed in a closet or on the floor. Fire extinguishers on upper floors shall be located at the top of each stairway. Extinguishers shall be located so the travel distance between extinguishers does not exceed 75 feet. The extinguisher on the kitchen floor level shall be mounted in or near the kitchen. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that fire extinguishers were unobstructed. There were 2 fire extinguishers blocked by furniture. Findings include: On 04/28/2025 at 9:15 AM, Surveyor toured the environment. There was a fire extinguisher in the hallway	N 532		

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N 532	Continued From page 9 blocked by furniture. There was a fire extinguisher near the back of the facility blocked by furniture. On 04/28/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that fire extinguishers cannot be blocked so they are easily accessible. Administrator A acknowledged that 2 fire extinguishers were blocked by furniture. Administrator A stated that s/he would have a meeting with staff and re-educate that fire extinguishers cannot be blocked.	N 532		