STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 07/25/2023, Surveyors conducted 1 verification visit and 1 complaint investigation at Madison AL Operations LLC. One deficiency was identified. This was a repeat violation. See Statement Of Deficiency #LQL011, dated 03/29/2023. Five of 6 violations from Statement of Deficiency #LQL011, dated 03/29/2023 were corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 50	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the resident right to receive all medications as ordered. On 07/24/2023, 4 prescribed scheduled bedtime medications were not administered to Resident 3, 1 bedtime medication was not administered to Resident 9, and 1 bedtime medication was not administered to Resident 10.	{N 352}		

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
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 352}	Continued From page 1 This is a repeat deficiency. See Statement Of Deficiency LQL011, dated 03/29/2023. Findings include: On 07/25/2023 at 10:26 AM, Surveyor inspected 2 of 2 medication carts with Assistant Wellness Director Y. Surveyor observed medications were pulled from the bubble pack medication cards on random days instead of following a specific pattern. Example 1 Resident 3 Bubble pack pharmacy label identified: Bedtime Acetaminophen 500 MG 2 tablets 3 times daily Dispensed by pharmacy 06/28/2023. 2 tablets remained in 11 slots labeled 1, 2, 7, 11, 12, 13, 18, 22, 23, 24, and 26 (Photo 1) Bubble pack pharmacy label identified: Bedtime Carvedilol 6.26 MG 1 tablet twice daily. Dispensed by pharmacy 06/28/2023. 1 tablet remined in 11 slots labeled 1, 2, 7, 11, 12, 13, 18, 22, 23, 24, and 26 (Photo 2). Bubble pack pharmacy label identified: Bedtime Isosorb Mono 20 MG take 3 tablets twice daily at mealtime. Dispensed by pharmacy 06/29/2023. 3 tablets remained in 11 slots labeled 1, 2, 7, 11, 12, 13, 18, 22, 23, 24, and 26 (Photo 3). Bubble pack pharmacy label identified: Bedtime Melatonin 3 MG 1 tablet once daily in evening. Dispensed by pharmacy 06/28/2023. 1 tablet remained in 10 slots labeled 1, 2, 7, 11, 12, 13, 22, 23, 24, and 26 (Photo 4). On 07/25/2023, Surveyor reviewed Resident 3's record. S/he was admitted 04/30/2019. Diagnoses included insomnia, essential primary	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 352}	Continued From page 2 hypertension, and congestive heart failure. Physician orders included: Acetaminophen 500 MG 2 tablets 3 times daily for pain (start date 04/26/2023); Carvedilol 6.26 MG 1 tablet twice daily for hypertension (start date 06/17/2021); Isosorbide Mononitrate ER 24 hour 120 MG 1 tablet once daily for high blood pressure (start date 01/18/2021); and Melatonin 3 MG 1 tablet once daily in evening for insomnia (start 05/01/2021). July 2024 Medication Administration Record (MAR) On 07/24/2023, staff left the MAR blank for bedtime Acetaminophen 500 MG, bedtime Carvedilol 6.26 MG, bedtime Isosorb Mono 20 MG, and bedtime Melatonin 3 MG. July 2023 Progress Notes: There was no progress note explaining why 07/24/2023 bed medications were left blank on MAR. Example 2 Resident 9 Bubble pack pharmacy label identified: Bedtime Melatonin 3 MG 1 tablet at bedtime for sleep Dispensed by pharmacy 06/28/2023. 1 tablet remained in 12 slots labeled 1, 2, 6, 7, 10, 11, 22, 23, 26, 27, 28, and 29 (Photo 5). On 07/25/2023, Surveyor reviewed Resident 9's record. S/he was admitted 04/30/2019. Diagnoses included insomnia. Physician orders included Melatonin 3 MG 1 tablet at bedtime for sleep (start date 05/17/2022).	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 352}	Continued From page 3 July 2023 MAR: On 07/24/2023 staff left MAR blank for bedtime Melatonin. July 2023 Progress Notes: There was no progress note explaining why 07/24/2023 bedtime Melatonin was left blank on MAR. Example 3 Resident 10 Bubble pack pharmacy label identified: Atorvastatin 20 MG 1 tablet once daily for hyperlipidemia. Dispensed by pharmacy 06/28/2023. 1 tablet remained 10 slots labeled 1, 2, 7, 11, 12, 13, 22, 23, 24, 26 (Photo 6). On 07/25/2023, Surveyor reviewed Resident 10's record. S/he was admitted 12/22/2022. Diagnoses included hyperlipidemia. Physician orders included Atorvastatin 20 MG 1 tablet once daily for hyperlipidemia. July 2023 MAR: On 07/24/2023 staff left MAR blank for bedtime Atorvastatin. July 2023 Progress Notes: There was no progress note explaining why 07/24/2023 bedtime Atorvastatin was left blank on MAR. On 07/25/2023 at 10:25 AM, Surveyor interviewed Assistant Wellness Director Y and Med Tech AA. Assistant Wellness DirectorY stated some staff punch out medications from the bubble cards by date, others punch out starting the last day of the month, and not all med techs	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 352}	Continued From page 4	{N 352}		

were trained to punch out medications the same way. Med Tech AA stated s/he had administered 07/25/2023 morning medications and had taken medications from bubble pack's slot "21". When Surveyor asked why s/he did not pull from slot "25", s/he stated s/he pulls from any slot that has medication left in it.

On 07/25/2023 at 11:01 AM, Surveyor interviewed Assistant Wellness Director Y stated each resident should have 6 medications left in their morning bubble packs and 7 left in their noon and bedtime bubble packs. Assistant Wellness Director Y stated s/he did not know why Resident 3 had 11 left in his/her bedtime medication bubble packs, Resident 9 had 12 left in his/her bedtime Melatonin bubble pack, or why Resident 10 had 10 left in his/her bedtime Atorvastatin bubble pack. When Surveyor asked how the medication carts are audited when staff are randomly pulling from bubble pack slots, Assistant Wellness Director Y stated s/he did not know.

On 07/25/2023 at 11:59 AM, Surveyor interviewed Pharmacist Z who stated according to facility's July 2023 cycle fill date, as of 07/25/2023 at noon, residents should have 9 bedtime medications left in their current bubble packs. Pharmacist Z stated first day meds pulled from July bubble packs should have been 07/06/2023 and the last day to pull from July 2023 bubble packs was Wednesday 08/02/2023 (to equal 28 days). Pharmacist Z stated staff should pull from the slot corresponding with the date, on 07/06/2023 pull from slot "6", on 07/25/2023 pull from slot "25", and on 08/01/2023 pull from slot "1", on 08/02/2023 pull from slot "2".

On 07/25/2023 at 3:00 PM, Surveyor discussed concern regarding resident right to receive all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019059	A. BUILDING: _____ B. WING _____	R-C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 352}	Continued From page 5 medications as prescribed (including observations of Resident 3, 9, and 10's bubble packs, potential confusion caused by random punching of medications from the bubble packs, and Pharmacist Z's 07/25/2023 statements) with Regional Director C, Assistant Wellness Director Y, and Executive Director BB. Assistant Wellness Director Y stated staff are not putting correct responses on the MARs and they will check into discrepancies between number of medications documented as administered with number of medications left in bubble packs. Executive Director BB stated they have hired a lot of new staff and all med techs will be retrained in medication administration.	{N 352}		