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 01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON MADISON AL OPP LLC-DBA EDEN VISTA M	1601 WHEELER RD MADISON, WI 53704

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{N 000}	Initial Comments On 01/07/2026, the bureau of assisted living southern regional office conducted 2 complaint investigations and verification visit at Madison AL Operations (AKA EDEN VISTA) a CBRF located in Madison, WI. As a result of this survey, 1 violation of DHS Chapter 83 was identified. Violation is a repeat from previous statement of deficiency (SOD) LWVY12 dated 08/28/2025, SOD LWVY11 dated 04/17/2025, SOD LQL013 dated 01/12/2024, SOD LQL011 dated 03/19/2023. Two complaints were unsubstantiated. Census: 59 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
{N 353}	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3 received adequate treatment that was appropriate to his/her needs. On 11/05/2025, Resident 3's physician ordered	{N 353}		

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

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consistent blood glucose levels over 250 mg/dl be reported to endocrine clinic.

From 12/01/2025 to 12/25/2025, Provider did not report any of the 37 instances Resident 3's blood glucose level measured over 250 mg/dl to the endocrine clinic.

On 12/26/2025, Resident 3 was sent to the ER and admitted to the hospital due to left foot wound. Resident 3 was diagnosed with but not limited to diabetic infection of the left foot and acute metabolic encephalopathy.

On 12/27/2025, hospital notified provider Resident 3's second left toe required amputation.

This is a repeat violation from previous statement of deficiency (SOD) LWVY12 dated 08/28/2025, SOD LWVY11 dated 04/17/2025, SOD LQL013 dated 01/12/2024, SOD LQL011 dated 03/19/2023.

FINDINGS INCLUDE:

The Mayo Clinic Website defines hyperglycemia as, "High blood sugar, also called hyperglycemia, affects people who have diabetes ...Skipping doses or not taking enough insulin or other medication to lower blood sugar also can lead to hyperglycemia ... Hyperglycemia usually doesn't cause symptoms until blood sugar (glucose) levels are high - above 180 to 200 milligrams per deciliter (mg/dL) ...Long-term complications Keeping blood sugar in a healthy range can help prevent many diabetes-related complications. Long-term complications of hyperglycemia that isn't treated include: ... Kidney damage (diabetic nephropathy) or kidney failure ...Feet problems caused by damaged nerves or poor blood flow

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that can lead to serious skin infections, ulcerations and, in some severe cases, amputation ..." (Source: The Mayo Clinic Website, Hyperglycemia, 1998-2026, https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 (retrieval date - January 14, 2026).)

The facility provided care to the following client groups: physically disabled, terminally ill, traumatic brain injury, and developmentally disabled.

On 01/07/2026, Surveyors arrived at facility for a verification visit.

RECORD REVIEW:

On 01/07/2026, Surveyor reviewed Resident 3's facility facesheet. Resident 3 was admitted to the facility on 10/02/2021. Resident 3 was his/her own person. Resident 3 was diagnosed with but not limited to: type 2 diabetes mellitus, pressure ulcer of the sacral region stage 2, idiopathic (unknown origin) gout and chronic kidney disease.

On 01/07/2026, Surveyor reviewed the following physician orders for Resident 3:
1.) "Contact endocrine clinic with BS consistently >250 or <70 ...Order Date ...11/05/2025"
On 01/07/2025, Surveyor reviewed Resident 3's December 2025 medication administration record (MAR). The following orders were documented:
1.) "Contact endocrine clinic with BS (blood sugar) consistently >250 or <70 -Order Date-11/05/2025 1116"
2.) "INSULIN GLAR PEN INJ 100U/ML (Insulin Glargine-yfrn) INJECT 17 UNITS SUBCUTANEOUSLY EVERY MORNING WITH

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{N 353}	Continued From page 3 BREAKFAST [PRIME W/ 2 UNITS. (TOTAL DOSE 19 UNITS) IF CONSISTENT PATTERN OF HYPERGLYCEMIA GREATER 250 OR HYPOGLYCEMIA LESS THAN 70MG/DL CONTACT MD (indications for use: Diabetes) -Order Date- 11/05/2025 0000" 3.) "INSULIN LISP KWIKPEN 100/ML (Insulin Lispro) SLIDING SCALE AT BEDTIME FOR BLOOD GLUCOSE >200 SLIDING SCALE: 200-249:1 UNITS, 250-299:2 UNITS; 300-349: 3 UNITS; 350-399:4 UNITS; 400-449; 5 UNITS. (Diagnoses: TYPE 2 DIABETES MELLITUS WIHTOUT COMPLICATIONS (E11.9)) - Order Date 11/11/2025 0000" 4.) "ASSURE LANCE MIS 28G USE AS DIRECTED TO TEST BS FOUR TIMES DAILY FOR TYPE 2 DM(Indications for Use: Blood sugar checks) -Order Date- 05/12/2024 0000." From 12/01/2025 to 12/25/2025, the following blood glucose levels over 250 mg/dl were documented in Resident 3's MAR: 1.) 12/01/2025 at 8:00 AM - 264 mg/dl 2.) 12/01/2025 at 12:00 PM - 324 mg/dl 3.) 12/04/2025 at 4:00 PM - 269 mg/dl 4.) 12/05/2025 at 8:00 PM - 271 mg/dl 5.) 12/06/2025 at 8:00 AM - 276 mg/dl 6.) 12/08/2025 at 12:00 PM - 315 mg/dl 7.) 12/08/2025 at 4:00 PM - 275 mg/dl 8.) 12/08/2025 at 8:00 PM - 300 mg/dl 9.) 12/09/2025 at 8:00 AM - 270 mg/dl 10.) 12/09/2025 at 12:00 PM - 288 mg/dl 11.) 12/09/2025 at 8:00 PM - 357 mg/dl 12.) 12/10/2025 at 8:00 AM - 261 mg/dl 13.) 12/10/2025 at 12:00 PM - 380 mg/dl 14.) 12/10/2025 at 4:00 PM - 252 mg/dl 15.) 12/10/2025 at 8:00 PM - 369 mg/dl 16.) 12/11/2025 at 8:00 AM - 369 mg/dl 17.) 12/11/2025 at 4:00 PM - 348 mg/dl 18.) 12/11/2025 at 8:00 PM - 299 mg/dl	{N 353}		

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{N 353}	Continued From page 4 19.) 12/12/2025 at 8:00 AM - 380 mg/dl 20.) 12/12/2025 at 12:00 PM - 302 mg/dl 21.) 12/12/2025 at 4:00 PM - 286 mg/dl 22.) 12/13/2025 at 8:00 AM - 356 mg/dl 23.) 12/13/2025 at 12:00 PM - 338 mg/dl 24.) 12/13/2025 at 8:00 PM - 276 mg/dl 25.) 12/14/2025 at 12:00 PM - 254 mg/dl 26.) 12/14/2025 at 4:00 PM - 338 mg/dl 27.) 12/14/2025 at 8:00 PM - 383 mg/dl 28.) 12/15/2025 at 8:00 AM - 304 mg/dl 29.) 12/15/2025 at 12:00 PM - 266 mg/dl 30.) 12/16/2025 at 8:00 PM - 330 mg/dl 31.) 12/19/2025 at 8:00 AM - 257 mg/dl 32.) 12/20/2025 at 12:00 PM - 251 mg/dl 33.) 12/22/2025 at 4:00 PM - 274 mg/dl 34.) 12/23/2025 at 8:00 AM - 267 mg/dl 35.) 12/24/2025 at 8:00 AM - 397 mg/dl 36.) 12/24/2025 at 12:00 PM - 297 mg/dl 37.) 12/25/2025 at 12:00 PM - 259 mg/dl On 01/07/2026, Surveyor reviewed a document from, " VOHRA WOUND PHYSICIANS ... SPECIALTY PHYSICIAN WOUND EVALUATION MANAGEMENT SUMMARY." The service was performed at facility on 12/09/2025. The chief complaint was documented as, "Patient has a wound on [his/her] second left toe." The wound assessment titled, "NON-PRESSURE WOUND TO THE LEFT, SECOND TOE FULL THICKNESS," documented the origin of the wound as a trauma injury that had been present for over 35 days. The wound description was documented as follows, "Wound Size (L x W x D): 0.5 x 0.5 x 0.1 cm This visit's measurements are noted by the clinician to be exactly the same as the previous visit ...Infection Assessment: One or more sign(s) of clinical infection." Under the subsection titled, "FACTORS COMPLICATING WOUND HEALING - Diabetes Mellitus Type 2, uncomplicated ...Chronic Kidney Disease, stage	{N 353}		

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{N 353}	Continued From page 5 4." On 01/07/2026, Surveyor reviewed Resident 3's individualized service plan (ISP) dated 11/11/2025. Resident 3's ISP documented the following, "The resident has diabetes mellitus Diabetes ... Interventions/Tasks ...Resident refusing insulin at times d/t (due to) fears of bs dropping. Risk vs Benefits completed. Continual communication with Endocrine clinic to review blood sugars and insulin." The subsection with a focus on skin integrity documented the following, "The resident has potential impairment to skin integrity r/t (related to) fragile skin, easily bruises, history of cellulitis, wounds on (sic.) ...Open wound on left lower extremity. moisture rash to groin, intermittent rash on buttocks. Left 2nd tor around area ...Interim Home Health and Vohra managing LLE (left lower extremity wound Date Initiated: 10/30/2025 ..." On 01/07/2026, Surveyor reviewed Resident 3's observations notes from 12/01/2025 to 01/07/2026: 1.) On 12/20/2025 at 10:57 AM, Med Tech II documented that Resident 3 refused his/her insulin. 2.) On 12/20/2025 at 12:39 PM, Receptionist KK documented the following, "Spoke with resident regarding odd things that supposedly happened over the night I did reach out to [Wellness Director B] and relayed the story, [s/he] agreed I should reach out to [Family Member LL]. [Family Member LL] agreed to come in and assess [Resident 3] and make the decision about taking [him/her] to urgent care or ER (emergency room) when [s/he] comes in." 3.) On 12/26/2025 at 9:42 AM, Caregiver MM documented administration of Acetaminophen 650 mg PRN (as needed) for, "Resident has pain	{N 353}		

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in left leg."
4.) On 12/26/2025 at 11:15 AM, Caregiver MM documented previous administration of Acetaminophen 650 mg PRN as "Ineffective ...Resident stated that left leg still hurt prior to getting sent out to the hospital and writer also observed that resident couldn't really walk on it ...Follow-up Pain was: 9"
5.) On 12/26/2025 at 8:17 PM, Caregiver E documented, "Received call from hospital resident was admitted for wound on foot. Admitting diagnosis is Sepsis."
6.) On 12/29/2025 at 11:02 AM, Caregiver E documented, "Called for an update on the resident at [Name Of Hospital]. 2nd left toe was amputated on 12/27/25. Hospital in doing daily wound care. Resident is currently transferring 2 assist pivot with heel weight bearing boot. PT (physical therapy) is recommending a skilled nursing facility on discharge. resident (sic.) had an MRI for slurred speech the past couple pf (sic.) days and that is pending results. Resident is currently on IV antibiotics ..."

On 01/07/2026, Surveyor reviewed Resident 3's hospital record. The fax cover sheets documented [Name Of Hospital] sent the document to facility on 12/28/2025 at 8:14 AM. Resident 3 was admitted to the hospital on 12/26/2025 and was not yet discharged. The following was documented:
1.) The "Problem List," documented the following diagnoses, "(Principal) Diabetic Infection of left foot 12/26/2025-Present ...Type 2 diabetes mellitus with other skin ulcer 12/26/2026-Present ...Cellulitis of lower limb 12/26/2025-Present ...Acute Metabolic Encephalopathy ....12/26/2025-Present ..."
2.) On 12/26/2025 at 8:45 PM, Doctor NN documented, "Chief Complaint: left diabetic ulcer

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foot infection, left leg cellulitis ...who presented to the EMH ED on 12/26/25 with [Family Member] the wound care nurse at [his/her] facility due to worsening left foot wound and worsening confusion for the past few days ...Per interview with patient, and later [Family Member] on the phone, [Resident 3] reports an infection in the middle of [his/her] leg that began a couple of days ago. [S/He] describes the area as painful and states that it is infected and requires wound care. [S/He] expresses frustration and anger that [his/her] concerns about the left foot have not been adequately addressed, repeatedly emphasizing that need for wound care and requesting that no one touch [his/her] left foot. [S/he] reports that oral antibiotics were previously tried for infection but did not work ..."
3.) On 12/27/2025 at 12:20 PM, Doctor PP documented, " ...We do recognize that patient is above average risk, has multiple comorbidities and risk of complications. However, following my discussion with podiatry [Doctor QQ], concern for ischemic (insufficient blood supply/oxygen to tissue) toe can progress with delay in surgical treatment. Patient already has extensive infectious process going on and my progress if source is not potentially removed at this time and in order to try to avoid a future urgent or emergent surgical intervention ..."

INTERVIEWS:

On 01/07/2026 at 12:30 PM, Surveyor asked Executive Director A if facility had reported Resident 3's trend of blood glucose levels over 250 mg/dl to his/her endocrine clinic as ordered. Executive Director A stated s/he would follow-up and see if facility had done so.

On 01/07/2026 at 1:06 PM, Surveyor called

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Resident 3's endocrine clinic. Surveyor spoke with Clinical Nurse OO. Clinical Nurse OO verified Resident 3 was a patient of their clinic. Clinical Nurse OO stated s/he had access to Resident 3's electronic health record (EHR). Clinical Nurse OO stated all communications with Resident 3's assisted living facility (ALF) would be documented in the EHR. Clinical Nurse OO reported clinic was not contacted about blood glucose levels over 250 mg/dl from 12/01/2025 to 12/25/2025.

On 01/07/2026 at 1:10 PM, Executive Director A reported to Surveyor that facility had not reported any blood glucose levels over 250 mg/dl to Resident 3's endocrinologist during the month of December 2025.

On 01/07/2026 at 1:30 PM, Surveyors discussed the above concerns with Executive Director A, Wellness Director B, Regional Director C, Caregiver D and Corporate Nurse Z. Corporate Nurse Z commented Resident 3 had been having chronic issues with lower extremity cellulitis and kidney disease. Corporate Nurse Z reported facility had arranged for home health and in-house wound care to treat Resident 3's lower extremity wound. Corporate Nurse Z acknowledged common complications of long-term hyperglycemia were kidney damage and wounds to feet. Executive Director A, Wellness Director B, Regional Director C, Caregiver D and Corporate Nurse Z acknowledged that Resident 3's endocrinologist in November 2025 ordered that trends of blood glucose levels over 250 mg/dl were to be reported to the endocrine clinic. Executive Director A, Wellness Director B, Regional Director C, Caregiver D and Corporate Nurse Z acknowledged Resident 3's blood glucose level

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{N 353}	Continued From page 9 exceeded 250 mg/dl numerous times in December 2025 and were not reported to the endocrine clinic. Executive Director A, Wellness Director B, Regional Director C, Caregiver D and Corporate Nurse Z acknowledged that Resident 3 had been hospitalized due to left foot infection and his/her toe required surgical amputation. Executive Director A reported Resident 3 was currently being treated at a skill nursing facility.	{N 353}		