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 04/14/2025

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 On 04/14/2025, Surveyors conducted a complaint investigation at Brookdale Madison West AL/MC. Two (2) deficiencies were identified. The complaint was substantiated. Census: 27	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident/accident that occurred on 01/04/2025 that resulted in Resident 1 requiring hospital treatment for a head injury. Findings include: On 04/14/2025 at approximately 10:00 a.m., Surveyor requested the closed record of Resident 1, including incident reports, progress notes, and clinic discharge summaries and self-reports from January 2025. Resident 1 was admitted to the provider on 03/20/2024 with diagnoses including neurocognitive disorder with Lewy Bodies and Parkinson's disease without dyskinesia. Surveyor reviewed a hospital discharge summary dated 01/04/2025, that documented that Resident 1 received treatment in the emergency room after	N 165		

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

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N 165	Continued From page 1 a head injury with a laceration of the forehead resulting from a fall. The discharge summaries documented that the stitches used to treat Resident 1's forehead laceration should be removed in 10 days. On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C. Executive Director C stated s/he was unable to find documentation that the incident on 01/04/2025 was reported to the department. On 04/15/2025, Surveyor checked the departments efile and confirmed a self-report was not submitted after the incident/accident on 01/04/2025, when Resident 1 required hospital treatment.	N 165		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess Resident 1's physical	N 381		

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N 381	Continued From page 2	N 381		

condition, including injuries, after falls.

Findings include:

On 04/14/2025 at approximately 10:00 a.m., Surveyor requested the closed record of Resident 1, including incident reports, progress notes, clinic discharge summaries, and assessments from November, December 2024 and January 2025. Resident 1 was admitted to the provider on 03/20/2024 with diagnoses including neurocognitive disorder with Lewy Bodies and Parkinson's disease without dyskinesia.

Surveyor reviewed the following incident reports which documented the following:
11/12/2024 -
Nature of Incident: fall, witnessed
Type of injury/impairment: Redness, skin tear
Body Part(s) Injured: Forearm (Right)

01/19/2025 -
Nature of Incident: fall, unwitnessed
Type of injury/impairment: Scrape/Abrasion
Body Part(s) Injured: Elbow (Left)

Surveyor reviewed Resident 1's progress notes which documented:
11/12/2024, "Resident fall occurred on 11/12/2024 6:30 AM. Resident was sitting in chair sleeping when [s/he] fell. Noted skin tear to right elbow, scant bleeding. There were no physical signs of head injury. Vitals signs are only taken in states as permitted. This resident resides in Wisconsin." No vitals or measurement and severity of the skin tear were documented.

On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C. Executive Director C stated that s/he was unable

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N 381	Continued From page 3 to find documentation that Resident 1's injuries were assessed either at the time of the falls on 11/12/2024 and 01/19/2025 or after.	N 381		