STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 12/18/2024, Surveyor conducted a complaint investigation at The Ridge at Madison, a CBRF located in Fitchburg, WI. As a result of the investigation, 2 violations of Chapter DHS 83 were issued. The complaint was substantiated. Census:	N 000		
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 medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 239	Continued From page 1	N 239		

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.

Findings include:

First Aid and Choking

On 12/18/2024, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 07/18/2024. There was no evidence that Caregiver B had completed training in first aid and choking. There was no evidence found in the file indicating that Caregiver B was exempt from this training.

On 12/18/2024 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver B works as a caregiver and would have to administer first aid and respond to choking emergencies.

On 12/18/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for first aid and choking.

Fire Safety

On 12/18/2024, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 07/18/2024. There was no evidence that Caregiver B had completed training in fire safety. There was no evidence found in the file indicating that Caregiver B was exempt from this training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 239	Continued From page 2 On 12/18/2024 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver B works as a caregiver and would have to respond in a fire emergency. On 12/18/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for fire safety. Medication Administration On 12/18/2024, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 07/18/2024. There was no evidence that Caregiver B had completed training in medication administration. There was no evidence found in the file indicating that Caregiver B was exempt from this training. On 12/18/2024 at 9:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed that Caregiver B passes medications. On 12/18/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for medication administration. On 01/10/2023 at 12:00 PM, Surveyor discussed 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 B had worked since 07/18/2024 without completing training in fire safety, first aid and choking and medication administration.	N 239		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 3	N 415		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate documentation of medication administration for 2 of 3 residents reviewed. There were numerous blank spaces in the Medication Administration Record (MAR) for Resident 1 and Resident 2. Findings include: Example 1: Resident 1 On 12/18/2024 at 9:30 AM, Surveyor reviewed Resident 1's MAR for the months of October 2024, November 2024 and December 2024. Resident 1 was admitted 04/18/2024 with diagnoses that include but are not limited to: Diabetes Mellitus type 2, diabetic neuropathy, bipolar disorder, major depressive disorder, chronic respiratory failure.	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 4 There were no entries made in Resident 1's MAR for the following dates: OCTOBER 2024 10/03/2024 Quetiapine 200 milligram (mg) tablet (tab) Insulin 100 unit/milliliter (ml) 10/06/2024 Insulin 100 unit/ml 10/08/2024 Cyclobenzaprine 10 mg tab Famotidine 20 mg tab Advair inhaler Furosemide 20 mg tab Lisinopril 5 mg tab Quetiapine 200 mg tab 10/09/2024 Cyclobenzaprine 10 mg tab Famotidine 20 mg tab Advair inhaler Furosemide 20 mg tab Lisinopril 5 mg tab Quetiapine 200 mg tab Rosuvastatin 20 mg tab Insulin 100 unit/ml 10/11/2024 Furosemide 20 mg tab Lisinopril 5 mg tab Insulin 100 unit/ml 10/12/2024 Insulin 100 unit/ml 10/13/2024 Insulin 100 unit/ml	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 5 10/14/2024 Insulin 100 unit/ml Prednisone 1% inhaler 10/16/2024 Prednisone 1% inhaler 10/18/2024 Prednisone 1% inhaler 10/21/2024 Insulin 100 unit/ml 10/22/2024 Insulin 100 unit/ml 10/23/2024 Insulin 100 unit/ml 10/25/2024 Insulin 100 unit/ml 10/27/2024 Insulin 100 unit/ml NOVEMBER 2024 11/02/2024 Insulin 100 unit/ml 11/03/2024 Insulin 100 unit/ml 11/06/2024 Insulin 100 unit/ml 11/07/2024 Insulin 100 unit/ml	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 6 11/09/2024 Quetiapine 200 mg tab 11/10/2024 Quetiapine 200 mg tab 11/13/2024 Insulin 100 unit/ml 11/14/2024 Insulin 100 unit/ml 11/15/2024 Insulin 100 unit/ml 11/16/2024 Insulin 100 unit/ml 11/18/2024 Insulin 100 unit/ml 11/20/2024 Insulin 100 unit/ml 11/21/2024 Insulin 100 unit/ml 11/30/2024 Insulin 100 unit/ml DECEMBER 2024 12/04/20204 Advair inhaler Famotidine 20 mg tab Olanzapine 20 mg tab Pregabalin 75 mg capsule (cap) Quetiapine 20 mg tab Insulin 100 unit/ml Lantus Solostar 100 unit/ml	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 7 12/05/2024 Clonidine .1 mg tab Olanzapine 20 mg tab Quetiapine 200 mg tab Rosuvastatin 20 mg tab Lantus Solostar 100 unit/ml 12/07/2024 Clonidine .1 mg tab Famotidine 20 mg tab Olanzapine 20 mg tab Quetiapine 200 mg tab Rosuvastatin 20 mg tab Insulin 100 unit/ml Lantus Solostar 100 unit/ml 12/15/2024 Olanzapine 20 mg tab Pregabalin 75 mg cap Rosuvastatin 20 mg tab Example 2: Resident 2 On 12/18/2024 at 10:00 AM, Surveyor reviewed Resident 2's MAR for months of October 2024, November 2024 and December 2024. Resident 2 was admitted 03/08/2023 with diagnoses that include but are not limited to: Diabetes Mellitus Type 2, diabetic neuropathy, schizophrenia, osteoarthritis. There were no entries made in Resident 2's MAR for the following dates: OCTOBER 2024 10/27/2024 Acidophilus 1 cap Atorvastatin 40 mg tab	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 8 Clopidogrel 75 mg tab Fluticasone 50 microgram (mcg) spray Furosemide 20 mg tab 10/28/2024 Acetaminophen 325 mg tab Acidophilus 1 cap Atorvastatin 40 mg tab Fluticasone 50 mcg spray 10/29/2024 Acetaminophen 325 mg tab Vitamin D 50 mcg tab NOVEMBER 2024 11/10/2024 Insulin 100 unit/ml 11/11/2024 Insulin 100 unit/ml 11/17/2024 Insulin 100 unit/ml 11/20/2024 Insulin 100 unit/ml 11/25/2024 Insulin 100 unit/ml DECEMBER 20204 12/07/2024 Atorvastatin 40 mg tab Gabapentin 300 mg tab Lactase Enzyme tab Natenglinide 60 mg tab Insulin 100 unit/ml	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018873	A. BUILDING: _____ B. WING _____	C 12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 415	Continued From page 9 12/08/2024 Allopurinol 100 mg tab Atorvastatin 40 mg tab Folic Acid 1 mg tab Gabapentin 300 mg tab Myrbetniq 25 mg tab Natenglinide 60 mg tab Insulin 100 unit/ml 12/14/2024 Folic Acid 1 mg tab Lisinopril 2.5 mg tab Myrbetniq 25 mg tab Lantus Solostar 100 unit/ml 12/15/2024 'Januvia 100 mg tab On 12/18/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that all residents' MAR must be accurately documented. Administrator A acknowledged that there were numerous blank entries in Resident 1 and Resident 2's MAR for the months of October 2024, November 2024 and December 2024.	N 415		