Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008514	A. BUILDING: _____ B. WING _____	R-C 07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMOMILE ASSISTED LIVING LTD	22 MILO LANE MADISON, WI 53714

(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 07/11/2023, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation and verification visit at Chamomile Assisted Living Ltd, a CBRF located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. One violation from previous SOD# RS7912 dated 04/25/2023 was corrected. The complaint was substantiated. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed.	{N 000}		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and homelike environment appropriate for residents. There was a hole in Resident 1's bedroom wall and a hole in the carpeting in the hallway. Findings include: On 07/11/2023, Surveyor toured the physical environment.	N 481		

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
	0008514	A. BUILDING: _____ B. WING _____	R-C 07/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMOMILE ASSISTED LIVING LTD	22 MILO LANE MADISON, WI 53714

(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 481	Continued From page 1 OBSERVATIONS: There was a hole in the carpeting approximately 1.5 inches by 1.5 inches in the hallway. Residents use this hallway to get to/from bedrooms. Resident 5's door frame was damaged (scratches and scuff marks) on the lower 1/4 of the frame. Resident 8's door frame was damaged on the lower 1/4 (scratches and scuff marks). There was a hole in the wall (approximately 8 inches by 4 inches) next to Resident 7's bed. There was a pair of used vinyl gloves (used by staff for personal cares) sitting on a shelf in the main hallway. On 07/11/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that "there are improvements to be made in the environment. I will make that happen."	N 481		