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 10/04/2023

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 10/04/2023, The Bureau of Assisted Living, Southern Regional Office conducted an verification visit and complaint investigation at Chamomile Assisted Living LTD, a CBRF located in Madison, WI. As a result of this survey, 1 violation of Chapter DHS 83 were issued. 1 violation from previous statement of deficiency (SOD) #RS7913 dated 07/11/2023 was corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 16	{N 000}		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision 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 each resident was provided supervision appropriate to their needs. On 08/23/2023, Resident 6 attended a clinic	N 426		

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

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N 426	Continued From page 1	N 426		

appointment by themselves. Per Resident 6's individualized service plan (ISP) Resident 6 is to be provided 24-hour supervision.

FINIDINGS INCLUDE:

On 10/04/2023, Surveyor reviewed the facility resident roster. Resident 6 was admitted on 11/26/2019.

On 10/04/2023, Surveyor reviewed Resident 6's individualized service plan (ISP) dated 06/23/2023. The ISP lists Family Member G as Resident 6's activated power of attorney. Resident 6's ISP stated Resident 6 required 24-hour supervision, a wheelchair for ambulation, and required blood glucose checks 4 times per day with sliding scale insulin administration. Resident 6's diagnoses include but are not limited to: confusion, depression, anxiety, and insulin treated type 2 diabetes.

On 10/04/2023, Surveyor reviewed the clinical after visit summary for Resident 6's appointment on 08/23/2023. Attached to the after-visit summary is a hand-written note from Doctor H which states the following, "With future appointments please send...patient with caregiver who can provide history...[his/her] medication list...[his/her] blood sugar levels."

INTERVIEWS:

On 10/03/2023 at 10:30 AM, Surveyor interviewed the clinic nurse, Nurse F. Nurse F confirmed Resident 6 is of advanced age, diagnosed with cognitive impairment, and has an activated power of attorney. Nurse F stated on 08/23/2023, facility staff escorted Resident 6 into the clinic and then left Resident 6 there without

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N 426	Continued From page 2	N 426		

supervision. Nurse F stated Resident 6 did not know why s/he had a doctor's appointment while at the clinic. Nurse F stated Resident 6's appointment ended at approximately 3:50 PM; and clinic staff called the facility to pick up Resident 6. Nurse F stated at approximately 4:50 PM, Resident 6 was observed alone in the clinic waiting room. Nurse F stated s/he called Administrator A at this time. Nurse F stated Administrator A did not know s/he was supposed to pick up Resident 6. Nurse F stated Administrator A did not arrive to pick up Resident 6 until 5:40 PM. Nurse F stated 2 clinical staff stayed after the clinic closed at 5:00 PM due to concerns for Resident 6's safety.

On 10/04/2023 at 10:00 AM, Surveyor discussed the above concerns with Family Member G. Family Member G stated s/he does not attend medical appointments with Resident 6 because his/her car cannot transport Resident 6's wheelchair. Family Member G stated facility staff and/or Administrator A are to attend medical appointments with Resident 6. Family Member G stated s/he was not aware that on 08/23/2023 Resident 6 attended a clinic appointment without a caregiver. Family Member G stated Resident 6 is to be always supervised and that s/he thought Administrator A was attending all appointments with Resident 6.

On 10/04/2023 at 11:00 AM, Surveyor discussed the above concerns with Administrator A. Administrator A stated s/he dropped Resident 6 off at his/her clinic appointment on 08/23/2023. Administrator A stated Resident 6 was left alone at the clinic on 08/23/2023. Administrator A acknowledged Resident 6's ISP stated that they are to be provided 24-hour supervision. Administrator A acknowledged that s/he arrived

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N 426	Continued From page 3 after the clinic closed to pick up Resident 6 from the appointment. Administrator A acknowledged that 2 clinic staff were staying with Resident 6 when s/he picked him/her up. Administrator A acknowledged Resident 6 was not provided supervision appropriate to their needs on 08/23/2023.	N 426		