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 03/13/2024

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 From 03/12/2024 to 03/13/2024, Surveyor conducted a complaint investigation and verification visit at Chamomile Assisted Living LTD, a CBRF in Madison. Two deficiencies were identified. Statement of Deficiency (SOD) RS7914, dated 10/04/2023, was corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	N 000		
N 172	83.12(6) Documentation requirements for written report All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents ' health, safety and well-being. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report of an investigation for a caregiver abuse allegation was completed that included date, time, place, individuals involved, details of the occurrence and the action taken by the provider to ensure residents' health, safety and well-being. Findings include: On 03/12/2024, Surveyor conducted a complaint investigation alleging that Caregiver B abused Resident 1.	N 172		

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

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N 172	Continued From page 1 On 03/12/2024 at approximately 9:40 a.m., Surveyor interviewed Administrator A. Administrator A reviewed the following sequence of events with Surveyor: - 03/03/2024: Administrator A was present at the facility and heard Resident 1 state, "My arm hurts. [S/he] did it." Administrator A stated no one was present in the room when Resident 1 stated "[S/he] did it." Administrator A stated s/he did not observe injuries to Resident 1's upper extremities and that Resident 1 appeared to have good range of motion. Administrator A stated s/he believed Resident 1 was delusional from his/her pain medications. In the afternoon, Caregiver C reported Resident 1's hands appeared swollen and Resident 1 reported left arm pain. Agrace and Resident 1's Health Care Power of Attorney (HCPOA) were updated. - 03/04/2024: Administrator A assisted with Resident 1's cares. Administrator A stated Resident 1 had pain but did not locate it to his/her wrist. Later that day, Administrator A received a call from Resident 1's HCPOA alleging that Resident 1 was abused and Administrator A was "covering it up." Administrator A stated s/he began interviewing residents and staff regarding the left arm pain. - 03/05/2024: Administrator A observed swelling to Resident 1's left wrist, no bruising. Administrator A stated his/her interviews concluded no concerns with abuse. Administrator A stated s/he felt the swelling was related to Resident 1's recent pneumonia diagnosis and rheumatoid arthritis. Administrator A stated after the allegation of abuse, s/he increased Resident [1]'s supervision and encouraged 2 caregivers to be present during all cares.	N 172		

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N 172	Continued From page 2 Following Administrator A's summary of the above events, Surveyor reviewed Administrator A's investigation report. Surveyor noted the report did not include dates and times of caregiver interviews, resident interviews or safety interventions. Surveyor reviewed concern that Administrator A's report was not detailed with all dates and times of caregiver interviews, resident interviews or safety interventions. Administrator A stated s/he knew his/her documentation could be improved.	N 172		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health	N 431		

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N 431	Continued From page 3 status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure changes in resident condition were documented in the resident's record. The provider did not document Resident 1's pain and swelling of his/her left wrist in his/her record. Findings include: On 03/12/2024, Surveyor conducted a complaint investigation regarding pain and swelling to a resident's upper extremity. On 03/12/2024 at approximately 9:40 a.m., Surveyor interviewed Administrator A. Administrator A stated Resident 1's Health Care Power of Attorney (HCPOA) recently alleged abuse from a caregiver due to his/her left wrist having pain and swelling on 03/04/2024. Administrator A stated s/he completed an investigation and had no findings of abuse or neglect. Administrator A stated Resident 1 had a x-ray of the left upper extremity, which was negative. Administrator A believed the swelling was related to Resident 1's diagnosis of rheumatoid arthritis and pneumonia. On 03/12/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident	N 431		

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N 431	Continued From page 4 1 was admitted to the provider's facility on 02/06/2018 with diagnosis of rheumatoid arthritis. Resident 1 was on hospice services. Resident 1's record did not include documentation of any changes in his/her health from 03/01/2024 to 03/12/2024. On 03/12/2024 at approximately 11:00 a.m., Surveyor requested documentation of Resident 1's left wrist pain and swelling from Administrator A. Administrator A stated s/he did not have any documentation of the health changes. Administrator A stated, "I have to find time to do [documentation]." On 03/12/2024 at approximately 2:00 p.m., Surveyor reviewed records obtained from hospice. The documentation indicated the following: - 03/03/2024: Endorsed pain to arms. - 03/04/2024: Granddaughter concerned with swelling and bruising to left hand. Attempted to move left arm and cried out in pain with range of motion. Wrist appeared swollen. Xray ordered. - 03/05/2024: Report that Resident 1 was "yanked" out of bed causing arm pain. - 03/06/2024: Able to lift left arm 1.5" from bed and then stopped due to pain. - 03/07/2024: Arm was feeling better. The provider did not document Resident 1's change in condition to his/her left upper extremity from 03/03/2024 to 03/07/2024.	N 431		