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
	0019059	A. BUILDING: _____ B. WING _____	C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AL OPERATIONS LLC	1601 WHEELER RD MADISON, WI 53704

(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 10/05/2023, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Madison AL Operations LLC (Eden Vista), a CBRF located in Madison, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. Complaint was substantiated Census: 53	N 000		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet and bathing facilities and fixtures were clean and in good working order. FINDINGS INCLUDE: On 09/06/2023, the Department received a complaint reporting environmental concerns. On 10/05/2023, Surveyor arrived as facility for a complaint investigation. On 10/05/2023 at 10:00 AM, Surveyor interviewed Resident 1. Resident 1 stated that the shower room is shared by multiple residents. Resident 1 stated staff do not keep the shower room clean. Resident 1 stated s/he came into the shower room one time to find feces and black hair on the wall. On 10/05/2023, Surveyor made the following	N 490		

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

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N 490	Continued From page 1 observations in the second-floor shower room: 1. 6 holes in the ceiling (Picture #1). 2. White vent cover falling off the wall mounting (Picture #2). 3. Hook missing from the towel rack (Picture #3). 4. Chipped floor tile (Picture #4). 5. Dry wall is chipped from 50% of the corners in the room. On 10/05/2023 at 11:50 AM, Surveyor toured the second-floor shower room with Assistant Director B. Assistant Director B acknowledged the: holes in the ceiling, chipped drywall, vent falling from mounting, hook missing from the towel rack and the chipped floor tile. Assistance Director B stated s/he would have maintenance repair the fixtures in the shower room.	N 490		