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 |
|---|---|---|---|
| | 0018873 | A. BUILDING: _____ B. WING _____ | R-C 05/12/2026 |

| 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 |
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| {N 000} | Initial Comments<br><br>On 05/12/2026, Surveyor conducted a complaint investigation and 2 verification visits at The Ridge at Madison CBRF, a CBRF located in Fitchburg, WI.<br><br>As a result of the investigation, 1 violation of Chapter DHS 83 was issued.<br><br>Eight violations from previous Statement of Deficiency (SOD) R7IL13 dated 01/13/2026, and SOD WGRI11 03/13/2026.<br><br>The complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. | {N 000} | | |
| N 415 | 83.37(2)(d) Documentation of medication administration.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure to accurately document medication documentation for 3 of 3 residents | N 415 | | |

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

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| N 415 | Continued From page 1 | N 415 | | |

reviewed. Residents 3, 7 and 9 had numerous blank dates in their respective Medication Administration Records (MARs).

This is a repeat violation from previous Statement of Deficiency (SOD) R7IL11 dated 12/18/2024

Findings include:

Example 1: Resident 3

On 05/12/2026 at 9:30 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 10/30/2025. Surveyor reviewed Resident 3's MAR for the months of March 2026, April 2026, and May 2026.

The following dates did not have an entry documenting medication administration:

04/06/2026
Humalog Kwikpen 100u/ml

04/08/2026
Montelukast 10 mg tab

04/10/2026
Blood sugar results: 12 PM, 4 PM, 8 PM
Humalog Kwikpen 100u/ml

04/11/2026
Silver Sulfadiazine 1% cream
Systane Balance .6% drops
blood sugar results 8 AM
Humalog Kwikpen 100u/ml
Finasteride 5 milligram (mg) tablet (tab)
Fluticasone/salmet 250-50 microgram (mcg)
Fluticasone prop 50 mcg spray
Furosemide 40 mg tab

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| N 415 | Continued From page 2<br>Hydralazine 50 mg tab 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Levothyroxine 50 mcg tab<br>Losartan 25 mg tab<br>Omeprazole 20 mg capsule(cap)<br>Pregabalin 75 mg cap<br>pro-stat s/f grape<br>Rybelsus 14 mg tab<br>Senna 8.6-50 mg tab<br>Sertraline 25 mg tab<br>Tamsulosin .4 mg tab<br><br>04/15/2026<br>Finasteride 5 milligram (mg) tablet (tab)<br>Fluticasone/salmet 250-50 microgram (mcg)<br>Fluticasone prop 50 mcg spray<br>Furosemide 40 mg tab<br>Hydralazine 50 mg tab 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Levothyroxine 50 mcg tab<br>Losartan 25 mg tab<br>Omeprazole 20 mg capsule(cap)<br>Pregabalin 75 mg cap<br>pro-stat s/f grape<br>Rybelsus 14 mg tab<br>Senna 8.6-50 mg tab<br>Sertraline 25 mg tab<br>Tamsulosin .4 mg tab<br><br>04/22/2026<br>Finasteride 5 milligram (mg) tablet (tab)<br>Fluticasone/salmet 250-50 microgram (mcg)<br>Fluticasone prop 50 mcg spray<br>Furosemide 40 mg tab<br>Hydralazine 50 mg tab 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Levothyroxine 50 mcg tab<br>Losartan 25 mg tab<br>Omeprazole 20 mg capsule(cap)<br>Pregabalin 75 mg cap | N 415 | | |

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| N 415 | Continued From page 3 | N 415 | | |

pro-stat s/f grape
Rybelsus 14 mg tab
Senna 8.6-50 mg tab
Sertraline 25 mg tab
Tamsulosin .4 mg tab

04/26/2026
Finasteride 5 milligram (mg) tablet (tab)
Fluticasone/salmet 250-50 microgram (mcg)
Fluticasone prop 50 mcg spray
Furosemide 40 mg tab
Hydralazine 50 mg tab 8 AM, 12 PM
Jardiance 10 mg tab
Levothyroxine 50 mcg tab
Losartan 25 mg tab
Omeprazole 20 mg capsule(cap)
Pregabalin 75 mg cap
pro-stat s/f grape
Rybelsus 14 mg tab
Senna 8.6-50 mg tab
Sertraline 25 mg tab
Tamsulosin .4 mg tab

05/05/2026
Novolog flexpen 100u/ml

05/07/2026
Novolog flexpen 100u/ml

05/11/2026
Novolog flexpen 100u/ml

Example 2: Resident 7

On 05/12/2026 at 9:30 AM, Surveyor reviewed Resident 7's medical record. Resident 7 was admitted 07/26/2023. Surveyor reviewed Resident 7's MAR for the months of March 2026, April 2026, and May 2026.

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| N 415 | Continued From page 4<br><br>The following dates did not have an entry documenting medication administration.<br><br>04/11/2026<br>Allopurinol 100 mg tab<br>Eliquis 5 mg tab<br>Fish oil 1200 mg cap<br>Furosemide 40 mg tab<br>Gabapentin 100 mg cap, 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Lisinopril 20 mg tab<br>Metoprolol Succ ER 25 mg tab<br>Multivitamin w/ mineral tab<br>Vitamin D-3 1000u 25 mcg tab<br><br>04/15/2026<br>Allopurinol 100 mg tab<br>Eliquis 5 mg tab<br>Fish oil 1200 mg cap<br>Furosemide 40 mg tab<br>Gabapentin 100 mg cap, 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Lisinopril 20 mg tab<br>Metoprolol Succ ER 25 mg tab<br>Multivitamin w/ mineral tab<br>Vitamin D-3 1000u 25 mcg tab<br><br>04/22/2026<br>Allopurinol 100 mg tab<br>Eliquis 5 mg tab<br>Fish oil 1200 mg cap<br>Furosemide 40 mg tab<br>Gabapentin 100 mg cap, 8 AM, 12 PM<br>Jardiance 10 mg tab<br>Lisinopril 20 mg tab<br>Metoprolol Succ ER 25 mg tab<br>Multivitamin w/ mineral tab<br>Vitamin D-3 1000u 25 mcg tab | N 415 | | |

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| N 415 | Continued From page 5 | N 415 | | |

04/26/2026
Allopurinol 100 mg tab
Eliquis 5 mg tab
Fish oil 1200 mg cap
Furosemide 40 mg tab
Gabapentin 100 mg cap, 8 AM, 12 PM
Jardiance 10 mg tab
Lisinopril 20 mg tab
Metoprolol Succ ER 25 mg tab
Multivitamin w/ mineral tab
Vitamin D-3 1000u 25 mcg tab

05/07/2026
Eliquis 5 mg tab 8 PM

Example 3: Resident 9

On 05/12/2026 at 9:30 AM, Surveyor reviewed Resident 9's medical record. Resident 9 was admitted 02/18/2021. Surveyor reviewed Resident 9's MAR for the months of March 2026, April 2026, and May 2026.

The following dates did not have an entry for medication administration.

03/14/2026
Basaglar 100u/ml kwikpen

03/20/2026
Basaglar 100u/ml kwikpen

04/11/2026
Bupropion sr 150 mg tab
Dicyclomine 20 mg tab 8 AM, 12 PM
Methenamine hipp 1 gram (gm) tab
Metoprolol tart 25 mg tab
Morphine 100 mg/ml solution 8 AM, 12 PM
Nabumetone 750 mg tab
Sertraline 50 mg tab

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| N 415 | Continued From page 6<br>Solifenacin 10 mg tab<br><br>04/15/2026<br>Bupropion sr 150 mg tab<br>Dicyclomine 20 mg tab 8 AM, 12 PM<br>Methenamine hipp 1 gram (gm) tab<br>Metoprolol tart 25 mg tab<br>Morphine 100 mg/ml solution 8 AM, 12 PM<br>Nabumetone 750 mg tab<br>Sertraline 50 mg tab<br>Solifenacin 10 mg tab<br><br>04/22/2026<br>Bupropion sr 150 mg tab<br>Dicyclomine 20 mg tab 8 AM, 12 PM<br>Methenamine hipp 1 gram (gm) tab<br>Metoprolol tart 25 mg tab<br>Morphine 100 mg/ml solution 8 AM, 12 PM<br>Nabumetone 750 mg tab<br>Sertraline 50 mg tab<br>Solifenacin 10 mg tab<br><br>04/24/2026<br>Lantus Solostar 100u/ml pen<br><br>04/26/2026<br>Bupropion sr 150 mg tab<br>Dicyclomine 20 mg tab 8 AM, 12 PM<br>Methenamine hipp 1 gram (gm) tab<br>Metoprolol tart 25 mg tab<br>Morphine 100 mg/ml solution 8 AM, 12 PM<br>Nabumetone 750 mg tab<br>Sertraline 50 mg tab<br>Solifenacin 10 mg tab<br><br>On 05/12/2026 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged that documentation in Residents' MAR needs to be accurate to ensure Resident health. Administrator A acknowledged that there | N 415 | | |

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| N 415 | Continued From page 7<br>were numerous blank spaces in Resident 3, Resident 7 and Resident 9's MAR for the months of March 2026, April 2026 and May 2026. Administrator A stated that the medication passers that did not accurately document the MAR would be retrained, and all staff will be trained as well | N 415 | | |