| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015533 | A. BUILDING: _____ B. WING _____ | R-C 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE MADISON WEST AL | 429 S YELLOWSTONE DR MADISON, WI 53719 |

| (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>From 04/14/2025 to 04/16/2025, Surveyors conducted 2 complaint investigations and a verification visit at Brookdale Madison West AL, a CBRF located in Madison, WI.<br><br>Seven deficiencies were identified. Three deficiencies were repeat violations- See statement of deficiency (SOD) SOD XE2211, dated 11/18/2024, SOD GY5L11, dated 02/12/2021, and SOD LIEV11, dated 10/20/2021.<br><br>Five of 7 deficiencies from SOD XE2212, dated 11/18/2024, were substantially corrected.<br><br>Two complaint investigations were substantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 65 | {N 000} | | |
| N 165 | 83.12(4)(c) Reporting incidents with serious injury<br><br>A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not report an incident/accident that occurred on 12/24/2024 and resulted in Resident 4's hospital treatment and admission.<br><br>Findings include: | N 165 | | |

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

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| N 165 | Continued From page 1<br><br>On 04/14/2025 at approximately 10:00 a.m., Surveyor requested the closed record of Resident 4, including incident reports, investigations, progress notes, clinic discharge summaries and self-reports from November and December of 2024 to January of 2025. Resident 4 was admitted to the provider on 10/21/2024 with diagnoses including anxiety disorder, glaucoma and chronic pain.<br><br>Surveyor reviewed an incident report dated 12/24/2024 that documented Resident 4 had an unwitnessed fall resulting in injuries to his/her neck, shoulder, and skull/scalp and 911 was called.<br><br>A progress note, dated 12/24/2024 stated, "Resident reported pain in left side of head, back and shoulder. Resident did not want to be sent to emergency room and asked for ice packs. After about an hour wanted to be sent to the emergency room, POA and primary physician was notified. Resident was described of [sic] having baggy pants on during the fall."<br><br>Surveyor reviewed a hospital discharge summary from an admission on 12/24/2024 to 12/31/2024, which documented that Resident 4 was admitted due to a recurrent fall and was to be discharged to the SNF (skilled nursing facility) for back pain and rehab.<br><br>On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C who stated s/he was not aware of the incident with Resident 4 on 12/24/2024, so did not report it.<br><br>On 04/15/2025, Surveyor checked the departments efile and confirmed a self-report was | N 165 | | |

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| N 165 | Continued From page 2<br>not submitted after the incident/accident with Resident 4 which resulted in hospital admission. | N 165 | | |
| {N 239} | 83.20(2)(a)-(d) Department-approved training courses.<br><br>Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed, obtained all department approved training as required. | {N 239} | | |

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| {N 239} | Continued From page 3<br><br>Caregiver H and Caregiver I did not have training in fire safety within 90 days after starting employment.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) XE2211, dated 11/18/2024, and SOD GY5L11, dated 02/12/2021.<br><br>Findings include:<br><br>On 04/14/2025, Surveyor requested training records from Executive Director C for Caregiver H and Caregiver I.<br><br>Fire Safety<br><br>The record for Caregiver H, hired 10/09/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety training. On 04/14/2025, at approximately 1:30 p.m., Surveyor interviewed Executive Director C. Executive Director C confirmed the provider did not have evidence Caregiver H completed or met an exemption for fire safety training. Executive Director C stated Caregiver H was registered to take the fire safety class on 04/17/2025.<br><br>The record for Caregiver I, hired 10/30/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety training. On 04/14/2025, at approximately 1:30 p.m., Surveyor interviewed Executive Director C. Executive Director C confirmed the provider did not have evidence Caregiver H completed or met an exemption for fire safety training.<br><br>On 04/14/2025 at approximately 2:30 p.m., Surveyor verified Caregiver H, and Caregiver I were not on the Community-Based Care and Treatment training registry for fire safety. | {N 239} | | |

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| {N 239} | Continued From page 4<br>Executive Director C stated Caregiver H and Caregiver I were registered to take the fire safety class on 04/17/2025. | {N 239} | | |
| N 352 | 83.32(3)(h) Rights of Residents: Receive medication<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 4 or Resident 1 received all prescribed medications in the dosage and at intervals prescribed by their practitioner.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) LIEV11, dated 10/20/2021.<br><br>Findings include:<br><br>On 02/19/2025, the department received a complaint alleging concerns regarding medication administration.<br><br>Example 1 - Resident 4<br><br>On 04/14/2025, at approximately 10:00 a.m., Surveyor requested the closed record of Resident 4, including medication administration records (MAR) and progress notes from October and November 2024. Resident 4 was admitted to the provider on 10/21/2024 with diagnoses including anxiety disorder, glaucoma and chronic pain. | N 352 | | |

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| N 352 | Continued From page 5<br><br>Surveyor reviewed Resident 4's physician order which included:<br>-Latanoprost Ophthalmic Solution 0.005% to instill 1 drop in both eyes at bedtime for glaucoma, start date 10/21/2024.<br>-Voltaren External Gel 1% apply 2 grams to painful area topically four times a day for pain, start date 10/21/2024.<br><br>Surveyor reviewed Resident 4's October and November MAR and progress notes. Both documented "med not in cart" for Resident 4's Lantanoprost and Voltaren for 10/21/2024 until 11/12/2024.<br><br>On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C. Executive Director C stated s/he was unaware why Resident 4's medication was not in the building for administration for that long.<br><br>Example 2- Resident 1<br><br>On 04/14/2025 at approximately 11:00 a.m., Surveyor reviewed the medication record and medical appointments for Resident 1, from 03/01/2025 through 04/13/2025.<br><br>Surveyor reviewed a physician order that indicated Resident 1 was prescribed Clotrimazole 1% External Cream, apply topically two times a day to affected area, with a start date of 03/28/2025. Surveyor noted that the medication was not started by the facility until 03/31/2025 for the p.m. dose.<br><br>At approximately 3:00 p.m., Surveyor interviewed Res Care Coordinator J and Executive Director C. Res Care Coordinator J stated that the | N 352 | | |

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| N 352 | Continued From page 6<br>medication was not started for Resident 1 due to the weekend. Executive Director C stated that s/he should have been contacted for medication orders. Executive Director C said that Res Care Coordinator J was new to the position. Executive Director C acknowledged that the facility is a 24-hour care facility and medication should not wait through a weekend. | N 352 | | |
| N 353 | 83.32(3)(i) Rights of Residents: Adequate treatment<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure residents received prompt and adequate treatment appropriate to the resident's needs.<br><br>From 03/24/2025 through 03/29/2025, Resident 1 had 5 call light wait times exceeding 60 minutes. Resident 1 had to wait for medication to be administered for three days by the facility after an emergency room visit.<br><br>Findings include:<br><br>On 04/14/2025 at 8:30 a.m., Surveyor arrived at the facility to complete a complaint investigation. The complaint was alleging concerns regarding prompt and adequate treatment during a fall at the facility on 03/28/2025. At approximately 9:30 a.m., Surveyor requested resident records, | N 353 | | |

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| N 353 | Continued From page 7 | N 353 | | |

including call log times for the facility call button system.

Resident 1 was admitted to the facility on 04/15/2016 with diagnosis including Parkinson's disease, intervertebral disc degeneration, scoliosis, diabetes and anxiety.

Resident 1's individual service plan dated 11/21/2024 indicated Resident 1 required physical assistance from staff with activities of daily living (ADLs) including toileting, bathing, and medication administration. Resident 1 required two-person assist for all transfers and mechanical lifts.

On 04/14/2025, at approximately 2:00 p.m., Surveyor interviewed Resident 1. Resident 1 stated the s/he fell on 03/28/2025 and waited several hours on the floor to be helped. Resident 1 said the s/he "tried anything to make noise and cause chaos." Resident 1 stated that the nurses did tell him/her that the facility was calling the paramedics for assistance. Resident 1 said that s/he was sent to the hospital after the fall.

Surveyor reviewed Resident 1's call log record and observed the following:

- 03/25/2025 Resident 1 waited 1 hour and 40 minutes for call response
- 03/26/2025 Resident 1 waited 1 hour and 55 minutes for call response
- 03/27/2025 Resident 1 waited 1 hour and 57 minutes for call response
- 03/28/2025 Resident 1 waited 2 hours and 3 minutes for call response and documented fall with incident report
- 03/29/2025 Resident 1 waited 1 hour and 13 minutes for call response

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| N 353 | Continued From page 8<br><br>At approximately 2:45 p.m., Surveyor interviewed Executive Director C regarding the concern of the call log times for Resident 1. Executive Director C stated that s/he has just started an investigation into the call light system the morning of 04/14/2025. Executive Director C acknowledged that the call log had several documented call response times that were over and hour long for Resident 1. Executive Director C stated that s/he was unaware that Resident 1 was on the floor for that amount of time after a fall. | N 353 | | |
| N 355 | 83.32(3)(k) Rights of Residents: Self-determination<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, and record review the provider did not support Resident 1's autonomy after removing their motorized wheelchair away as a mobility aid from their use.<br><br>Findings include:<br><br>At approximately 2:00 p.m., Surveyor observed Resident 1 in a manual wheelchair. Surveyor interviewed Resident 1 who stated the facility, "made him/her move to this smaller room and took his/her motor wheelchair away." Resident 1 stated the facility told him/her that s/he had | N 355 | | |

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| N 355 | Continued From page 9<br>damaged to many walls with the chair. Resident 1 said "I cannot wheel this chair; I am stuck here." Surveyor noted that there was no motorized wheelchair in the apartment.<br><br>Resident 1 was admitted to the facility on 04/15/2016 with diagnosis including Parkinson's disease, intervertebral disc degeneration, scoliosis, diabetes and anxiety.<br><br>At approximately 2:30 p.m., Surveyor reviewed Resident 1's Individual Service Plan (ISP) dated 11/21/2024 indicated Resident 1 used a manual and motorized wheelchair for mobility aids.<br><br>At approximately 3:00 p.m., Surveyor interviewed Executive Director C who stated Resident 1's physical therapy recommended that the motorized wheelchair be taken away. Surveyor requested the physical therapy documentation. Executive Director C was unable to provide said documentation recommending the removal of the motorized wheelchair. Executive Director C stated, "[Resident 1] agreed to stop using the motorized wheelchair when s/he moved rooms. The new room was not large enough for the bigger chair. Resident 1 had to move rooms due to the damaged walls." Executive Director C said, "S/he would work with the physician for a doctor order to remove the chair." | N 355 | | |
| N 431 | 83.38(1)(g) Health monitoring.<br><br>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 | N 431 | | |

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| N 431 | Continued From page 10 | N 431 | | |

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 status in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not assess or monitor Resident 4's injuries after falls. The provider did not observe Resident 4's food and fluid intake and acceptance of diet or report significant changes in weight to Resident 4's physician.

Findings include:

On 04/14/2025 at approximately 10:00 a.m., Surveyor requested the closed record of Resident 4, including incident reports, investigations, progress notes, clinic discharge summaries, individual service plan (ISP) and weights from November, December 2024 and January 2025. Resident 4 was admitted to the provider on

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| N 431 | Continued From page 11 | N 431 | | |

10/21/2024 with diagnoses including anxiety disorder, glaucoma and chronic pain.

Surveyor reviewed the following incident reports which documented the following:
12/15/2024 -
Nature of Incident: fall, unwitnessed
Type of injury/impairment: Scrape/Abrasion
Body Part(s) Injured: Not Applicable

01/19/2025 -
Nature of Incident: fall, unwitnessed, blood on the floor
Type of injury/impairment: Scrape/Abrasion
Body Part(s) Injured: Elbow

Surveyor reviewed Resident 4's progress notes the day of and following the falls on 12/15/2024 and 01/19/2025. There was no documentation of the size, severity or follow-up to monitor the injuries documented in the incident reports.

Surveyor reviewed Resident 4's weight, which documented:
10/21/2024 - 215
11/15/2024 - 194.4
12/14/2024 - 182.6

Surveyor reviewed Resident 4's ISP, no date noted, that documented, "[Resident 4] is on a regular diet and independent with eating. [Resident 4] states [s/he] likes Ham, no food dislikes noted at this time. [Resident 4] does not have food allergies."

On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C. Executive Director C stated that the Surveyor was provided the documentation that the facility has of the injuries Resident 4 sustained after the falls

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| N 431 | Continued From page 12<br>and understood the concerns with not documenting them or monitoring them. Executive Director C stated s/he does not have documentation that the provider notified Resident 4's physician of the weight loss or that the weight loss was part of his/her plan of care. | N 431 | | |
| N 539 | 83.48(3)(b) Sensitivity testing performed<br><br>Sensitivity testing shall be performed at intervals in accordance with NFPA 72.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure documentation of their sensitivity testing was maintained.<br><br>Findings include:<br><br>On 04/14/2025 at approximately 10:00 a.m., Surveyor requested documentation of the facility's environmental records that included a sensitivity test. Executive Director C provided and fire alarm and signaling inspection dated 09/10/2024.<br><br>On 04/14/2025 at approximately 12:30 p.m., Surveyor interviewed Executive Director C and asked if the facility had a sensitivity test completed in the past 5 years. Executive Director C stated s/he provided the report that the maintenance department conducted on 09/10/2024. Surveyor asked Executive Director C to review the report and locate documentation on the sensitivity testing. Executive Director C stated that the maintenance department was still contacting local providers to investigate if a sensitivity test had been conducted at the facility in the last 5 years. Executive Director C stated the facility had changed fire protection | N 539 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015533 | A. BUILDING: _____ B. WING _____ | R-C 04/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE MADISON WEST AL | 429 S YELLOWSTONE DR MADISON, WI 53719 |

| (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 539 | Continued From page 13<br>companies. The provider was given until 3:00 p.m. on 04/15/2025 to provide follow up documentation.<br><br>On 04/16/2025 at 8:12 a.m., Surveyor received documentation of an inspection dated 12/03/2020. This report did not include sensitivity testing. | N 539 | | |