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 08/19/2025

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 000}	Initial Comments On 08/19/2025, Surveyors conducted 2 complaint investigations and a verification visit at Brookdale Madison West AL, a CBRF located in Madison, WI. Four deficiencies were identified. Two deficiencies were repeat violations- See statement of deficiency (SOD) SOD 56PG22, dated 02/16/2022 and SOD XE2212, dated 04/16/2025. Six of 7 deficiencies from SOD XE2212, dated 04/16/2025, were substantially corrected. Two complaint investigations were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 54	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 occurrences of law	N 164		

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

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N 164	Continued From page 1 enforcement being called to the CBRF for an incident that jeopardized the health, safety or welfare of a resident was reported to the department within 3 working days. Law enforcement was called to the facility when Resident 6's narcotic medication went missing. Findings include: On 08/14/2025, the department received a complaint alleging that Resident 6 had narcotic medication stolen. On 08/18/2025, Surveyor looked at the facilities electronic file and did not see that the provider had reported to the department any potential misappropriation with Resident 6's medication or that law enforcement personnel were called to the facility in regard to missing medication. On 08/19/2025, Surveyors conducted a verification visit and 2 complaint investigations. The facility has a class CNA (non-ambulatory) license as a community based residential facility (CBRF) able to serve up to 74 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 08/19/2025, Surveyor reviewed Resident 6's record. Resident 6 was admitted to the facility on 03/21/2022. Surveyor reviewed Resident 6's progress notes which documented: -07/18/2025, "Police were called and a case has been started... The residents[sic] POA was called and told about the missing NARCs. calling[sic] DR to reorder missing NARC to be billed to the community"	N 164		

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N 164	Continued From page 2 On 08/19/2025 at 2:18 p.m., Surveyor interviewed Executive Director K and asked if the incident of Resident 6's missing medications and law enforcement being summoned to the facility on 07/18/2025 was reported to the department. Executive Director K stated no, it was not. That according to the provider's legal team, since Resident 6 did not miss any medication doses and the medications were replaced at the expense of the facility, it would not need to be reported. Executive Director K stated that s/he understood that law enforcement was called to the CBRF in regard to an incident, such as stolen medication, that jeopardized the health and welfare of Resident 6, and that the incident should have been reported to the department within 3 working days.	N 164		
N 319	83.29(3)(b) Refund entrance fees if discharged six months During the first 6 months following the date of initial admission, the CBRF shall refund the entire entrance fee when the resident is discharged or when the resident meets the terms for notification to the CBRF of voluntary discharge as contained in the CBRF ' s admission agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not refund the entire community fee when the resident was discharged as contained in the provider's admission agreement. A refund for Resident 7 was not issued until 90 days after date of discharge. Findings include:	N 319		

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N 319	Continued From page 3 On 06/30/2025, the Department received a complaint regarding refunds. On 08/18/2025 at 4:00 p.m., Surveyor interviewed Family Member M who stated Resident 7 expired on 05/13/2025 and all Resident 7's personal belongings were removed from facility on 05/20/2025. Family Member M stated s/he did not receive a refund check from facility for the community fee that was agreed upon in the admission agreement. Family Member M stated s/he had reached out to the facility several times regarding the refund but there was no resolution. On 08/19/2025, Surveyor reviewed Resident 7's record. S/he was admitted 02/03/2025. Date of Transfer/Move Out was 05/13/2025. Resident 7's Admission Agreement dated 02/01/2025 stated "...We will refund the entire Community Fee, if this Agreement is terminated by either party with proper notice, within the first six (6) months following the commencement date. The Community Fee will be nonrefundable after the sixth month." Surveyor reviewed the account for Resident 7. Resident 7's account balance activity, dated 06/01/2025, did not show a refund of the $6110.00 Community Fee. On 08/19/2025 at approximately 3:00 p.m., Surveyor discussed concern of Resident 7's refund not issued as of 08/19/2025. Executive Director K stated that s/he was unaware of the refund until 08/19/2025. Executive Director K stated s/he worked with the business department and processed the refund. Executive Director K provided an information change report that showed the request to refund. Executive Director K acknowledged that the refund was over 90 days	N 319		

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N 319	Continued From page 4 after discharge.	N 319		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an individual service plan (ISP) was updated when there was a change in condition or need. Resident 5's ISP was not updated to include behaviors of summoning the police due to paranoia and wandering/elopement. This is a repeat violation. See Statement of Deficiency 56PG11, dated 02/16/2022. Findings include: On 08/19/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 5's record. S/he was admitted to the facility on 05/07/2025, with a	N 389		

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N 389	Continued From page 5	N 389		

diagnosis of unspecified mental disorder due to known physiology condition. The Individual Service Plan (ISP), dated 08/15/2025, stated that behavior management was not applicable for Resident 5. The ISP indicated "resident is oriented to person, place and time and that the resident can communicate needs and preferences." The ISP did not indicate Resident 5 was an elopement risk.

At approximately 11:30 a.m., while reviewing progress notes, Surveyor noted that Resident 5 had a progress note that documented the following:

-06/05/2025 "Writer was informed by med tech that resident was outside of the facility going through garbage resident was redirected by med tech and went back to room for the night."
-06/18/2025 "receptionist informed writer that resident had called the police, a police officer came to the building and talked to the receptionist and the resident, the police officer said that the resident didn't have any complaints but was being paranoid."
-06/18/2025 "resident was very rude to writer and [staff], writer asked resident where they were going since they were following staff member through the door to go to memory care, resident stated 'why does it matter where I was going." [Staff] stated that we were just trying to make sure that you were being safe. Resident then proceeded to exit out form (sic) of the building and walk in the parking lot then returned to their room."
-07/06/2025 'care partner [staff] reported to the writer that the resident was in the 1st floor laundry room. The resident was sorting clothing. [Staff] advised resident of their laundry day and attempted to reassure [him/her] that the care

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N 389	Continued From page 6	N 389		

partners will do [his/her] laundry.
-08/08/2025 'AQ call was placed by [family member] regarding some recent wandering behaviors of [parent]. On last evening at approximately 7:15pm, the resident was heading toward the door with some belongings. [S/he] was asked by staff member where [s/he] was heading to and resident responded "home". Resident was very difficult to redirect, so staff reminded [him/her] of [his/her] cat and the fact that they may need some care at that time. Resident is very adamant that [s/he] does not have a cat and does not live here. Staff after much redirection was able to convince the resident to head back to [his/her] apartment walking with staff member. Resident did leave the apartment shortly after but did not attempt to go to any doors. [Family member] was informed of this information. An email was forwarded to [family] with contact information of the sales team for a tour of [memory care] area."
-08/17/2025 "last night carestaff (sic) was approached by an officer asking if resident was an occupant here carestaff (sic) stated yes resident contacted authorities 2x the first incident resident stated there was someone trying to break in [his/her] apartment The authorities spoke toher (sic) via cellphone and settled the issue resident called 911 again and stated there was a man lying on the ground outside [his/her] window masturbating officer circled the building and saw nothing officer and carestaff (sic) advised resident is [s/he] feels unsafe to press the button for assistance and allow staff to determine is incident is a police matter moving forward."

On 08/19/2025 at approximately 3:00 p.m., Surveyor interviewed Executive Director K and RN L. RN L stated that the facility was in the process of working with the family to move

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N 389	Continued From page 7 Resident 5 to the memory care. Surveyor discussed Resident 5's ISP not being updated to address behavioral concerns or any interventions on how staff is to care for Resident 5 during behavioral instances. Executive Director K acknowledged that the ISP was not updated related to behavioral concerns.	N 389		
N 539	83.48(3)(b) Sensitivity testing performed Sensitivity testing shall be performed at intervals in accordance with NFPA 72. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation of their sensitivity testing was maintained. This is a repeat violation. See Statement of Deficiency XE2212, dated 04/16/2025. Findings include: On 08/19/2025 at approximately 10:00 a.m., Surveyor requested documentation of the facility's environmental records that included a sensitivity test. Executive Director K stated that s/he would work with maintenance to get documentation on the status of the sensitivity test. On 08/19/2025 at approximately 2:30 p.m., Surveyor received documentation from Executive Director K that the sensitivity testing was scheduled for September 4, 2025. Executive Director K stated s/he knew that sensitivity testing had not been completed as of 08/19/2025.	N 539		