

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33166</p> <p>Based on interview and record review, the facility did not ensure 3 of 12 sampled residents, (R1, R22 and R18's), medical records clearly identified the residents advanced directives, regarding code status.</p> <p>R1 and R22's code status were conflicting throughout the medical record.</p> <p>The facility did not ensure R18's medical record was clear in identifying her advanced directives, regarding code status.</p> <p>Evidenced by:</p> <p>Facility policy entitled, Advanced Directives, includes, in part: . Advanced Directives is a written instruction, such as living will or durable power of attorney for health care, recognized by State law, relating to the provisions of health care when the individual is incapacitated DNR (Do Not Resuscitate) indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed that no CPR (cardiopulmonary resuscitation) or other life sustaining treatments or methods are used. Life sustaining treatments is treatment that based on reasonable medical judgement, sustains an individual/s life and without it the individual will die. This includes medications and interventions that are considered life-sustaining, but not those that are considered palliative or comfort measures. Information about whether or not the resident has executed an advanced directive shall be displayed prominently in the medical record . The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advanced directive.</p> <p>Facility policy titled Do Not Resuscitate Order, reviewed ,d+[DATE] states in part, 1. Do not resuscitate orders must be signed by the resident's Attending Physician on the physician's order sheet and maintained in the resident's medical record. 2. A Do Not Resuscitate (DNR) order form must be completed and signed by the Attending Physician and resident (or resident's legal surrogate, as permitted by state law) and placed in the front of the resident's medical record .</p> <p>Example 1</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1 was admitted to the facility on [DATE]. R1 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R1 is cognitively intact. R1's face sheet indicates R1 is a Do Not Resuscitate (DNR). R1's Cardiopulmonary Resuscitation (CPR) preference sheet indicates R1 wishes to be a full code (provide chest compressions and breath air into lungs in the event of a cardiac arrest). R1's medical record has a full code sticker on the binding. R1's medical record, hard chart, under the tab Condition Alert has a full code sticker this sticker is crossed out.</p> <p>On [DATE] at 9:20 AM Surveyor interviewed R1 regarding CPR preference. R1 stated he wished to have CPR performed in the event of a cardiac arrest.</p> <p>Example 2</p> <p>R22 was admitted to the facility on [DATE]. R22 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R22 is cognitively intact. R22's face sheet indicates R22 is a full code. R22's Cardiopulmonary Resuscitation (CPR) preference sheet indicates R22 wishes to be a Do Not Resuscitate. R22's physician's orders and PCC dashboard indicate full code.</p> <p>On [DATE] at 2:00 PM Surveyor interviewed R22 regarding her code status. R22 stated she chose to be a DNR, and her son knows her wishes.</p> <p>On [DATE] at 3:00 PM Surveyor interviewed Licensed Practical Nurse (LPN) K regarding where staff would locate a resident's code status. LPN K stated on the electronic health record /Point Click Care (PCC) dashboard it indicates all residents code status. Surveyor showed LPN K R1's face sheet compared to the dashboard and R22's preference sheet compared to the dashboard; LPN K stated the code status should match. Surveyor asked LPN K if she noted a conflict between the PCC and the resident record how she would proceed. LPN K stated if there was a conflict, she would treat the resident as a full code until clarification could be made.</p> <p>On [DATE] at 3:30 PM Surveyor interviewed LPN N regarding where staff would locate a resident's code status. LPN N stated PCC dashboard indicates all residents code status. Surveyor showed LPN N R1's face sheet compared to the dashboard and R22's preference sheet compared to the dashboard; LPN N stated the code status should match. Surveyor asked LPN N if she noted a conflict between the PCC and the resident record how she would proceed. LPN N stated if there was a conflict, she would treat the resident as a full code until clarification could be made.</p> <p>On [DATE] at 3:10 PM Surveyor interviewed LPN L regarding where staff would locate a resident's code status. LPN L stated he refers to the PCC dashboard it indicates all residents code status. Surveyor showed LPN L R1's face sheet compared to the dashboard and R22's preference sheet compared to the dashboard; LPN L stated the code status should match. Surveyor asked LPN L if he noted a conflict between the PCC and the resident record how he would proceed. LPN L stated if there was a conflict, he would treat the resident as a full code until clarification could be made.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 4:00 PM Surveyor interviewed Director of Nursing (DON) B regarding resident's code status. Surveyor asked DON B where staff would identify a resident's preference for CPR or DNR DON B stated PCC. Surveyor asked DON B if code status is located anywhere else. DON B replied the medical record. Surveyor asked DON B if the medical record and PCC should match DON B stated yes. Surveyor showed DON B R1's face sheet, preference sheet, and Condition Alert tab DON B confirmed the face sheet did not match R1's preference sheet DON B stated these areas should match R1's preference of full code. Surveyor showed DON B R22's signed preference sheet, physician orders and dashboard. DON B stated these areas should match.</p> <p>38882</p> <p>Example 3</p> <p>R18 was admitted to the facility on [DATE] with the following diagnoses: severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia. R18 is also post-surgical status from having a hernia repaired with mesh and a small bowel obstruction repaired on [DATE].</p> <p>R18's Hospital Discharge Summary, dated [DATE], includes, in part: Discharge Code Status: DNR (Do Not Resuscitate - do not perform life saving measures such as chest compressions or supplemental breathing.)</p> <p>R18's Admission Notification, dated [DATE], includes, in part: . R18's preferred name . admission to facility on [DATE] at 4:00 PM . arriving from the hospital via friend . age 82 . height 4'10 . weight 97 lbs. (pounds) . Code: Full</p> <p>R18's Electronic Medical Record Dashboard, includes in part: DNR</p> <p>On [DATE] Surveyor was unable to locate a Physician order for DNR or a signed Emergency Care form in R18's Medical Record.</p> <p>On [DATE] at 4:12 PM R18 indicated if she was found to be pulseless and nonbreathing she would not want staff to perform life saving measures on her and she wished to be DNR status.</p> <p>On [DATE] at 4:53 PM DON B (Director of Nursing) and Surveyor reviewed R18's documents with the code status discrepancy. DON B indicated the unit nurse should have asked R18 on the day of admission what her wishes were. DON B indicated he could not find a signed Emergency Care form or a Physician order for R18's DNR wishes, and he would take care of this immediately.</p> <p>On [DATE] at 5:00 PM R18 indicated she was asked to sign a form stating her wishes to be a DNR.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not immediately consult with the resident's physician when there is a need to alter treatment for 4 out of 33 Residents (R) reviewed for physician notification (R18, R23, R20, and R9).</p> <p>R18's provider was not updated timely of her weight loss being outside of parameters or of her x-ray results.</p> <p>R23's provider was not updated timely on the results of her Echocardiogram.</p> <p>R20 was not administered prescribed medication and the physician was not notified.</p> <p>R9 had elevating blood pressures from resident norm the facility did not notify the provider of the trending elevated blood pressure.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Change in Resident's Condition, revised 5/2017, includes in part: Our facility shall promptly notify the resident, his or her attending Physician, and representative of changes in the resident's medical/mental condition and/or status . except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical/mental condition or status (example: changes in level of care).</p> <p>Policy Interpretation and Implementation</p> <p>1. The nurse will notify the resident's Attending Physician or physician on call when there has been a(an):</p> <p>a. accident or incident involving the resident.</p> <p>d. significant change in the resident's physical/emotional/mental condition</p> <p>e. need to alter the resident's medical treatment significantly</p> <p>g. need to transfer the resident to a hospital/treatment center</p> <p>2. A significant change of condition is a major decline or improvement in the resident's status that:</p> <p>a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Prior to notifying the Physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the Interact SBAR Communication Form.</p> <p>Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: e. It is necessary to transfer the resident to a hospital/treatment center.</p> <p>Example 1</p> <p>R18 was admitted to the facility on [DATE] with the following diagnoses: severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia. R18 is alert and oriented times 4, as stated on her hospital discharge notes.</p> <p>On 9/6/22 at 4:12 PM during an interview R18 indicated she was treated in the hospital for malnutrition and dehydration, but now that she has been in this facility, she is not receiving Vanilla ensure 3 times a day. R18 stated her goal is to gain weight and strength and return to her home. R18 indicated she had pain in her lower leg/foot and an x ray was completed but she is not sure of the results.</p> <p>R18's Nurse Practitioner Progress Note, dated 8/30/22, includes, in part: date of visit- 8/29/22 . General: thin, frail elderly female lying in bed with head of bed elevated to 90 degrees. Alert and oriented times 3. Speech clear. Though coherent . mood and affect appropriate for situation . She restarted Lasix upon admission to the skilled nursing facility. Hospital discharge weight: 99 pounds 4.8 ounces. No weight completed since admission to the skilled nursing facility . plan: daily weights. Notify provider for weight less than 95 lbs. or greater than 105 lbs. consult dietician to eval and treat . I have requested clarification from discharge provider as labs have not been able to be drawn with concerns for recurrent AKI (Acute Kidney Injury), electrolyte abnormalities in setting of malnutrition .</p> <p>R18's MAR/TAR (Medication/Treatment Administration Record) for 8/2022 and 9/2022, includes the following:</p> <p>*Monitor weights daily . Notify Provider for weight less than 95 lbs. or greater than 105 lbs. start date: 8/31/22 .</p> <p>R18's facility recorded weights are as follows:</p> <p>8/31/2022 10:03 85.2 lbs.</p> <p>8/31/2022 10:50 85.2 lbs.</p> <p>9/1/2022 16:47 75.2 lbs.</p> <p>9/1/2022 19:08 72.6 lbs.</p> <p>9/2/2022 13:16 71.6 lbs.</p> <p>9/3/2022 13:53 79.8 lbs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/4/2022 11:49 77.0 lbs.</p> <p>9/4/2022 13:50 72.0 lbs.</p> <p>9/5/2022 13:51 70.2 lbs.</p> <p>9/6/2022 01:18 70.6 lbs.</p> <p>(It is important to note R18's weight is outside of the parameters set by R18's NP.)</p> <p>R18's Nurses Note, include, in part:</p> <p>On 8/29/22 Nurse Practitioner (NP) in to see resident. New order for lidocaine patch to use on right foot due to complaints of pain. X-ray also ordered to right foot, order placed on shift and to be done tomorrow .</p> <p>On 8/30/22 Resident updated on new orders as directed by Nurse Practitioner . X-ray of foot was obtained with results pending. Will continue to monitor .</p> <p>On 9/2/22 Notified NP DD of R18's weight loss 8/31 (85.2LB) to 9/1 (72.6LB). Note Text: Lab work drawn, results pending, on call provider to be called with results if after 5 pm. updated nurse on unit . continue to monitor the resident's weight. (R18's weight was outside of parameters for 3 days before the facility notified the NP.)</p> <p>(It is important to note, the facility was aware of R18's risk of malnutrition and dehydration and contacted R18's NP after the 3rd day of her weight being outside of set parameters. It is also important to note facility provided no evidence of R18's NP being updated on lab results from 9/2/22 or x ray results from 8/30/22.)</p> <p>On 9/6/22 at 3:08 PM DON B (Director of Nursing) indicated it is his expectation that staff notify residents' Provider of lab results, x-ray results, weights outside of parameters.</p> <p>(The facility did not provide evidence of R18's Provider being notified of weights until the third day the weight was outside of parameter, lab results that NP DD asked to be completed due to her concerns, and an x-ray NP DD ordered due to R18 reporting pain to her.)</p> <p>On 9/19/22 at 10:30 AM, Surveyor interviewed NP DD (Nurse Practitioner). NP DD indicated staff are to call lab and diagnostic results to her or notify her they are faxing items, due to all faxes go into one general box that all the NP's have access to check. NP DD indicated she wouldn't know to check the box for a fax unless staff notify her, they are faxing the results.</p> <p>36192</p> <p>Example 2:</p> <p>R23 was admitted on [DATE]. with diagnoses that include, muscle weakness, edema, unspecified asthma, personality disorder, and hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/25/22 at 3:30PM, R23's Nurse Progress Note indicates increased edema to bilateral lower extremities, redness and warmth. Blood pressure slightly elevated above baseline. Updated NP (Nurse Practitioner) who came to see (R23), new orders received for labs on 8/30. Echo as soon as possible related to pulmonary edema noted on recent chest Xray, Lasix daily, Occupational therapy to evaluate and treat for edema/compression management. Antibiotic ordered for bilateral lower extremity cellulitis.</p> <p>On 8/25/22, R23's Nurse Practitioner visit indicates new patient orders from provider, start Lasix 20mg (milligrams) tab 1 tab by mouth daily for weight gain/edema. Imaging, bedside ECHO priority ASAP (as soon as possible) Diagnosis pulmonary congestion on chest x-ray, weight gain and hypertension.</p> <p>(An echocardiogram checks how your heart's chambers and valves are pumping blood through your heart.)</p> <p>On 8/25/22 at 4:17 PM, a fax was received from imaging company, indicating examination echocardiogram related to pulmonary congestion and weight gain. Fax indicating an ultrasound scheduler will call to confirm the scheduled date of service for this exam.</p> <p>On 8/31/22 at 5:21 PM, fax received with Echocardiogram results for R23. The echo indicated the left atrium is mildly dilated, and otherwise, grossly essentially normal transthoracic echocardiogram.</p> <p>There is no evidence of documentation in R23's record that the NP (Nurse Practitioner) or physician was updated on R23's Echocardiogram results.</p> <p>On 9/6/22 at 4:40 PM, Surveyor interviewed Agency LPN L (Licensed Practical Nurse) regarding R23's echo. Surveyor reviewed R23's echo report with LPN L, LPN L indicated it was hard to tell by looking at the result of the echo if it had been faxed or called, as nothing was indicated on the report. LPN L indicated he knows it was not faxed on 8/31/22, when the results came in as the NP called about the results today, and LPN L reported the results to the NP this morning.</p> <p>On 9/7/22 at 12:20 PM, Surveyor interviewed DON B (Director of Nursing) related to R23. DON B indicated that lab/diagnostics should be faxed or called once they're received.</p> <p>On 9/19/22 at 10:30 AM, Surveyor interviewed NP DD (Nurse Practitioner) regarding R23. NP DD indicated staff are to call lab and diagnostic results to her or notify her they are faxing items, as all faxes go into one general box that all the NP's have access to check. NP DD indicated she wouldn't know to check the box for a fax unless staff notify her, they are faxing the results. NP DD indicated she saw R23 on 9/1 and inquired about the echo on 9/2. NP DD indicated she found the echo results while at the facility seeing R23 but was not informed of the results by staff when the results arrived. NP DD indicated she was not notified timely by the facility.</p> <p>41788</p> <p>Example 3</p> <p>R20 was admitted to the facility on [DATE], and has diagnoses that include Osteoarthritis, Encephalopathy, and Anxiety Disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R20's MDS (Minimum Data Set) Quarterly Assessment, dated 8/20/22, indicated R20 is rarely/never understood.</p> <p>R20's Physician Order, dated 5/11/22, states, in part: . Pyridoxine HCl (vitamin B6) 100mg (milligrams)- take 1 tab by mouth one time daily .</p> <p>R20's Routine Nursing Home Visit Note, dated 5/13/22, states, in part: . This is a [AGE] year-old long term care resident who I am seeing today for a routine visit and for management of the following conditions: . Anemia .</p> <p>Medications reviewed and Reconciled in Epic (Electronic Health Record) .Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily .</p> <p>R20's eMAR (Electronic Medication Administration Record) for May 2022, June 2022, and July 2022, shows no order for Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily.</p> <p>R20's Physician's Orders for May 2022, June 2022, and July 2022 does not show an order for Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily. Pyridoxine did not get transcribed into the monthly orders.</p> <p>R20's New Patient Orders from Provider, dated 8/9/22, states, in part: . 5. Start: Pyridoxine HCl (Vitamin B6) 100 mg tab: take 1 tab PO (by mouth) one time daily .</p> <p>On 9/8/22, at 11:00 AM, Surveyor interviewed DON B (Director of Nursing) and asked when looking at this order dated May 11, 2022, when should the Pyridoxine have been started. DON B indicated immediately. Surveyor asked DON B by looking at the eMARS for May, June, July, and August was the Pyridoxine started when ordered on May 11, 2022. DON B indicated no, it was not started until August 11, 2022, after it was found by the nurse practitioner. Surveyor asked DON B if DON B would expect physician notification on the Pyridoxine was not administered from May 11,2022 through August 11,2022. DON B indicated yes.</p> <p>38725</p> <p>Example 4</p> <p>R9 fell out of bed on 9/12/22, he went to ED (Emergency Department), returned to the facility and neuro checks were started, staff did not note a trend of R9's blood pressure to be rising.</p> <p>R9 was a long-term resident of the facility. R9 had the following diagnoses: multiple sclerosis, other paralytic syndromes, dysphagia, weakness, volvulus, functional quadriplegia, personal history of transient ischemic attach (TIA) and cerebral infarction without residual deficits. R9's most recent MDS (Minimum Data Set) dated 7/13/22 documents the following: .bed mobility 3/3 (extensive assistance/2 persons physical assist), transfer 4/3 (total dependence/2 persons physical assist), locomotion on unit 4/2 (total dependence, one-person physical assist) .no falls since admission/entry or reentry .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R9's blood pressure readings typically range 107/64 to 135/70 with three instances over the past year where his blood pressure was elevated. 4/19/22 it was 138/100. 3/15/22 it was 142/86. 11/21/21 it was 142/76. R9's blood pressure on 9/12/22 prior to fall was 124/72.</p> <p>R9's Neuro Checks were started upon his return from the ED and were documented as follows:</p> <p>9/12/22 at 3:00 PM it was 152/70</p> <p>9/12/22 at 4:00 PM it was 150/68</p> <p>9/12/22 at 5:00 PM it was 147/73</p> <p>9/12/22 at 6:00 PM it was 151/73</p> <p>9/12/22 at 7:00 PM it was 142/76</p> <p>9/12/22 at 8:00 PM it was 146/76</p> <p>9/12/22 at 9:00 PM it was 157/71</p> <p>9/12/22 at 10:00 PM it was 149/77</p> <p>9/12/22 at 11:00 PM it was 156/64</p> <p>9/13/22 at 12:00 AM it was 148/66</p> <p>9/13/22 at 1:00 AM it was 150/78</p> <p>9/13/22 at 2:00 AM it was 158/72</p> <p>9/13/22 at 3:00 AM it was 168/70</p> <p>9/13/22 at 4:00 AM it was 158/72</p> <p>On 9/22/22 at 1:13 PM, Surveyor interviewed Agency LPN K (Licensed Practical Nurse). Surveyor asked LPN K if neuro checks were started prior to R9 going to the ED, LPN K said no, they were started on 2nd shift upon his return.</p> <p>On 9/22/22 at 4:38 PM, Surveyor interviewed NP DD (Nurse Practitioner). Surveyor asked NP DD when she was updated regarding R9's fall, NP DD said she received a voicemail saying that he had fallen and was sent to the ED at 11:32 AM; NP DD further said that she was in the facility upon his return and was shocked that he hadn't been admitted. Surveyor asked NP DD if she assessed R9 upon his return, NP DD replied no that she had intended to come back on 9/13/22 and see him but he had passed away. Surveyor asked NP DD if she was updated on the data collection of his neuro checks, particularly his blood pressure, NP DD stated no, I was not; NP DD further stated that R9 was normally not hypertensive. Surveyor read NP DD the documented blood pressures and asked if she would've expected staff to note the trending increase in blood pressure and be updated, NP DD stated yes, with R9's acute change and head injury that day I would've expected them to note the trend and call me.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/22/22 at 5:46 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if changes in neuro's should be reported to PCP (Primary Care Provider), DON B stated yes, changes should be noted, and PCP updated.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36192</p> <p>Based on observation, interview and record review the facility did not ensure provision of a safe, clean, comfortable, and homelike environment for 2 of 6 Residents (R8 & R7) and 2 of 6 halls.</p> <p>R8 and R7 voiced concerns with R24 urinating on the floor and their environment smelling like urine.</p> <p>Observations were made of 2 of 6 halls smelling heavily of urine.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R8 was admitted to the facility on [DATE].</p> <p>R8's quarterly MDS (Minimum data set) dated 7/6/22, indicates R8 has a BIMS (Brief Interview of Mental Status) of 15 out of 15 indicating, R8 is cognitively intact.</p> <p>On 9/6/22 at 8:05 AM, Surveyor noticed a strong urine smell in the hallway outside the library and in the hallway near R8's room.</p> <p>On 9/6/22 at 8:40 AM, Surveyor interviewed R8 regarding the environment. Surveyor asked R8 about the urine smell in the hallway and in his room. R8 stated yes' that his room smells like urine. R8 indicated the guy next door (R24) comes out into the hall and pees on the floor. R8 indicated R24 stands in the hall and the nurses tell him No, no, not the place to go. R8 indicated that when R24 does go into the bathroom he pees all over. R8 indicated to Surveyor that he hears the nurse every morning telling him (R24) not to pee on the floor. R8 indicated there was a spot on the floor in the hall from the guy next door peeing on the floor like he's outside. R8 indicated this resident also wanders into rooms. R8 stated yes it bothers me, it irritates me. I don't want people using the facility like it's an [NAME].</p> <p>(R8 and R24 share a bathroom between the two rooms.)</p> <p>On 9/6/22 at 8:55 AM, Surveyor observed urine on the floor, all over the toilet riser and urine in the toilet. Surveyor observed a dark spot on the carpet in the hallway with a wet floor sign next to it just outside the room next door. (R24's room)</p> <p>On 9/6/22 at 11:55 AM, R8 indicated to Surveyor that he does not want (R24) coming in his room to pee while he's sleeping.</p> <p>On 9/6/22 at 9:13 AM, Surveyor interviewed Agency LPN AA (Licensed Practical Nurse) regarding the urine smell. LPN AA indicated that last night (9/5/22) he (R24) stood at the door and urinated on the floor. LPN AA indicated this upset R8 and that someone let housekeeping know.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/6/22 at 11:00 AM, Surveyor interviewed Agency CNA Z (Certified Nursing Assistant) regarding the environment. CNA Z indicated she has not seen R24 urinate in the hallway, but if you're not watching him, he will urinate wherever. CNA Z indicated there was a urine smell this morning (9/6/22) CNA Z indicated the stain on the carpet was from R24 peeing on the floor last night (9/5/22).</p> <p>On 9/6/22 at 4:15 PM, Surveyor interviewed CNA P regarding R24 urinating on the floor. CNA P indicated R24 gets up and walks across the hall and will pee on the floor and the bed. CNA P indicated when trying to re-direct R24 he would sit on the bed. CNA P indicated that R24 peed in inappropriate areas three times in one day, indicating on the floor and a bed. CNA P indicated that R7 and R8 were hollering and cussing that he (R24) urinated on the floor. CNA P indicated she told DON B (Director of Nursing) regarding this.</p> <p>On 9/7/22 at 12:20 PM, Surveyor interviewed DON B regarding environment. DON B indicated the hallway should not smell of urine and Residents should not be urinating in the hall or in other residents' rooms.</p> <p>Example 2</p> <p>R7 was admitted to facility on 4/26/21. R7's room is across the hall from R24</p> <p>R7's MDS (Minimum Data Set) dated 7/23/22 indicates a BIMS (Brief Interview of Mental Status) of 10 out of 15 indicating, R7 is has moderate cognitive impairment. Section B indicates that R7 hears adequately, has clear speech, is able to understand others and is able to make herself understood.</p> <p>On 9/6/22 at 8:05 AM, Surveyor noticed a strong urine smell in the hallway outside the library and in the hallway near R7's room.</p> <p>On 9/6/22 at 11:03 AM, Surveyor interviewed Agency LPN L (Licensed Practical Nurse) regarding the urine smell in the hall. LPN L indicated that R24 has urinated across the hall in the ladies' room, then after he did that, he asked where the bathroom was and urinated in the bathroom also.</p> <p>On 9/6/22 at 11:15 AM, Surveyor interviewed R7 related to the environment. R7 indicated that R24 came into her room at 3:00 AM and peed in her bed. R7 indicated she does not like R24 coming into her room, R7 stated she is afraid R24 will pee on her things. R7 indicated there is a urine smell every day, when they clean, it helps. R7 indicated the urine smell bothered her. R7 indicated that R24 has come into her room and has peed on the floor and beds.</p> <p>On 9/6/22 at 4:15 PM, Surveyor interviewed CNA P (Certified Nursing Assistant) regarding R24 urinating on the floor. CNA P indicated R24 gets up and walks across the hall and will pee on the floor and the bed. CNA P indicated when trying to re-direct R24 he would sit on the bed. CNA P indicated that R24 peed in inappropriate areas three times in one day, indicating on the floor and a bed. CNA P indicated that R7 and R8 were hollering and cussing that he (R24) urinated on the floor. CNA P indicated she told DON B (Director of Nursing) regarding this.</p> <p>On 9/7/22 at 12:20 PM, Surveyor interviewed DON B regarding environment. DON B indicated the hallway should not smell of urine and Residents should not be urinating in the hall or in other residents' rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>33166</p> <p>Example 3</p> <p>On 9/3/22 8:19 AM Surveyor observed a strong odor of urine in the Cedar Hall.</p> <p>On 9/3/22 at 12:15 PM Surveyor noted staff had placed Plug-Ins (Electric Wall Deodorizer) on Cedar Hall.</p> <p>On 9/3/22 10:45 AM Surveyor interviewed Certified Nursing Assistant (CNA) H regarding the odor on Cedar Hall. CNA H stated Resident (R) 24 urinates in the hall and this is causing the odor. CNA H said we try to get him to the toilet, but we are not always able to get him there on time.</p> <p>On 9/7/22 at 11:00 AM Surveyor observed housekeeping utilizing a carpet cleaner on Cedar Hall.</p> <p>Example 4</p> <p>On 9/3/22 9:15 AM Surveyor observed a strong odor of urine in the [NAME] Hall.</p> <p>On 9/3/22 11:00 AM Surveyor observed housekeeping staff cleaning resident rooms on [NAME] Hall.</p> <p>On 9/3/22 at 12:40 PM Surveyor observed housekeeping on [NAME] Hall.</p> <p>On 9/6/22 at 4:05 PM Surveyor interviewed CNA O regarding the strong urine odor on [NAME] Hall. CNA O stated most of the residents are dependent and need total assist on this hall. CNA O stated staff do the best they can to complete care on time.</p> <p>On 9/7/22 at 4:20 PM, Surveyor interviewed Director of Nursing (DON) B regarding the facility environment. DON B indicated the facility should not smell of urine. DON B stated we will work with housekeeping and nursing to make improvements.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</p> <p>Based on interview the facility did not ensure that residents are free from abuse, neglect, misappropriation of resident property, and exploitation, this affected 2 of 8 sampled residents (R2 and R21).</p> <p>R2 verbalized that she self-isolates due to staff treatment toward her.</p> <p>R21 verbalized staff are mean in how they address her.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>The facility's Policy and Procedure entitled Policy & Procedure Abuse and Neglect Prevention dated April 2022, documents in part: .All residents have the right to be free from abuse, neglect, misappropriation if resident property, exploitation, corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms .</p> <p>On 9/7/22 at 9:44 AM, Surveyor interviewed R2. Surveyor asked R2 how things were going, R2 responded I don't get how they run this place, this is not a Nursing Home, this is like the Bates Motel. Surveyor asked R2 what makes her feel that way, R2 stated the staff make you feel dirty and that you shouldn't ask them to take care of you, we shouldn't have to be degraded or feel small. Surveyor asked R2 if she has changed anything in her routine because of this, R2 said yes, I stay in my room, and only use the call light to ask for ice or if I'm having issues with my bowels.</p> <p>On 9/7/22 at 2:41 PM, Surveyor interviewed LPN BB (Licensed Practical Nurse). Surveyor asked LPN BB if all residents should be treated with respect and dignity, LPN BB stated yes, all residents should be treated with respect and dignity.</p> <p>On 9/7/22 at 3:44 PM, Surveyor interviewed DON B (Director of Nursing). If he was aware of R2's feelings regarding staff treatment toward her. DON B stated no. Surveyor asked DON B if all residents should be treated with respect and dignity, DON B stated yes, of course all residents should be treated with respect and dignity.</p> <p>41788</p> <p>Example 2</p> <p>R21 was admitted to the facility on [DATE], and has diagnoses that include Parkinson's Disease, Anxiety Disorder, and Cerebrovascular Disease.</p> <p>R21's MDS Admission Assessment, dated 8/29/22, indicated that R21 has a BIMS (Brief Interview of Mental Status) score of 12 indicating R21 is moderately impaired cognitively.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's Care Plan, dated 8/23/22, with a target date of 8/23/22, states, in part: .</p> <p>Focus: I have an ADL Self Care Performance Deficit r/t (related to) Parkinson's. Date Initiated: 8/23/22 .</p> <p>Goal: I will demonstrate the appropriate use of adaptive device(s) to increase ability in (Specify Bed Mobility, Transfers, Eating, Dressing, Toilet Use and Personal Hygiene, ADL Score) through the review date .</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Bathing/Dressing: Max assist for upper and lower extremities. Date Initiated: 8/23/22 Revision: 8/23/22 . -Bed Mobility: I require (x) staff participation to reposition and turn in bed. Date Initiated: 8/23/22 . -Bathing: I am totally dependent on staff to provide a bath (FREQ) and as necessary. Date Initiated: 8/23/22 . -Bathing: I require (x) staff participation with bathing. Date Initiated: 8/23/22 -Transfer: 2 assist with Hoyer Date Initiated: 8/23/22 . <p>On 9/7/22, at 12:40 PM, Surveyor interviewed R21 and asked how staff treat R21. R21 indicated the CNAs (Certified Nursing Assistants) are mean and their demeanor is angry. R21 indicated when the CNA's answer R21's call light they say, What do you want now? in an angry tone of voice like they are being bothered. R21 indicated the CNA's do just the bare necessities and lack compassion. R21 indicated to Surveyor that R21 feels so abandoned when the staff do not answer her call light and she must yell out for help, and no one comes. R21 indicated she called 911 in the past due to not feeling well with stomach cramping and staff would not answer R21's call light or respond to R21 yelling out for help. Surveyor asked R21 if she has talked with the social worker with concerns. R21 indicated R21 has seen the social worker across the hall and has called out to the social worker but the social worker ignores and avoids her. Surveyor asked R21 if R21 had talked with management about any concerns. R21 indicated R21 talked with DON B (Director of Nursing) after R21 called 911. R21 indicated she informed DON B she called 911 because she could not get help from staff. R21 indicated she felt as if DON B did not care; DON B had no response.</p> <p>On 9/8/22, at 1:54 PM, Surveyor interviewed DON B and asked if R21 has expressed concerns to DON B regarding medications, cares, or staff. DON B indicated no. DON B indicated R21 gets upset when the nurse does not go in her room with medications</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34400</p> <p>Based on record review and interview, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment are reported immediately, but no later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse to the appropriate agencies for 3 of 3 abuse allegations involving residents (R6 and R24).</p> <p>On 8/27/22 the facility received an allegation of abuse for R6 and did not report this to the state agency until 9/1/22.</p> <p>R24 had a resident-to-resident altercation with R26 on 9/4/22, this was not reported to management.</p> <p>R24 threatened R7, this was not reported to management or to the State Agency timely.</p> <p>This is evidenced by:</p> <p>The facility's Abuse and Prevention Policy, dated as revised on 4/22 states in part: . Reporting: all allegation of Resident Abuse, neglect shall be reported to the state agency no later than two (2) hours after the allegation is make (sic), if the allegation involved abuse and result in serious bodily injury or not later that twenty-four (24) hours if the events that cause the allegation involve abuse but do not result in in serious bodily injury A report shall be made by calling or emailing your survey agency as they have defined to do .</p> <p>Findings:</p> <p>Example 1</p> <p>On 9/2/22 at 8:30 AM, Surveyor interviewed R6 and FM II (Family Member). FM II reported to Surveyor on 8/27/22 at 12:15 AM, R6 had called FM II crying as 2 staff had been mean to her. FM II emailed DOM F (Director of Marketing) about the concern for R6 on 8/27/22 (Saturday) at 2:48 AM.</p> <p>On 9/2/22 at 2:00 PM, Surveyor interviewed DOM F about R6's allegation, DOM F stated she received an email from FM II on 8/27/22 and reported it to NHA A (Nursing Home Administrator) and forwarded the email to NHA A on 8/27/22.</p> <p>On 9/2/22 at 2:05 PM, Surveyor interviewed NHA A about R6's concern of potential abuse from 8/27/22. NHA A stated she thought she looked at the email on 8/29/22 but did not send a self-report to the state until 9/1/22 (4 working days after NHA A knew of allegation). NHA A stated they were currently working on the investigation. NHA A stated after she started looking into details, she determined it was reportable but sent the report into the state agency late.</p> <p>36192</p> <p>Example 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R24 was admitted on [DATE] with diagnose that include vascular dementia without behavioral disturbance and metabolic encephalopathy.</p> <p>R24's admission MDS (Minimum Data Set) assessment as of 9/6/22 has not been completed. unable to say what R24's cognition is or if he is able to understand others or if he is able to make himself understood.</p> <p>On 9/4/22 at 11:27 PM, R24's nurses notes indicated resident got combative and had a physical altercation with roommate. Resident stated the roommate was a stranger in his apartment and he wanted him out.</p> <p>On 9/7/22 at 4:10 PM, Surveyor spoke with R26. R26 was unable to recall the incident or that he previously had a roommate.</p> <p>No additional information was provided to Surveyor on 9/6/22 or 9/7/22 regarding this incident/occurrence.</p> <p>Example 3</p> <p>R7 was admitted to facility on 4/26/21.</p> <p>R7's MDS (Minimum Data Set) dated 7/23/22 indicates a BIMS (Brief Interview of Mental Status) of 10 out of 15 indicating, R7 is has moderate cognitive impairment. Section B indicates that R7 hears adequately, has clear speech, is able to understand others and is able to make herself understood.</p> <p>On 9/7/22 at 12:10 PM, Surveyor spoke to R7 regarding R24. R7 informed Surveyor that R24 threatened her. R7 indicated that he comes in her room cussing her out and calling her names. Fucking Bitch and Told her to fuck off. R7 indicated that staff are aware that R24 comes in her room and does this.</p> <p>On 9/7/22 at 12:20 PM, Surveyor notified DON B regarding R7 indicating she felt threatened and R24 has had a verbal altercation with R7. Surveyor reported that LPN L (Licensed Practical Nurse) indicated R24 yells at other residents when they're trying to get him out of other resident rooms.</p> <p>On 9/7/22 at 12:20 PM Surveyor interviewed DON B (Director of Nursing) related to R24's action. DON B indicated there is to be a CNA there to watch over him and should be occupying him. Surveyor asked if R24 is on one-to-one supervision, should R24 have been able to go into R7's DON B said no.</p> <p>On 9/7/22 at 2:55 PM, Surveyor interviewed Agency LPN M (Licensed Practical Nurse) regarding R7 and R24's incident. LPN M indicated that R7 did not report she was threatened by R24.</p> <p>On 9/7/22 at 12:20 PM Surveyor interviewed DON B (Director of Nursing) related to R24's action with R26, and R7. DON B indicated the incidents should be reported right away, in order to investigate if needed. DON B indicated the incidents were not reported right away. DON B indicated he was made aware of incident with R24's roommate on 9/6, and they separated the roommate (R26) and made R24 one to one supervision. DON B indicated there is to be a CNA (Certified Nursing Assistant) there to watch over him and should be occupying him. Surveyor asked if R24 was to be one to one supervision, should he have been able to go into R7's room DON B said no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No further information was provided to Surveyor regarding this incident on 9/7/22 and as of 9/16/22, No initial or 5-day facility reported incident was sent to the State Agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45695</p> <p>Based on record review and staff interviews, the facility did not permit a resident to remain in the facility and not discharge the resident from the facility without meeting the proper criteria for 1 of 3 sampled residents (R33).</p> <p>On [DATE], R33 was returning from pass after being placed under an involuntary protective custody from law enforcement at a detoxification center. R33 called the facility with his desire to return prior to his return. The facility failed to allow R33 to return despite R33's history of leaving on pass and know history of alcohol use/abuse. The facility discharged R33 without a valid reason to an unsafe place of homelessness. The facility does not know where R33 is residing. The facility did not document R33 receiving notice of rights to appeal.</p> <p>The facility's failed to permit R33 to remain in the facility, discharged R33 without medication, transportation or means to obtain food this created a finding of an IJ (Immediate Jeopardy) that began on [DATE]. The NHA A (Nursing Home Administrator) was notified of the IJ on [DATE] at 4:00 PM. At the conclusion of the survey the immediate jeopardy was not removed.</p> <p>This is evidenced by:</p> <p>According to an article by the Cleveland Clinic, Blood Alcohol Content (BAC), Blood alcohol level (BAC), is the amount of alcohol in your blood that develops from drinking alcoholic beverages. Levels can range from 0% (no alcohol) to over 0.4% (a potentially fatal level). A table included in the article shows the following:</p> <p>BAC 0.30% to 0.40%: In this percentage range, you'll likely have alcohol poisoning, a potentially life-threatening condition, and experience loss of consciousness.</p> <p>BAC over 0.40%: This is a potentially fatal blood alcohol level. You're at risk of coma and death from respiratory arrest (absence of breathing).</p> <p>https://my.clevelandclinic.org/health/diagnostics/22689-blood-alcohol-content-bac#:~:text=BAC%20Over%200.40%25%3A%20This%20is,arrest%20(absence%20of%20breathing)</p> <p>The facility Admission Agreement signed by R33 on [DATE] states, in part .Bed Hold. If you are on leave, or temporarily discharged (such as to a hospital for surgery or treatment) and have expressed a desire to return to the Center, you will not be denied readmission. The Center will hold your bed until you waive your right to have the bed held, or up to 30 days following the leave or discharge, whichever is earlier.</p> <p>The facility Discharging a Resident Procedure with a review date of ,d+[DATE], states, in part Purpose- The purpose of this procedure is to provide guidelines for the discharge process.</p> <p>Preparation-</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The resident should be consulted about the discharge.</p> <p>Discharges can be frightening to the resident. Approach the discharge in a positive manner.</p> <p>Reassure the resident that all his or her personal effects will be taken to his or her place of residence</p> <p>If the resident is being discharged home, ensure that resident and/or responsible party receive teaching and discharge instructions .</p> <p>Assess and document resident's condition at discharge, including skin assessment, if medical condition allows .</p> <p>Assemble the equipment and supplies necessary to discharge the resident .</p> <p>Documentation: The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. All assessment data obtained during the procedure, if applicable. 4. How the resident tolerated the procedure, if applicable. 5. If the resident refused the discharge, the reason(s) why and the intervention taken. 6. The signature and title of the person recording the data. <p>R33's Hospital History and Physical, dated [DATE], showed R33 was admitted into the hospital presenting intoxicated after a bicycle accident resulting in a right ankle fracture. The hospital assessment and plan indicate for admission for Bimalleolar Right Ankle fracture and Alcohol Intoxification; CIWA (Clinical Institute Withdrawal Assessment) and an AODA consult (Alcohol and Other Drug Abuse), other: Worsening peripheral sensory neuropathy, suspect from ETOH (alcohol). R33's hospital active problem list includes Alcoholic liver failure, Seizure, Depressive disorder, Neurosis, anxiety, panic type, Other and unspecified alcohol dependence, unspecified drinking behavior, Severe alcohol use disorder, Fracture-tibial plateau, Hepatic encephalopathy, Acute alcoholic liver disease, Ascites, and Static tremor.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R33 was admitted to the facility on [DATE] with a diagnosis of Disorder of the Autonomic Nervous System, Hepatic Failure, Displaced Bicondylar Fracture of unspecified tibia, and discharged on [DATE]. R33's quarterly MDS (Minimum Data Set) assessment on [DATE] indicates R33 had a BIMS (Brief Interview for Mental Status) score of 15 indicating R33 is cognitively intact. R33's cognitive impairment indicates he is able to be understood and has the ability to understand. R33's Functional Assessment: independent with no physical help from staff with bed mobility, transfers, dressing, and toilet use. Dressing, personal hygiene, eating, and bathing is independent with set up help only for R33. R33's functional limitation assessment indicates no impairment in the upper and lower extremity. Devices that R33 uses is a wheelchair. R33's bowel and bladder assessment indicates always continent of bowel and bladder. Pain assessment for R33 indicates that resident is frequently in pain and is not receiving scheduled pain medication and is receiving PRN (as needed) pain medication, rating pain level at moderate intensity. Fall assessment for R33 indicates no falls since admission.</p> <p>R33's Baseline Care Plan dated [DATE] states, in part; Discharge Plan: Length of Stay Unknown, currently homeless, staying at a shelter prior to hospital. Goal: Will be discharged to a lesser care setting once goals are met . Interventions: Discuss feelings/goals for placement as needed, SS (Social Services) to intervene as needed/requested . Arrange for discharge as needed, Obtain MD (Medical Doctor) order for discharge, set up Services and/or DME (Durable Medical Equipment) as needed for safe discharge. The resident is at risk for falls, accidents and incidents r/t (related to) recent fall, neuropathy. Goal: the resident will not sustain serious injury through the review date. Interventions: . Fall on [DATE]; education on risks of drinking, maintaining safety when drinking out in the community, resident verbalized understanding. (Note: This intervention was initiated on [DATE], after resident fell in the community). Initiated on [DATE]: Behavior Problem: r/t Alcohol intoxication. Goal: behavior will not cause harm to self or others. Interventions: Educate resident regarding risks and benefits of not drinking, document findings . Update MD regarding alcohol intoxication and request to hold medications. Initiated on [DATE]: Actual Risk for Complication with Mood/Behavior RT DX (diagnosis) of Alcohol Dependence, uncomplicated with episodes of drinking alcohol while in this facility and in the community. Resident does not always sign himself out when going into the community. Goal: Will be safe in environment through next review date. Interventions: Call MD/NP (Nurse Practitioner) if resident present with symptoms of intoxication . Psych services as ordered/accepted.</p> <p>Physician Order: [DATE] May go on LOA (Leave of Absence) with medications.</p> <p>Facility provided census documentation for [DATE] indicates census was 64 and the facility has the ability to take 83 residents, indicating a 19-bed availability.</p> <p>Facility provided Sign in and out log from the front desk dated [DATE]- [DATE] indicates R33 has signed himself out on the following dates: [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].</p> <p>Facility provided R33's face sheet indicated date and time of discharge of [DATE] at 12:00 PM.</p> <p>Surveyor was unable to interview R33 after unsuccessful attempts of calling R33's primary number, alternate number, emergency contact number, 2 local shelters in the area, and the primary care provider's supplied number.</p> <p>Surveyor reviewed R33's medical record/progress notes that showed in part, the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:24 AM, Writer informed by DON (Director of Nursing) that resident is OOB (out of building) and is currently at detox facility in (City Name). No POA (Power of Attorney) on file, resident is own decision maker. Will f/u (follow up) w (with) social worker for further info. (Note: No social worker documentation).</p> <p>On [DATE] at 4:27 PM, Resident found on University Ave, and was admitted to detox with an alcohol level of 4.28 and will be discharged from (facility). (Note: Facility made determination of discharge prior to R33 returning on [DATE]).</p> <p>On [DATE] at 9:15 AM, Surveyor interviewed Primary Care Provider's RN TT (Registered Nurse). Surveyor asked RN TT if R33 had a discharge order or any communication from the facility of a discharge plan, RN TT replied there is not a physician order for a discharge, and nothing noted in the chart for discharge and no calls of notification of R33 being discharged .</p> <p>On [DATE] at 4:20 PM, Surveyor interviewed DOM F (Director of Marketing). Surveyor asked DOM F if the R33 called while on pass and if his room was available, DOM F replied R33 called 4 times on [DATE] and asked if his bed available and was reassured that he could return. DOM F further explained to Surveyor that she attempted to assist R33 to pack his belongings and was informed by Regional Nurse Consultant W that DOM F was not allowed to assist with packing as it was a violation of the rules. DOM F explained to Surveyor that DOM F asked Regional Nurse Consultant W if R33 could have a cab fare and was informed R33 could not because he was no longer a Resident. Surveyor asked DOM F if R33 indicated he wanted to be discharged , she replied he did not have any other plans, no friends and therefore R33 was coming back to the facility as he did not have any other plans. DOM F explained to Surveyor that she informed Regional Nurse Consultant W of R33's return, Regional Nurse Consultant W advised DOM F that R33 was not allowed to return and that R33 had checked himself into a facility. (Note: R33 was placed into involuntary protective custody by law enforcement and taken to a center for detoxification.)</p> <p>On [DATE] at 1:37 PM, Surveyor interviewed Detoxification Center RN UU. Surveyor asked the process for intake of protective custody from law enforcement to the facility, RN UU replied the patient is placed under involuntary protective custody for a maximum of 72 hours hold, the patient cannot sign themselves in as they are too intoxicated to sign, all belongings are removed during the intake process to protect belongings from theft, privacy, harm and social media reasons, staff does assist the patient if the phone numbers are needed from their personal phone and are assisted to use the facility hallway phone from the hours of 8:00 AM- 9:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 3:35 PM, Surveyor interviewed SW X (Social Worker). Surveyor asked SW X of the process of R33's discharge, SW X replied she was informed that R33 was out of the building for about a week (Note: R33 was out of the building for approximately 3 days.), SW X was alerted by DOM F to obtain a list of shelters and explain to R33 that we do not have a room any longer. SW X further explained to the Surveyor she walked R33 to his room and observed R33 packing his belongings, SW X did not provide any money and was provided a list of homeless shelters. (Note: No indication of a notice of appeal was provided and no evidence of documentation that the notice of appeal was provided.) SW X reported to Surveyor she was then called away and did not see R33 leave. Surveyor asked SW X if discharging R33 was safe or planned, SW X replied that he is able-bodied and is going back to the same place he came from, we didn't plan anything, it is their choice of living. Surveyor asked SW X if this was R33's choice, SW X replied, he didn't flat out say I want to be homeless, but he didn't participate in any housing. Surveyor asked SW X if there was any documentation of a discharge plan or discharge summary, SW X replied, I am working on that, I am getting better at the discharge summaries and I keep a soft file. Surveyor asked SW X if there is a soft file or any documentation of discharge for R33 for discharge, SW X replied to no. Surveyor asked SW X if R33 had a discharge order, SW X replied to no. Surveyor asked SW X if there was a bed hold, SW X replied, I don't believe he had a signed bed hold. Surveyor asked SW X if R33 was able to have a bed hold, SW X replied, I'm not positive if he has Medicaid, then they would do a bed hold. (Note: R33 has Medicaid per medical record documentation). Surveyor asked SW X why did R33 get discharged, she replied because he signed himself into a different inpatient setting.</p> <p>Of note, R33 did not sign himself into a different setting he was involuntarily placed into an inpatient detoxification center. The facility did not complete a discharge plan, did not ensure R33 was being discharged to a safe setting and did not provide R33 information to appeal his discharge.</p> <p>On [DATE] at 4:37 PM, Surveyor interviewed law enforcement officer VV. Surveyor asked law enforcement officer VV about how he was called for R33, he replied a passerby called 911 and reported R33 was in the 700 block of University Avenue, R33 was not able to recall his address and so he was placed into protective custody and taken to detox. Surveyor asked law enforcement officer VV if he has seen R33 anywhere on the street, law enforcement officer VV replied to no.</p> <p>On [DATE] at 7:31 PM, Surveyor interviewed SW X again. Surveyor asked SW X if the Ombudsman has been informed of R33's discharge, SW X replied to no.</p> <p>On [DATE] at 4:01 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R33's bed was available, DON B replied, yes, we did have open beds. Surveyor asked DON B if R33 should have had a physician order for discharge, DON B replied yes. Surveyor asked DON B if R33 should have had a discharge plan, DON B replied yes. Surveyor asked DON B if R33 should have had a bed hold, DON B replied yes. Surveyor asked DON B if the discharge plan should be in R33's chart, DON B replied yes. Surveyor asked DON B if R33 had medication arrangements for his discharge, DON B replied he would have to check on it.</p> <p>(Note: Surveyor did not receive confirmation of the requested materials prior to survey exit.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0622</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility's failure to permit R33 to remain in the facility, created a finding of an IJ (Immediate Jeopardy) that began on [DATE]. R33 was discharged to homelessness without a safe and orderly discharge plan. R33 was discharged without medication, transportation or means to obtain food which caused a reasonable likelihood for harm. The immediate jeopardy was not removed at the conclusion of the survey.</p> <p>Cross Reference: 626 and 745</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45695</p> <p>Based on interview and record review, the facility failed to notify the resident of a discharge and the reason for discharge for 1 of 3 (R33) sampled residents of a total sample of 33 reviewed for discharge.</p> <p>The facility failed to notify R33 in writing of a facility-initiated discharge including reason for discharge and reason for denying R33's readmission to the facility.</p> <p>Findings include:</p> <p>Facility Admission Agreement signed on 5/9/22 by R33, states, in part: . You have the right to be informed, prior to or upon admission and during your stay, both orally and in writing, in a language you understand, of your rights under federal and state regulations and all rules and regulations governing you conduct and responsibilities during your stay in the Center . Advance Notice and Appeals of Transfers or Discharges. When a transfer or discharge is going to occur (except when the Center ceases to operate), the reason for the transfer or discharge will be documented in your medical record. You are entitled to and shall receive advance written notice (in most cases 30 days) of any proposed transfer or discharge that you or your legal representative have not requested. This notice shall be in a language and manner you understand and specify the reason for the transfer, the proposed date for transfer, and the proposed location of the transfer. It shall also identify your right to object to and file an appeal of the transfer with Wisconsin state agency in charge of assuring that your rights as a nursing home resident have not been violated. This notice will provide you with the name, address and telephone number of advocacy groups who can assist you with exercising your appeal rights, including those agencies responsible for the protection and advocacy of developmentally disabled individuals and mentally disabled individuals . Bed Hold. If you are on leave, or temporarily discharged (such as to hospital for surgery or treatment) and have expressed a desire to return to the Center, you will not be denied readmission. The Center will hold your bed until you waive your right to have the bed held, or up to 30 days following the leave or discharge, whichever is earlier.</p> <p>R33 was admitted to the facility on [DATE] with a diagnosis of Disorder of the Autonomic Nervous System, Hepatic Failure, Displaced Bicondylar Fracture of unspecified tibia, and discharged on [DATE]. R33's quarterly MDS (Minimum Data Set) assessment on 8/16/22 indicates R33 had a BIMS (Brief Interview for Mental Status) score of 15 indicating R33 is cognitively intact. R33's cognitive impairment indicates he is able to be understood and has the ability to understand. R33's assessment in Section Q 0400 (Discharge Plan)- R33 does not have an active discharge plan in place for the resident to return to the community and no referral has been determined.</p> <p>R33's Baseline Care Plan dated 5/10/22 states, in part; Discharge Plan: Length of Stay Unknown, currently homeless, staying at a shelter prior to hospital. Goal: Will be discharged to a lesser care setting once goals are met . Interventions: Discuss feelings/goals for placement as needed, SS (Social Services) to intervene as needed/requested . Arrange for discharge as needed, Obtain MD (Medical Doctor) order for discharge, set up Services and/or DME (Durable Medical Equipment) as needed for safe discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor was unable to interview R33 after unsuccessful attempts of calling R33's primary number, alternate number, emergency contact number, 2 local shelters in the area, and the primary care provider's supplied number.</p> <p>R33 was involuntarily discharged on [DATE] to homelessness.</p> <p>R33's record review did not provide documentation of bed hold or discharge notification.</p> <p>On 9/26/22 at 4:20 PM, Surveyor interviewed DOM F (Director of Marketing). Surveyor asked DOM F what information was provided to R33, DOM F replied a list of homeless shelters.</p> <p>On 9/22/22 at 3:35 PM, Surveyor interviewed SW X (Social Worker). SW X stated to Surveyor that she was alerted by DOM F to obtain a list of shelters and explain to R33 that we do not have a room any longer. SW X further explained to the Surveyor she walked R33 to his room and observed R33 packing his belongings, SW X did not provide any money and provided a list of homeless shelters to R33. Surveyor asked SW X if there was any documentation of a discharge plan or discharge summary, SW X replied, I am working on that, I am getting better at the discharge summaries and I keep a soft file. Surveyor asked SW X if there is a soft file or any documentation of discharge for R33 for discharge, SW X replied no. Surveyor asked SW X if R33 had a discharge order, SW X replied no.</p> <p>On 9/22/22 at 7:31 PM, Surveyor interviewed SW X again. Surveyor asked SW X if the Ombudsman has been informed of R33's discharge, SW X replied to no.</p> <p>On 9/22/22 at 4:01 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R33 had any discharge arrangements, DON B replied he would have to check on that. Surveyor asked DON B if R33 should have had a physician order for discharge, DON B replied yes. Surveyor asked DON B if R33 should have had a discharge plan, DON B replied yes. Surveyor asked DON B if the discharge plan should be in R33's chart, DON B replied yes. (Note: Surveyor did not receive this information prior to exit.)</p> <p>On 9/21/22 at 10:20 AM, Surveyor interviewed NHA A (Nursing Home Administrator) and asked the discharge process if a Resident is out for a treatment, she replied, if the Resident has Medicaid, they have a 14-day bed hold.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45695</p> <p>Based on interview and record review, the facility failed to permit 1of 3 sampled residents (R33) of a total sample of 33 residents reviewed to return to the facility after a pass that was for treatment.</p> <p>R33 was not allowed to return to the facility after R33 was out on pass. R33 was placed on an involuntary protective custody in a treatment center for 72 hours after being found on the street intoxicated. R33 called the facility 4 times to ensure his bed would be available and returned to the facility to be informed he did not have his bed and was discharged to a homelessness.</p> <p>The facility's failure to allow R33 to return to the facility after out on a pass created a finding of an IJ (Immediate Jeopardy) that began on [DATE]. The NHA A (Nursing Home Administrator) was notified of the IJ on [DATE] at 4:00 PM. The facility has not removed the IJ at the conclusion of the survey.</p> <p>This is evidenced by:</p> <p>According to an article by the Cleveland Clinic, Blood Alcohol Content (BAC), Blood alcohol level (BAC), is the amount of alcohol in your blood that develops from drinking alcoholic beverages. Levels can range from 0% (no alcohol) to over 0.4% (a potentially fatal level). A table included in the article shows the following:</p> <p>BAC 0.30% to 0.40%: In this percentage range, you'll likely have alcohol poisoning, a potentially life-threatening condition, and experience loss of consciousness.</p> <p>BAC over 0.40%: This is a potentially fatal blood alcohol level. You're at risk of coma and death from respiratory arrest (absence of breathing).</p> <p>https://my.clevelandclinic.org/health/diagnostics/22689-blood-alcohol-content-bac#:~:text=BAC%20Over%200.40%25%3A%20This%20is,arrest%20(absence%20of%20breathing)</p> <p>The facility Admission Agreement signed by R33 on [DATE] states, in part .Bed Hold. If you are on leave, or temporarily discharged (such as to a hospital for surgery or treatment) and have expressed a desire to return to the Center, you will not be denied readmission. The Center will hold your bed until you waive your right to have the bed held, or up to 30 days following the leave or discharge, whichever is earlier.</p> <p>The facility Discharging a Resident Procedure with a review date of ,d+[DATE], states, in part Purpose- The purpose of this procedure is to provide guidelines for the discharge process.</p> <p>Preparation-</p> <p>The resident should be consulted about the discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Discharges can be frightening to the resident. Approach the discharge in a positive manner.</p> <p>Reassure the resident that all his or her personal effects will be taken to his or her place of residence</p> <p>If the resident is being discharged home, ensure that resident and/or responsible party receive teaching and discharge instructions .</p> <p>Assess and document resident's condition at discharge, including skin assessment, if medical condition allows .</p> <p>Assemble the equipment and supplies necessary to discharge the resident .</p> <p>Documentation: The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. All assessment data obtained during the procedure, if applicable. 4. How the resident tolerated the procedure, if applicable. 5. If the resident refused the discharge, the reason(s) why and the intervention taken. 6. The signature and title of the person recording the data. <p>R33's Hospital History and Physical, dated [DATE], showed R33 was admitted into the hospital presenting intoxicated after a bicycle accident resulting in a right ankle fracture. The hospital assessment and plan indicate for admission for Bimalleolar Right Ankle fracture and Alcohol Intoxification; CIWA (Clinical Institute Withdrawal Assessment) and an AODA consult (Alcohol and Other Drug Abuse), other: Worsening peripheral sensory neuropathy, suspect from ETOH (alcohol). R33's hospital active problem list includes Alcoholic liver failure, Seizure, Depressive disorder, Neurosis, anxiety, panic type, Other and unspecified alcohol dependence, unspecified drinking behavior, Severe alcohol use disorder, Fracture-tibial plateau, Hepatic encephalopathy, Acute alcoholic liver disease, Ascites, and Static tremor.</p> <p>R33 was admitted to the facility on [DATE] with a diagnosis of Disorder of the Autonomic Nervous System, Hepatic Failure, Displaced Bicondylar Fracture of unspecified tibia, and discharged on [DATE]. R33's quarterly MDS (Minimum Data Set) assessment on [DATE] indicates R33 had a BIMS (Brief Interview for Mental Status) score of 15 indicating R33 is cognitively intact. R33's cognitive impairment indicates he is able to be understood and has the ability to understand. R33's Functional Assessment: independent with no physical help from staff with bed mobility, transfers, dressing, and toilet use. Dressing, personal hygiene, eating, and bathing is independent with set up help only for R33.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R33's Baseline Care Plan dated [DATE] states, in part; Discharge Plan: Length of Stay Unknown, currently homeless, staying at a shelter prior to hospital. Goal: Will be discharged to a lesser care setting once goals are met . Interventions: Discuss feelings/goals for placement as needed, SS (Social Services) to intervene as needed/requested . Arrange for discharge as needed, Obtain MD (Medical Doctor) order for discharge, set up Services and/or DME (Durable Medical Equipment) as needed for safe discharge. The resident is at risk for falls, accidents and incidents r/t (related to) recent fall, neuropathy. Goal: the resident will not sustain serious injury through the review date. Interventions: . Fall on [DATE]; education on risks of drinking, maintaining a safety when drinking out in the community, resident verbalized understanding. (Note: This intervention was initiated on [DATE], after resident fell in the community). Initiated on [DATE]: Behavior Problem: r/t Alcohol intoxication. Goal: behavior will not cause harm to self or others. Interventions: Educate resident regarding risks and benefits of not drinking, document findings . Update MD regarding alcohol intoxication and request to hold medications. Initiated on [DATE]: Actual Risk for Complication with Mood/Behavior RT DX (diagnosis) of Alcohol Dependence, uncomplicated with episodes of drinking alcohol while in this facility and in the community. Resident does not always sign himself out when going into the community. Goal: Will be safe in environment through next review date. Interventions: Call MD/NP (Nurse Practitioner) if resident present with symptoms of intoxication . Psych services as ordered/accepted.</p> <p>Physician Order: [DATE] May go on LOA (Leave of Absence) with medications.</p> <p>Facility provided census documentation for [DATE] of census was 64 and the facility can take 83 residents, indicating a 19-bed availability.</p> <p>Surveyor was unable to interview R33 after unsuccessful attempts of calling R33's primary number, alternate number, emergency contact number, 2 local shelters in the area, and the primary care provider's supplied number.</p> <p>Facility provided R33's face sheet indicated date and time of discharge of [DATE] at 12:00 PM.</p> <p>Surveyor reviewed R33's medical record/progress notes that showed in part, the following:</p> <p>On [DATE] at 11:42 AM, Spoke with MD regarding intoxication noted on previous shift, Resident has been going out on pass frequently during the week and returning later in the evening and appears under the influence. Writer spoke with Resident, did not deny alcohol use however stated he plans on leaving this place soon and if he chooses to make poor choices it is his decision. Order was obtained to hold medications when he appears intoxicated and update MD in the morning.</p> <p>On [DATE] at 8:50 PM Nurse received call from nurse at (hospital) that resident had been found at a bus stop and had possible fall that was unwitnessed. He was brought to ER (emergency room) where he was treated for a [an] abrasion on his knee and scans were done to R/O (rule out) possible head injury. He was found to be intoxicated. Hospital will be releasing him and making arrangements for transportation back to this facility.</p> <p>On [DATE] at 11:50 PM, Resident returned to facility at around 2300 (11:00 PM) from (hospital) via taxi for public intoxication, . resident denied having pain or discomfort, neuro intact, DON (Director of Nursing) was updated. Will continue to monitor resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:00 PM, Resident was not in facility during the entire PM shift remains out of the building.</p> <p>On [DATE] at 3:26 AM, Resident remains out of the facility DON made aware.</p> <p>On [DATE] at 10:00 PM, Resident [has] been out of facility all day. He returned at 9:45 PM smelling of alcohol, appeared intoxicated. No meds to be given. Continue to monitor. No complaints currently. Call light in reach.</p> <p>On [DATE] at 10:24 PM, Above writer noted resident out of the building today he left at 7 AM and still has not returned to facility DON aware.</p> <p>On [DATE] at 10:24 AM, Writer informed by DON that resident is OOB (out of building) and is currently at detox facility in (City Name). No POA (Power of Attorney) on file, resident is own decision maker. Will f/u (follow up) w (with) social worker for further info. (Note: No social worker documentation).</p> <p>On [DATE] at 4:27 PM, Resident found on University Ave, and was admitted to detox with an alcohol level of 4.28 and will be discharged from (facility). (Note: Primary Care was not notified of these incidents when R33 was intoxicated per Care Plan Interventions: Update MD regarding alcohol intoxication and request to hold medications.)</p> <p>Record Review of Interdisciplinary Team (IDT) note indicated:</p> <p>On [DATE], R33's IDT note written by SW X (Social Worker), Resident is physically ready to D/C from this facility. Discharge orders not able to be obtained at this time due to missed PCP (Primary Care Provider) appointments. (Note: Surveyor requested IDT notes and were not provided prior to exit).</p> <p>Note: All the above progress note documentation indicates that R33 frequently left the facility on pass and was able to return to the facility.</p> <p>On [DATE] at 9:15 AM, Surveyor interviewed Primary Care Provider's RN TT (Registered Nurse). Surveyor asked RN TT if R33 had a discharge order or any communication from the facility of a discharge plan, RN TT replied there is not a physician order for a discharge, and nothing noted in the chart for a discharge and no calls of notification of R33 being discharged .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 4:20 PM, Surveyor interviewed DOM F (Director of Marketing). Surveyor asked DOM F if the R33 called the facility while on pass and if his room was available, DOM F replied R33 called 4 times on [DATE] and asked if his bed available and was reassured that he could return. DOM F further explained to the Surveyor that she attempted to assist R33 to pack his belongings and was informed by Regional Nurse Consultant W that DOM F was not allowed to assist with packing as it was a violation of the rules. DOM F explained to the Surveyor that DOM F asked Regional Nurse Consultant W if R33 could have a cab fare and was informed R33 could not because he was no longer a Resident. Surveyor asked DOM F if R33 indicated he wanted to be discharged, DOM F replied he did not have any other plans, no friends and therefore R33 was coming back to the facility as he did not have any other plans. DOM F explained to Surveyor that she informed Regional Nurse Consultant W of R33's return, Regional Nurse Consultant W advised DOM F that R33 was not allowed to return and that R33 had checked himself into a facility. (Note: R33 was placed into involuntary protective custody by law enforcement and taken to a center for detoxification unit.)</p> <p>On [DATE] at 1:37 PM, Surveyor interviewed Detoxification Center RN UU. Surveyor asked the process for intake of protective custody from law enforcement to the facility, RN UU replied the patient is placed under involuntary protective custody for a maximum of 72 hours hold, the patient cannot sign themselves in as they are too intoxicated to sign, all belongings are removed during the intake process to protect belongings from theft, privacy, harm and social media reasons, staff does assist if phone numbers are needed from their personal phone and are assisted to use the facility hallway phone from the hours of 8:00 AM- 9:00 PM.</p> <p>On [DATE] at 3:35 PM, Surveyor interviewed SW X (Social Worker). Surveyor asked SW X of the process of R33's discharge, she replied she was informed that R33 was out of the building for about a week (Note: R33 was out of the building for approximately 3 days.), SW X was alerted by DOM F that she was instructed to obtain a list of shelters and explain to R33 that we do not have a room any longer. SW X further explained to the Surveyor she walked R33 to his room and observed R33 packing his belongings, SW X did not provide any money and was provided a list of homeless shelters. SW X reported to Surveyor she was then called away and did not see R33 leave. Surveyor asked SW X if discharging R33 was safe or planned, SW X replied that he is able-bodied and is going back to the same place he came from, we didn't plan anything, it is their choice of living. Surveyor asked SW X if this was R33's choice of discharge, SW X replied, he didn't flat out say I want to be homeless, but he didn't participate in any housing. Surveyor asked SW X if there was any documentation of a discharge plan or discharge summary, SW X replied, I am working on that, I am getting better at the discharge summaries and I keep a soft file. Surveyor asked SW X if there is a soft file or any documentation of discharge for R33 for discharge, she replied, no. Surveyor asked SW X if R33 had a discharge order, SW X replied no. Surveyor asked SW X if there was a bed hold, SW X replied I don't believe he had a signed bed hold. Surveyor asked SW X if R33 was able to have a bed hold, SW X replied, I'm not positive if he has Medicaid, then they would do a bed hold. (Note: R33 has Medicaid per medical record documentation).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0626</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 4:01 PM, Surveyor interviewed DON B. Surveyor asked DON B if R33's bed was available, DON B replied, yes, we did have open beds. Surveyor asked DON B if R33 should have had a physician order for discharge, DON B replied yes. Surveyor asked DON B if R33 should have had a discharge plan, DON B replied yes. Surveyor asked DON B if R33 should have had a bed hold, DON B replied yes. Surveyor asked DON B if the discharge plan should be in R33's chart, DON B replied yes. Surveyor asked DON B if R33 had medication arrangements for his discharge, DON B replied he would have to check on it. (Note: No documentation of the facility provided Medication Administration Record for [DATE] of signed out or administered medication on [DATE].)</p> <p>On [DATE] at 10:20 AM, Surveyor interviewed NHA A and asked the discharge process if a Resident is out for a treatment, she replied, if the Resident has Medicaid, they have a 14-day bed hold.</p> <p>The facility failed to allow R33 to return from a pass despite bed availability and R33's desire was to return to the facility. R33's history of alcohol abuse and lack of safe discharge planning created reasonable likelihood that serious harm could occur. This led to a finding of immediate jeopardy. At the conclusion of this survey, the facility has not removed the immediate jeopardy.</p> <p>Cross Reference: F622, F745</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45695</p> <p>Based on interview and record review, the facility did not ensure that a Discharge Summary, with a recapitulation of the resident's stay, includes, but is not limited to, diagnosis, course of illness/treatment or therapy, pertinent lab, radiology, and consultant results was developed for 1 of 3 sampled residents (R33) of a total sample of 33 residents reviewed for discharge summary/recapitulation.</p> <p>R33 did not have a documented Discharge Summary of his stay at the facility.</p> <p>Evidenced by:</p> <p>The facility Discharging a Resident Procedure with a review date of 4/2022, states, in part Purpose- The purpose of this procedure is to provide guidelines for the discharge process.</p> <p>Preparation-</p> <p>The resident should be consulted about the discharge.</p> <p>Discharges can be frightening to the resident. Approach the discharge in a positive manner.</p> <p>Reassure the resident that all his or her personal effects will be taken to his or her place of residence</p> <p>If the resident is being discharged home, ensure that resident and/or responsible party receive teaching and discharge instructions .</p> <p>Assess and document resident's condition at discharge, including skin assessment, if medical condition allows .</p> <p>Assemble the equipment and supplies necessary to discharge the resident .</p> <p>Documentation: The following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> 1. The date and time the discharge was made. 2. The name and title of the individual(s) who assisted in the discharge. 3. All assessment data obtained during the procedure, if applicable. 4. How the resident tolerated the procedure, if applicable. 5. If the resident refused the discharge, the reason(s) why and the intervention taken. 6. The signature and title of the person recording the data. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R33 was admitted to the facility on [DATE] with a diagnosis of Disorder of the Autonomic Nervous System, Hepatic Failure, Displaced Bicondylar Fracture of unspecified tibia, and discharged on [DATE]. R33's quarterly MDS (Minimum Data Set) assessment on 8/16/22 indicates R33 had a BIMS (Brief Interview for Mental Status) score of 15 indicating R33 is cognitively intact. R33's cognitive impairment indicates he is able to be understood and has the ability to understand. R33's Functional Assessment: independent with no physical help from staff with bed mobility, transfers, dressing, and toilet use. Dressing, personal hygiene, eating, and bathing is independent with set up help only for R33. R33's discharge assessment indicates at Section Q 0400 (Discharge Plan)- R33 does not have an active discharge plan in place for the resident to return to the community and no referral has been determined.</p> <p>R33's Baseline Care Plan dated 5/10/22 states, in part; Discharge Plan: Length of Stay Unknown, currently homeless, staying at a shelter prior to hospital. Goal: Will be discharged to a lesser care setting once goals are met . Interventions: Discuss feelings/goals for placement as needed, SS (Social Services) to intervene as needed/requested . Arrange for discharge as needed, Obtain MD (Medical Doctor) order for discharge, set up Services and/or DME (Durable Medical Equipment) as needed for safe discharge. Initiated on 6/14/22: Actual Risk for Complication with Mood/Behavior RT DX (diagnosis) of Alcohol Dependence, uncomplicated with episodes of drinking alcohol while in this facility and in the community. Resident does not always sign himself out when going into the community. Goal: Will be safe in environment through next review date. Interventions: Call MD/NP (Nurse Practitioner) if resident present with symptoms of intoxication . Psych services as ordered/accepted.</p> <p>R33 was involuntarily discharged on [DATE] to homelessness.</p> <p>On 8/8/22 in R33's IDT note written by SW X (Social Worker), Resident is physically ready to D/C from this facility. Discharge orders not able to be obtained at this time due to missed PCP (Primary Care Provider) appointments. (Note: Surveyor requested IDT notes and were not provided prior to exit).</p> <p>On 9/7/22 at 10:24 AM, Writer informed by DON (Director of Nursing) that resident is OOB (out of building) and is currently at detox facility in (City Name). No POA (Power of Attorney) on file, resident is own decision maker. Will f/u (follow up) w (with) social worker for further info. (Note: No social worker documentation).</p> <p>On 9/7/22 at 4:27 PM, Resident found on University Ave, and was admitted to detox with an alcohol level of 4.28 and will be discharged from (facility).</p> <p>Upon review of R33's record, there is no documentation, including his Progress Notes, an assessment, what day he was discharged , why he was discharged or any other discharge information.</p> <p>On 9/22/22 at 3:35 PM, Surveyor interviewed SW X (Social Worker). Surveyor asked SW X if there was any documentation of a discharge plan or discharge summary, SW X replied, I am working on that, I am getting better at the discharge summaries and I keep a soft file. Surveyor asked SW X if there is a soft file or any documentation of discharge for R33 for discharge, SW X replied no. Surveyor asked SW X if R33 had a discharge order, SW X replied no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/22/22 at 4:01PM, Surveyor interviewed DON B. Surveyor asked DON B if R33 had any discharge arrangements, DON B replied he would have to check on that. Surveyor asked DON B if R33 had an assessment before and after this last pass, DON B replied he would check on. (Note: No documentation in R33's record indicates any assessments prior to pass and returning from pass.)</p> <p>Surveyor asked DON B if R33 should have had an assessment prior to going to pass and returning from pass, DON B replied yes. Surveyor asked DON B if R33 should have had a physician order for discharge, DON B replied yes. Surveyor asked DON B if R33 should have had a discharge plan, DON B replied yes. Surveyor asked DON B if the discharge plan should be in R33's chart, DON B replied yes.</p> <p>R33 was discharged on ,d+[DATE]/22, there was no documentation to indicate where he went, the time or who took him out of the facility. There is not a discharge summary or any documentation to indicate that R33 left the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</p> <p>Based on observation, interview and record review the facility did not ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 6 (R21, R1, R22, R2, R7, and R3) out of 8 sampled residents reviewed for ADLs (Activities of Daily Living).</p> <ul style="list-style-type: none"> - R21 has not received a shower only bed baths since admission. R21 does not get assist with dressing and transfer out of bed in the mornings as R21 would like. - R2, R3 and R7 are getting bed baths instead of showers. - R1 laid in a urine-soaked bed and staff were going to give R1 breakfast without changing R1. R1 would like showers instead receives bed baths. - R22 stated he does not always get assistance timely with repositioning and personal care. <p>This is evidenced by:</p> <p>The facility policy, entitled Activities of Daily Living (ADLs), Supporting, with a revision date of March 2018, states, in part: .</p> <p>Policy Statement- Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Policy Interpretation and Implementation .</p> <p>2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <ul style="list-style-type: none"> a. Hygiene (bathing, dressing, grooming, and oral care). b. Mobility (transfer and ambulation, including walking). c. Dining (meals and snacks); and d. Communication (speech, language, and any functional communication systems) . <p>5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS (Minimum Data Set). Functional decline or improvement will be evaluated in reference to the Assessment Reference Date (ARD) and the following MDS definitions:</p> <ul style="list-style-type: none"> a. Independent- Resident completed activity with no help or staff oversight at any time during the last 7 days. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Supervision- Oversight, encouragement or cueing provided 3 or more times during the last 7 days.</p> <p>c. Limited Assistance- Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days.</p> <p>d. Extensive Assistance- While resident performed part of activity over the last 7 days, staff provided weight-bearing support.</p> <p>e. Total Dependence- Full staff performance of an activity with no participation by resident for any aspect of the ADL activity. Resident was unwilling or unable to perform any part of the activity over entire 7-day look back period.</p> <p>6. Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice .</p> <p>Example 1</p> <p>R21 was admitted to the facility on [DATE], and has diagnoses that include Parkinson's Disease, Anxiety Disorder, and Cerebrovascular Disease.</p> <p>R21's MDS Admission Assessment, dated 8/29/22, indicated that R21 has a BIMS (Brief Interview of Mental Status) score of 12 indicating R21 is moderately impaired cognitively.</p> <p>R21's Care Plan, dated 8/23/22, with a target date of 8/23/22, states, in part: .</p> <p>Focus: I have an ADL Self Care Performance Deficit r/t (related to) Parkinson's. Date Initiated: 8/23/22 .</p> <p>Goal: I will demonstrate the appropriate use of adaptive device(s) to increase ability in (Specify Bed Mobility, Transfers, Eating, Dressing, Toilet Use and Personal Hygiene, ADL Score) through the review date .</p> <p>Interventions:</p> <p>-Bathing/Dressing: Max assist for upper and lower extremities. Date Initiated: 8/23/22 Revision: 8/23/22 .</p> <p>-Bed Mobility: I require (x) staff participation to reposition and turn in bed. Date Initiated: 8/23/22 .</p> <p>-Bathing: I am totally dependent on staff to provide a bath (FREQ) and as necessary. Date Initiated: 8/23/22 .</p> <p>-Bathing: I require (x) staff participation with bathing. Date Initiated: 8/23/22</p> <p>-Transfer: 2 assist with Hoyer Date Initiated: 8/23/22 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R21's MDS Admission Assessment, dated 8/29/22, states, in part .</p> <p>Section G- Functional Status:</p> <ul style="list-style-type: none"> -Bed Mobility- Extensive assist with one assist -Transfers- Total Dependence with two assist -Locomotion on unit- Extensive assist with one assist -Dressing- Extensive assist with one assist -Toileting- Total Dependence with one assist -Personal Hygiene- Extensive assist with one assist -Bathing- Total Dependence with one assist . <p>R21's shower sheets show R21 received bed baths 8/23/22, 8/24/22, 8/25/22, and 8/26/22.</p> <p>For 8/27/22, 8/29/22, 8/31/22, and 9/1/22 there is no documentation; it is left blank.</p> <p>For 8/28/22, 9/2/22, and 9/3/22 NA (not applicable) is documented.</p> <p>For 9/4/22, 9/5/22, 9/6/22, and 9/7/22 bed baths are documented.</p> <p>On 9/7/22, at 12:40 PM, Surveyor observed R21 in bed with night gown on from the night. R21's hair was disheveled looking.</p> <p>On 9/7/22, at 1:18 PM, Surveyor interviewed CNA EE (Certified Nursing Assistant) and asked how often residents get showers and CNA EE indicated 1-2 times a week. Surveyor asked CNA EE where showers are documented, and CNA EE indicated in PCC (Point Click Care- the electronic medical record). Surveyor asked CNA EE about staffing and if there is enough time during the shift to get assignments completed and CNA EE indicated no. Surveyor asked CNA EE if showers get completed and CNA EE indicated everyone gets changed. Surveyor asked CNA EE if showers are ever missed. CNA EE indicated if showers are missed, they are to be made up on Saturdays or the resident is to get a bed bath. Surveyor asked if the showers always get made up on Saturdays and CNA EE indicated no. Surveyor asked CNA EE if R21 received cares this AM and was assisted with dressing. CNA EE indicated R21 got washed up this morning, but CNA EE did not get a chance to get R21 up out of bed due to Surveyor was in R21's room. Surveyor asked CNA EE if R21 received oral cares this morning and CNA EE indicated CNA EE does not know as R21 does own oral cares. Surveyor asked CNA EE if R21 can get to her supplies for oral cares herself and CNA EE indicated no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/7/22, at 12:40 PM, Surveyor interviewed R21 regarding cares. Surveyor asked R21 if she gets showers/bed baths when scheduled. R21 indicated R21 has not received a shower since admission. Surveyor asked R21 if she has received bed baths and R21 indicated no. R21 indicated staff only changes her incontinence brief. Surveyor asked R21 if she had been assisted with dressing today. R21 indicated she is still in gown from the night. R21 indicated she was told by staff after lunch staff would assist her with dressing and transfer out of bed. Surveyor asked R21 what time she would like to get dressed and up out of bed and R21 indicated 7 AM. Surveyor asked R21 if she has told staff that she would like to get up out of bed and dressed at that time. R21 indicated yes. Surveyor asked R21 how that makes her feel being in bed and not dressed at this time (12:40 PM). R21 indicated feeling like she does not even have an option and that is the way it is. Surveyor asked R21 how often she does not get assist with getting out of bed and dressed. R21 indicated 5 days a week. R21 indicated on the weekends she never gets assistance with dressing and lays in bed all day. R21 indicated she has asked staff to get up after her breakfast and is told staff has to pass breakfast trays and then they just never come back. Surveyor asked R21 if she can position self in bed. R21 indicated she can move her top half but cannot make any big moves on own. R21 demonstrated to Surveyor as she moved shoulders off bed and able to lean forward but unable to move bottom.</p> <p>On 9/8/22, at 10:25 AM, Surveyor interviewed CNA EE and asked regarding CNA shower documentation what does N/A indicate. CNA EE indicated shower or bed bath did not happen. Surveyor asked CNA EE where the reason a shower or bed bath was not given is documented. CNA EE indicated CNA EE did not know. Surveyor asked CNA EE when R21's showers are scheduled, and CNA EE indicated CNA EE did not know.</p> <p>34400</p> <p>Example 2</p> <p>R3 was admitted to the facility on [DATE] with diagnosis including morbid obesity and diabetes.</p> <p>R3's quarterly MDS (Minimum Data Set) assessment on 8/11/22 notes R3 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R3 is cognitively intact. R3 is dependent on staff to meet bathing/shower needs.</p> <p>Record review notes R3 is scheduled to receive a shower on Monday and Thursday each week. Documentation shows R3 received a bedbath on 9/5/22.</p> <p>On 9/6/22 at 10:20 AM, R3 reported to Surveyor that the facility was short of help on 9/5/22 evening and because of that, he did not receive his scheduled shower on 9/5/22. R3 stated he would have liked to have been given a shower and not just a wash up.</p> <p>38725</p> <p>Example 3</p> <p>R7 has the following diagnoses: obesity, chronic pain due to trauma, and cerebral aneurysm nonruptured. R7's most recent MDS (Minimum Data Set) 7/23/22 documents that she scored 10 on her BIMS (Brief Interview of Mental Status) which indicates she moderately impaired cognitively. R7's MDS also documents that R7 is completely independent with no assist with bathing, however R7 states she always has 1 staff present when she showers.</p> <p><i>(continued on next page)</i></p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R7's care plan documents:</p> <p>Focus-Self-care deficit and potential for falls r/t (related to) weakness .Interventions .Shower and bathing: Assist of 1 allow resident to do what cab safely be done for self .</p> <p>R7's CNA (Certified Nursing Assistant) care plan documents:</p> <p>ADL's (Activities of Daily Living) IND (independent), SHOWER Monday- AM</p> <p>R7 is scheduled for showers Monday AM per R7's Tasks in EHR (Electronic Health Record). The EHR documents the following for July 2022 through September 7, 2022:</p> <p>Resident unavailable- 8/1/22</p> <p>Bed baths- 7/18/22, 7/25/22, 9/5/22</p> <p>It is important to note that the documentation for R7's showers typically document 3 (physical help in part of bathing activity), 2 (one-person physical assist).</p> <p>On 9/6/22 at 9:05 AM, Surveyor interviewed R7. Surveyor asked R7 if she is receiving her showers, R7 stated last week I had a shower, but not this week. Surveyor asked R7 what day she is to receive a shower, R7 said Mondays, but I get bed baths instead. Surveyor asked R7 if she is ok with a bed bath, R7 replied I'd prefer a shower.</p> <p>Example 4</p> <p>R2 has the following diagnoses: acquired absence of left leg below the knee, morbid (severe) obesity with alveolar hypoventilation, tremor, chronic pain. osteoarthritis, periodic limb movement disorder, pain in right shoulder, trigger finger- left middle finger and right little finger, and pain in left shoulder. R2's most recent MDS dated [DATE] documents she scored 15 on her BIMS which indicates she is cognitively intact. R2's MDS also documents that R2 is totally dependent on staff assist of 1 with bathing.</p> <p>R2's care plan does not speak to her bathing needs.</p> <p>R2's CNA care plan documents:</p> <p>ADL's .SHOWER Wednesday- PM</p> <p>R2 is scheduled for showers Wednesdays on PM shift and Sundays on AM shift per R2's Tasks in EHR. The EHR documents the following for July 2022 through September 7, 2022:</p> <p>Refused- 7/24/22</p> <p>Resident unavailable- 7/27/22</p> <p>Bed bath- 8/10/22, 8/17/22, 8/31/22</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>NA (not applicable)- 8/14/22, 8/24/22, 8/31/22, 9/7/22</p> <p>Blank- 8/28/22</p> <p>R2 was hospitalized during the following time frames and these dates are not included in the information above: 7/12/22-7/21/22, and 7/29/22-8/9/22. It is important to note that on 8/31/22 staff documented that R2 had a bed bath and was Not applicable for her shower, which is conflicting documentation.</p> <p>On 9/7/22 at 9:44 AM, Surveyor interviewed R2. Surveyor asked R2 if she gets her showers when scheduled, R2 said I can't get a shower, I have to beg to get cleaned up, if I don't mention it (shower) to them they don't mention it at all. Surveyor asked R2 if she doesn't get a shower, do the staff give her a bed bath, R2 stated girl please, no!</p> <p>On 9/7/22 at 2:20 PM, R2 requested Surveyor come back to speak with her. Upon entering room, R2 was smiling and asked Surveyor Could you stay here forever?, Surveyor asked R2 why do you ask that; R2 stated maybe then they will do what they are supposed to do, they came to tell me that they are going to do my shower!</p> <p>On 9/7/22 at 12:20 PM, Surveyor interviewed CNA FF (Certified Nursing Assistant). Surveyor asked CNA FF if a resident is supposed to get a shower, why would a bed bath be given, CNA FF said if they refuse a shower. Surveyor asked CNA FF what the reason (s) would be why a resident would be marked unavailable, CNA FF said if out to appointment, like dialysis. Surveyor asked CNA FF if they are staff challenged, CNA FF said yes. Surveyor asked CNA FF what things don't get done, CNA FF stated showers because they take a longer period of time and in order to be able to get to everyone and be sure they are clean, fed and changed, something has to give.</p> <p>On 9/7/22 at 1:09 PM, Surveyor interviewed LPN BB (Licensed Practical Nurse). Surveyor asked LPN BB if not signed out/blank in documentation, what does that mean; LPN BB said it didn't get signed out, not done. Surveyor asked LPN BB if a resident is supposed to get a shower, why would a bed bath be given, LPN BB stated No staff. Surveyor asked LPN BB what the reason (s) would be why a resident would be marked unavailable, LPN BB replied if they are not in the building, or maybe if staff wasn't able. Surveyor asked LPN BB if they are staff challenged, LPN BB said yes. Surveyor asked LPN BB what things don't get done, LPN BB stated mostly CNA stuff like showers.</p> <p>On 9/7/22 at 3:52 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if a resident wants a shower should they get a shower or a bed bath, DON B stated, They should have a shower. Surveyor asked DON B what if they are given a bed bath and not a shower, DON B replied, That's a problem, staffing is part of that.</p> <p>33166</p> <p>Example 5</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident (R) 1 was admitted on [DATE] with diagnoses of Epilepsy, Protein Malnutrition, Crohn's, and Chronic Pain. R1's Minimum Data Set (MDS) dated [DATE] R1's has a Brief Interview of Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. Section G Activities of Daily Living (ADL) notes R1 requires extensive assist of one for dressing, personal hygiene and toileting and limited assist of one for bathing.</p> <p>On 9/3/22 at 9:20 AM Surveyor spoke to Resident (R) 1 regarding personal care. R1 stated he does not always receive personal care timely or get repositioned timely. R1 stated he often has to wait for assistance with ADLS due to lack of staffing.</p> <p>Example 6</p> <p>R22 was admitted to the facility on [DATE] with diagnoses including Diabetes Mellitus, Right Below the Knee Amputation and Congestive Heart Failure. R22's MDS dated [DATE] indicates R22 has a BIMS score of 13 indicating R22 is cognitively intact. Section G ADL notes R22 requires extensive assistance of one staff for dressing, toileting, and personal hygiene and R22 is completely dependent on one staff for transfers.</p> <p>On 9/7/22 at 2:00 PM Surveyor interviewed R22 regarding personal care. R22 stated a few weeks ago it took several hours for her to receive assistance with personal hygiene. R22 stated she was incontinent of urine, and it was so bad her urine was dripping on the floor. R22 also stated she is to receive a shower on Monday but did not get one this week because it was a holiday, and the facility did not have enough staff.</p> <p>On 9/8/22 at 4:00 PM Surveyor interviewed Director of Nursing B (DON) regarding providing ADLs to dependent residents. DON B stated it is his expectation residents receive their showers as scheduled and ADL assistance is provided timely. DON B stated he would not expect residents to be sitting in a urine-soaked bed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on observation, interview, and record review, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice for 5 of 11 sampled residents (R14, R16, R22, R7, and R27).</p> <p>R14 was admitted to the facility with a vascular wound to her left thigh that has deteriorated. Facility staff were not assessing or completing treatments as ordered.</p> <p>R16 has heart failure and is on a fluid restriction without evidence of intake and outputs being monitored or daily weights being done consistently.</p> <p>R22 had orders for daily weights that were not completed daily. R22 had large weight discrepancies without follow-up and re-weights.</p> <p>R7 had an order for daily weights. Facility staff were not weighing R7 daily. R7 is not having her wound treatment changed per order.</p> <p>R27 was nutritionally at risk for weight loss and the facility has not obtained a weight for R27 since 06/22/22.</p> <p>This is evidenced by:</p> <p>Example 1:</p> <p>R14 was admitted to the facility on [DATE] with diagnoses that include COPD (Chronic Obstructive Pulmonary Disease), Type 2 Diabetes Mellitus, PVD (Peripheral Vascular Disease), Atherosclerosis of Native Arteries of Extremities, and Depression.</p> <p>R14 was admitted to the facility with a vascular wound to her right thigh. Hospital discharge orders dated 7/29/22 state: Right lateral thigh - Gently cleanse area with mild soap and water, pat dry. Paint black necrotic tissue with povidone iodine. Cover whole area with Quick Change Chux [sic] (use 2 of them or alike to maintain clean and dry). Change daily and PRN (as needed).</p> <p>R14 had the following orders for wound care in her EHR (Electronic Health Record) with a start date of 7/30/22: Right lateral thigh - Gently cleanse area with soap and water, pat dry. Paint black necrotic area with povidone iodine. Cover with ABD (Abdominal) pad and paper tape. Change daily and PRN (as needed).</p> <p>There is no evidence that staff completed wound care on 7/29/22 after the initial assessment.</p> <p>On 7/29/22, facility staff measured the wound: length 17.2 cm (centimeters), width 10.2 cm, and depth 0.1 cm. There is no documentation that staff completed wound care on R14 after measuring and assessing the wound.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/1/22, wound care orders were changed to: Right lateral thigh - Gently cleanse area with soap and water, pat dry. Paint black necrotic area with povidone iodine. Cover entire area with Quick change Chux [sic] (may use 2 to maintain clean and dry wounds). DO NOT TAPE OR SECURE CHUX DRESSING TO SKIN - goal is to keep clean and dry. Dressing to stay in place via weight of patient leg. Change daily and PRN. Every evening shift for wound care.</p> <p>On 8/5/22, R14 was seen at the facility by the wound doctor. Wound measurements: length 18.54 cm, width 10.52 cm, depth 0.2 cm.</p> <p>This wound care order was not completed by facility staff on 8/6/22.</p> <p>On 8/7/22, wound care orders were changed to: Right thigh - Cleanse with 1/2 strength Dakin's Solution, protect peri-wound with skin prep, apply Santyl to wound bed, cover with gauze. Cover whole area with ABD pad and secure . This order was originally scheduled for day shift and then changed to evening shift on 8/10/22.</p> <p>This wound care order was not completed by facility staff on 8/11, 8/12, 8/16, 8/18, 8/23, 8/27, or 8/28.</p> <p>On 8/12/22, R14 was seen at the facility by the wound doctor. Wound measurements: length 22.42 cm, width 5.54 cm, depth 1.6 cm.</p> <p>On 8/16/22, wound care orders were changed to: Right thigh treatment - Cleanse with Dakin's Solution, protect peri-wound with skin prep, apply lightly moistened gauze in 1/2 Dakin's, cover with ABD pad and secure. Every evening shift for wound care.</p> <p>This wound care order was not completed by facility staff on 8/16, 8/18, 8/19, 8/23, 8/25, 8/26, 8/27, 8/28, or 8/29.</p> <p>On 8/19/22, R14 was seen at the facility by the wound doctor. Wound measurements: length 18.47 cm, width 4.74 cm, depth 2.80 cm.</p> <p>On 8/26/22, R14 was seen at the facility by the wound doctor. Wound measurements: length 21.38 cm, width 6.73 cm, depth 2.5 cm. Facility's measurements: length 22 cm, width 5.7 cm, depth 3 cm.</p> <p>On 8/30/22 wound care orders were changed to: Right thigh treatment - Cleanse with Dakin's Solution, protect peri-wound with skin prep, apply lightly moistened gauze in 1/2 Dakin's, cover with ABD pad and secure. Everyday shift for wound care AM (day shift) tx (treatment) per orders - NO Santyl on AM tx, cleanse and pack only. Additionally, an order stating: Right thigh - Cleanse 1/2 Dakin's Solution, protect peri-wound with skin prep, apply Santyl to wound bed, cover with gauze. Cover whole area with ABD pad and secure. Every evening shift for wound care.</p> <p>This wound care order was not completed by staff on 8/30, 8/31, and 9/3 on the day shift, as well as 9/1 and 9/3 on the PM (evening) shift.</p> <p>On 9/2/22, facility staff measured the wound: length 22 cm, width 5.7 cm, depth 3.0 cm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Weekly Wound Assessment for R14 indicates that on 8/5, 8/12, and 8/19 the Wound MD (Medical Doctor) debrided R14's wound.</p> <p>On 9/6/22, R14 was seen by her MD. MD progress notes state, in part: .Wounds: gradually healing though nursing home wound care is suboptimal. Will send message to wound provider for thoughts on d/c (discharge) to home with HH (Home Health) .Concerns: Poor care at facility. Not receiving 2/day dressing changes, often they are short on food and staff .She feels that she could go home and get better care with her husband doing dressing changes once a day and having HH services.</p> <p>On 9/7/22 at 12:22 PM, Surveyor interviewed R14. Surveyor asked R14 if the facility staff was providing wound care and dressing changes as ordered, R14 stated that she was unsure, because it is always changing.</p> <p>On 9/8/22 at 2:49 PM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B what his expectations were for his staff in regard to wound care treatments? DON B stated that he expects that wound care be carried out as ordered and that it be carried out properly. Surveyor asked DON B what it means on the treatment record if a treatment isn't signed out? DON B stated that if the nurse didn't sign it out, then it wasn't done. Surveyor asked DON B to review R14's treatment record. Surveyor asked DON B if it was his expectation that the treatments be completed and signed out on the days and shifts they were scheduled for; DON B stated yes.</p> <p>On 9/8/22 at 2:56 PM, Surveyor interviewed NP (Nurse Practitioner) DD. Surveyor asked NP DD if she thought that R14's wound had gotten bigger due to missed treatments or due to the chronic nature of the wound? NP DD stated that R14 is being followed by the UW (University of Wisconsin) Wound Clinic and the facility's wound doctor. NP DD stated that at first the wound was necrotic and was then debrided, so it should be improving, not getting bigger. NP DD also stated that R14 reported to her that wound care was not being completed at the facility as it should be. NP DD stated that she is speaking with R14's MD and they are looking at discharging R14 to home with home health sooner than expected, due to the lack of care that R14 is receiving at the facility.</p> <p>It is important to note that Surveyor requested the facility's policies for vascular wounds and wound care; neither policy was received prior to exit.</p> <p>38725</p> <p>Example 2:</p> <p>R7 has the following diagnoses: acute respiratory failure with hypoxia, takotsubo syndrome (heart disease characterized by transient dysfunction and ballooning of the left ventricle of the heart), subsequent non-ST elevation (NSTEMI) myocardial infarction, obesity, atrial fibrillation, ill-defined heart disease, essential (primary) hypertension, peripheral vascular disease, occlusion and stenosis of left carotid artery, and chronic obstructive pulmonary disease with (acute) exacerbation. R7's most recent MDS (Minimum Data Set) 7/23/22 documents that she scored 10 on her BIMS (Brief Interview of Mental Status) which indicates she is moderately impaired cognitively.</p> <p>R7's Physician Orders include the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>12/3/21 - Daily weights. Parameters: Update NP (Nurse Practitioner) for weight gain of 2 lbs. (pounds) in one day and 5 lbs. in one week.</p> <p>R7's care plan documents the following:</p> <p>Focus - ALTERATION IN CARDIOVASCULAR STATUS R/T (related to): HTN (hypertension), HLD (hyperlipidemia), Occlusion and stenosis of Left carotid artery, A-fib (atrial fibrillation) Hx (history) of NSTEMI . Interventions - Daily weight; notify provider if weight gain or 3 pounds/day (per) or 5 pounds in a week . [SIC]</p> <p>Focus - Therapeutic diet ordered due to DM (Diabetes Mellitus) and CHF (Congestive Heart Failure) dx's (diagnoses): potential of variable wts. (weights) due to edema management .Interventions .Monitor weights per orders . [SIC]</p> <p>R7's CNA (Certified Nursing Assistant) care plan documents the following:</p> <p>Daily Weight</p> <p>R7's weight record is missing daily weights for the following dates: 7/8/22, 7/9/22, 7/30/22, 7/31/22, 8/1/22, 8/2/22, 8/14/22, 8/19/22, 8/24/22, 8/26/22, 8/28/22, 9/4/22, and 9/5/22</p> <p>On 9/7/22 at 12:20 PM, Surveyor interviewed CNA (Certified Nursing Assistant) FF. Surveyor asked CNA FF how you know who needs to be weighed? CNA FF stated all the new people get weighed every day. Surveyor asked CNA FF how you know if a resident is a daily, weekly, or monthly weight? CNA FF stated the nurse will tell you. Surveyor asked CNA FF what if the Nurse has never worked in the facility before? CNA FF said the weights are on the care sheets too.</p> <p>On 9/7/22 at 1:09 PM, Surveyor interviewed LPN (Licensed Practical Nurse) BB. Surveyor asked LPN BB how you know if a resident is a daily, weekly, or monthly weight? LPN BB said it should be in the MAR (Medication Administration Record)/TAR (Treatment Administration Record).</p> <p>On 9/7/22 at 3:52 PM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B if weights should be done as ordered? DON B said yes.</p> <p>Example 3:</p> <p>R7 has the following diagnoses: acute respiratory failure with hypoxia, takotsubo syndrome (heart disease characterized by transient dysfunction and ballooning of the left ventricle of the heart), subsequent non-ST elevation (NSTEMI) myocardial infarction, obesity, atrial fibrillation, ill-defined heart disease, essential (primary) hypertension, peripheral vascular disease, occlusion and stenosis of left carotid artery, and chronic obstructive pulmonary disease with (acute) exacerbation. R7's most recent MDS (Minimum Data Set) 7/23/22 documents that she scored 10 on her BIMS (Brief Interview of Mental Status) which indicates she is moderately impaired cognitively.</p> <p>R7's Physician Orders include the following:</p> <p>7/1/22 - Left Lateral Leg - Cleanse wound with saline, protect peri-wound with Skin Prep, Apply Collagen to wound bed, Cover wound with Foam, change every other day, Change PRN (as needed)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R7's care plan documents the following:</p> <p>Focus - Impaired skin r/t to DM (Diabetes Mellitus), PVD (Peripheral Vascular Disease), HX WOUNDS CALLUS AND DRY AREAS TO FEET/TOES .Interventions - Complete treatment as ordered and complete weekly measurements and assessment of open areas .Treatment as ordered by MD .</p> <p>R7's TAR for July 2022:</p> <p>No signature/blank spaces on 7/11/22, 7/15/22, and 7/19/22</p> <p>R7's TAR for August 2022:</p> <p>No signature/blank spaces on 8/6/22 and 8/8/22 (This order started on 7/3/22)</p> <p>No signature/blank spaces on 8/9/22, 8/13/22, 8/15/22, 8/17/22, and 8/23/22 (This order started on 8/9/22)</p> <p>R7's TAR for September 2022:</p> <p>No signature/blank space on 9/6/22</p> <p>On 9/7/22 at 1:09 PM, Surveyor interviewed LPN (Licensed Practical Nurse) BB. Surveyor asked LPN BB if not signed out/blank on MAR/TAR what does that mean? LPN BB said didn't get signed/didn't get done.</p> <p>On 9/7/22 at 3:52 PM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B should wound treatments be signed out in TAR? DON B replied yes. Surveyor asked DON B what it meant if they were not? DON B stated either it was missed being signed out or it wasn't done. Surveyor asked DON B if wound treatments should be done as ordered? DON B said yes.</p> <p>36192</p> <p>Example 4:</p> <p>R16 was admitted on [DATE] and readmitted on [DATE], with diagnoses that include acute systolic (congestive) heart failure, acute kidney failure, and other ascites.</p> <p>R16's Admission MDS (Minimum Data Set) assessment was not available on 9/7/22.</p> <p>R16's Hospital Discharge Summary, dated 8/24/22, states in part: .admitted [DATE] .discharge date : 8/24/2022 . Active problems .Acute HFrEF (heart failure with reduced ejection fraction) Discharge plan: Follow-up issues for PCP (Primary Care Provider)/specialist: 1. see outpatient follow-up notes under each problem below.Acute Systolic CHF exacerbation .monitor intake and output as able (incontinence/spillage effect numbers), daily weights. low sodium diet . Things to follow-up on as an outpatient: blood pressure and fluid volume adequately controlled? .</p> <p>R16's order list for August and September 2022, indicates the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Daily weight, call provider for weight gain of 3 pounds or more in 1 day or 5 pounds in 1-week, everyday shift for monitoring.</p> <p>- Low-fat - no added salt diet, regular texture, regular consistency, for 2000 milliliters per day fluid restriction.</p> <p>R16's August 2022 & September 2022 MAR (Medication Administration Record) indicates that R16 is on a 2000 milliliter per day fluid restriction. There is no evidence provided to Surveyor that this is being monitored or tracked. There is no indication on R16's MAR that resident is a daily weight. R16's Treatment record was not provided to Surveyor.</p> <p>R16's weights that are documented in R16's record are as follows:</p> <p>8/24/22 173.9</p> <p>9/1/22 173.1</p> <p>9/4/22 171.2</p> <p>9/6/22 170</p> <p>9/7/22 172.8</p> <p>The following dates were missing 8/25, 8/26, 8/27, 8/29 - 8/31/22, 9/2, 9/3, and 9/5.</p> <p>R16 was sent to the hospital on 8/27 around 10 AM and returned on 8/29/22 due to heart pain.</p> <p>On 9/7/22 at 10:30 AM, Surveyor spoke with R16 regarding his weight and fluids. R16 indicated he does not get weighed every day. R16 indicated he tries to keep track of his fluid himself and tries to limit them so he's not urinating all over. R16 indicated staff do not monitor his fluids. R16 had 3 Styrofoam cups stacked together in his room, the top cup had a lid and straw on it. R16 indicated that was his water. This cup appeared to be about an 8-ounce cup. R16 could not say how long the cups have been there, just that the cups are for his water.</p> <p>On 9/7/22 at 12:20 PM - 12:45 PM, Surveyor interviewed DON B. DON B indicated that he would expect R16's intakes and outputs to be monitored if on a fluid restriction, and would expect a resident with heart failure to be weighed daily.</p> <p>On 9/19/22 at 10:30 AM, Surveyor interviewed NP (Nurse Practitioner) DD regarding R16. NP DD indicated daily weights were written as an order on 8/25/22 by NP DD regarding R16's discharge summary. NP DD indicated R16's hospital discharge summary on 8/24/22 indicated daily weights and the order was not transcribed. NP DD would expect the facility to do daily weights on R16 and notify NP DD with changes due to R16 having heart failure and being on a fluid restriction.</p> <p>33166</p> <p>Example 6:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R22 was admitted to the facility on [DATE]. R22 has diagnoses which include Acute on Chronic Congestive Heart Failure, Type 2 Diabetes Mellitus, and Right Below the Knee Amputation.</p> <p>R22's Minimum Data Set with an Assessment Reference Date of 8/25/22 indicates R22 has a Brief Interview for Mental Status score of 13 indicating R22 is cognitively intact.</p> <p>R22's September Physician orders state in part; monitor for daily weights (via Hoyer lift) Notify for 3-pound gain in one day or 5-pound gain in one week. One time a day related to Acute on Chronic Congestive Heart Failure.</p> <p>R22's Medication Administration Record (MAR) for September 2022 notes the following weights:</p> <p>9/1/22 - No weight recorded</p> <p>9/2/22 - 322.5</p> <p>9/3/22 - 322.5</p> <p>9/4/22 - 322.5</p> <p>9/5/22 - Not Applicable - no weight recorded</p> <p>9/6/22 - No weight recorded</p> <p>9/7/22 - 216.8 - *note this 105.7 pound weight loss in 2 days the facility did not reweigh R22.</p> <p>9/8/22 - No weight recorded</p> <p>On 9/7/22 at 4:15 PM Surveyor interviewed DON B regarding R22's weights. DON B stated he would expect R22 to be weighed daily per physician orders. Surveyor asked DON B regarding R22's weight discrepancy of 105.7 pounds in 2 days. DON B stated he would expect R22 to have a reweight if weight discrepancy met the criteria for MD notification to contact the MD.</p> <p>36253</p> <p>Example 5:</p> <p>R27 was admitted to the facility on [DATE] and has diagnoses to include vascular dementia. R27's care plan states that due to a mechanically altered diet, he will maintain a weight of 119 pounds +/- 4 pounds. This was put into place on 11/15/21. Additionally, R27 has a stage 3 pressure injury to his right hip and rests on an air mattress to aid in wound healing. R27's skin care plan states, Air Mattress settings are based on weight. Set air mattress at 130 pounds.</p> <p>R27's signed monthly physician's orders state he is to have a Magic Cup supplement with meals for weight loss.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R27 has a stage 3 pressure injury on his right hip. A 6/24/22 wound evaluation, completed by the wound doctor, states, Discussed nutrition and its impact on wound healing .plan of care discussed with facility staff.</p> <p>The facility's Registered Dietician (RD) on 8/24/22 at 11:57 AM noted that R27's weight on 6/22/22 was 121.8 lbs., but did not mention any weights since that time.</p> <p>R27 did not have a documented weight since 6/22/22. The facility was unable to provide any documentation as to whether R27 had been weighed since 6/22.</p> <p>On 9/8/22 at 2:38 PM, Surveyor interviewed DON B who stated he was unsure why R27 had not been weighed since 6/22/22 but given his risk of continued weight loss and his stage 3 pressure injury, he should be weighed weekly, at a minimum.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36192</p> <p>Based on observation, interview and record review the facility did not ensure residents received care consistent with professional standards of practice to treat or prevent pressure injuries, for 3 of 8 Residents reviewed (R27, R18 and R3)</p> <p>LPN BB (Licensed Practical Nurse) did perform hand hygiene or change her gloves during wound care for R27.</p> <p>R18's wound care was not completed per Physician order.</p> <p>R3's wound treatment was not completed as prescribed; all nursing staff were not educated to correct this omission.</p> <p>Evidenced by:</p> <p>Facility policy, entitled Wound Care, revised 10/2010, includes, in part: Verify that there is a physician order for this procedure. Review the resident's care plan to assess for any special needs of the resident. Assemble equipment and supplies as needed. Date and initial all bottles and jars upon opening. Wipe nozzles, foil packets, bottle tops, etc. with alcohol pledge before opening as necessary . Wash and dry hands thoroughly. Discard all soiled laundry, linen, towels, and washcloths into the soiled laundry container. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly . Wipe reusable supplies with alcohol as indicated .</p> <p>The facility policy, entitled Policy and Procedure Handwashing, with a revision date of 10/2021, states, in part: . Purpose: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections. Procedure: Washing Hands with Soap and Water 1. Staff will perform hand hygiene by washing hands for at least fifteen (15) seconds with antimicrobial or non-antimicrobial soap and water should be performed under the following conditions: . c. Before applying gloves and after removing gloves or other PPE (personal protective equipment); . e. After handling items potentially contaminated with blood, body fluids, or secretions, f. Before moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments; g. After providing direct resident care .</p> <p>Example 1</p> <p>R27 was admitted on [DATE]</p> <p>R27's Right hip wound treatment orders, dated 8/8/22 indicate to cleanse wound with saline, protect periwound with skin prep, apply collagen to wound bed, apply alginate with silver to wound bed, cover wound with bordered gauze, change daily and as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/7/22 at 1:10 AM, Surveyor observed Agency LPN BB perform wound care on R27 right trochanter pressure injury. Surveyor observed LPN BB place supplies that she had gathered on top of R27's OBT (over bed table), without cleaning or sanitizing the table, R27 had cups filled with beverages sitting on the OBT. LPN BB performed hand hygiene and applied gloves. LPN BB placed a hand towel down on the bed next to R27. LPN BB then removed R27's old dressing to his right hip/trochanter area. LPN BB poured normal saline over the wound area, even though it contained packing from the previous dressing. LPN BB then used the towel that was placed to remove the old collagen and calcium alginate packing, then proceeded to pour more normal saline over the area. LPN BB then used the hand towel from the bed to dab the wound area dry. LPN BB while wearing the same gloves, applied a gel skin barrier/skin prep to the surrounding tissue of the wound. LPN BB then proceeded to use the same gloves and rip a piece of collagen off to place into the wound bed. LPN BB stated, I don't have scissors. LPN BB then ripped a piece of alginate (silver) off to place into the wound bed. LPN BB then placed a border gauze on top of the wound. LPN BB removed her gloves and threw the supply debris away and repositioned R27 and covered him up. LPN BB upon leaving the room tried to use the hand sanitizer in the room, it was empty. She then went down the hallway to a hand sanitizer pump in the hall and performed hand hygiene with hand gel.</p> <p>Surveyor asked when it is appropriate to do hand hygiene/hand washing, LPN BB indicated she performed hand hygiene before the treatment. No further indication of when to perform hand hygiene was provided by LPN BB. Surveyor asked when it was appropriate to change gloves, LPN BB indicated after dirty, and after old dressing. Surveyor asked LPN BB if she should have cleaned or sanitized the OBT before placing items on it and after, LPN BB stated sure, we don't have anything to clean it. Surveyor observed bleach wipes on medication carts in the hallway.</p> <p>On 9/7/22 at 12:20 PM Surveyor interviewed DON B (Director of Nursing) regarding the observation with R27's wound care by LPN BB. DON B indicated hand hygiene and gloves are to be done when going from dirty to clean. DON B indicated staff are to do hand hygiene, apply gloves, remove old dressing, remove gloves to do hand hygiene, then apply a new pair and then remove and do hand hygiene once completed. DON B indicated the OBT should be cleaned before use and staff are not to use hand towels to clean a wound.</p> <p>38882</p> <p>Example 2</p> <p>R18 was admitted to the facility on [DATE] following a surgical procedure to resect part of her small bowel and to repair a hernia with mesh.</p> <p>R18's Physician orders, included: Right Groin: Cleanse with normal saline, loosely pack right groin incision with Aquacel Ag rope, cover with gauze, then secure with border foam dressing every day shift for wound care.</p> <p>R18's MAR/TAR, August and September 2022, includes, in part: Right groin: cleanse with normal saline, loosely pack right groin incision with Aquacel AG rope, cover with gauze, then secure with border foam dressing, every day shift for wound care . start date 8/26/22</p> <p>8/26/22 (blank; not signed out as completed)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/27/22 completed</p> <p>8/28/22 (blank; not signed out as completed)</p> <p>8/29/22 completed</p> <p>8/30/22 (blank; not signed out as completed)</p> <p>8/31/22 (blank; not signed out as completed)</p> <p>9/1/22 completed</p> <p>9/2/22 completed</p> <p>9/3/22 (blank; not signed out as completed)</p> <p>9/4/22 completed</p> <p>9/5/22 completed</p> <p>(It is important to note 5 out of 11 times R18's wound care treatment is not documented as completed.)</p> <p>On 6/9/22 at 4:53 PM DON B (Director of Nursing) indicated R18's wound care should have been completed daily and it does not look like it was. DON B indicated it is his expectations that wound care is carried out as prescribed by the ordering Physician.</p> <p>34400</p> <p>Example 3</p> <p>R3 was admitted [DATE] with a diagnosis of pressure ulcer of sacral region, unspecified stage.</p> <p>R3's quarterly MDS (Minimum Data Set) assessment on 8/11/22 notes R3 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R3 is cognitively intact.</p> <p>R3's physician orders include in part on 8/19/22: treatment to buttock wound: Remove old dressing, wash (buttock wound) with soap and water with washcloth, rinse completely and pat dry with clean washcloth or towel. Apply Iodasorb gel 9% to sacral wound, place gauze in wound, Nystatin powder to skin edges and crease, cover with Mepelix border dressing, every evening shift. (This order was updated on 8/19/22, previous order had been for Iodaflex to wound bed, which was to be completed daily for R3.)</p> <p>On 9/3/22 at 9:50 AM, R3 reported to Surveyor that his treatment to his buttock wound (which he's had for 7 years), was not always completed or done correctly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3 reported to the facility that R3's treatment was not completed on 8/9/22, 8/10/22 and 8/21/22. Record review shows the facility completed an investigation and self-report to the state agency regarding this concern. Surveyor requested proof of education to the nurses regarding R3's omission of pressure ulcer treatment. The facility had evidence of 5 nurses receiving education on the facility's Wound Care Policy. Surveyor reviewed nurse's schedules between 8/25/22 and 9/6/22 and noted 12 other nurses working with R3 had no evidence of training for wound care.</p> <p>On 9/6/22 at 4:00 PM, Surveyor interviewed NHA A (Nursing Home Administrator) about educating all the nurses, regarding concerns of R3's treatment to his pressure ulcer. NHA A indicated that the facility is still in the process of educating all the nurses regarding R3's wound care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</p> <p>Based on observation, interview, and record review, the facility did not ensure adequate supervision or fall interventions were in place for residents who required increased supervision to prevent accidents/hazards from occurring for 3 of 5 sampled Residents (R9, R24, & R26).</p> <p>R9 did not have fall interventions in place. R9 fell out of bed on [DATE] requiring sutures.</p> <p>R24 is not adequately supervised to prevent him from wandering into other resident rooms.</p> <p>R26 did not receive adequate supervision with meals. R26 had a downgrade in meal texture however, R26's meal ticket was inaccurate.</p> <p>This is evidenced by:</p> <p>R9 was a long-term resident of the facility. R9 had the following diagnoses: multiple sclerosis, other paralytic syndromes, dysphagia, weakness, volvulus, functional quadriplegia, personal history of transient ischemic attack (TIA,) and cerebral infarction without residual deficits. R9's most recent MDS (Minimum Data Set) dated [DATE] documents the following: .bed mobility ,d+[DATE] (extensive assistance/2 persons physical assist), transfer ,d+[DATE] (total dependence/2 persons physical assist), locomotion on unit ,d+[DATE] (total dependence, one-person physical assist) .no falls since admission/entry or reentry .</p> <p>The facility's Policy and Procedure entitled Falls and Fall Risk, Managing dated ,d+[DATE] documents, in part: .1. The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor (s) of falls for each resident at risk or with a history of falls .5. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant .</p> <p>R9's Fall risk assessment dated [DATE] documents a score of 17 which indicates he is high risk. R9's EHR (Electronic Health Record) documents the following: Next Assessment Due: Fall Risk Assessment: 70 days overdue - [DATE].</p> <p>R9's care plan documented the following:</p> <p>[DATE] Risk for falls secondary to weakness and MS; resident will not sustain any further falls; assist resident to and from destinations, has LAL mattress and will add bolsters to bed, observe for changes in level of consciousness, refer for therapy screen as needed, transfers with 2 assist and Hoyer [SIC]</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE] SAFETY/FALLS: Actual/At Risk/and/or Potential for Complications with falls R/T (related to) current medical/physical status. Has meds (medications)/dx (diagnosis) that can/may affect fall risk; Will have reduced risk for falls with stated interventions through next review date, Will not be injured in falls though next review date; [DATE]: ensure resident is placed in center of bed with pillows placed for positioning and edge of bed definition, [DATE]: Bolsters on bed, Pillows for positioning, Call light positioned for easy access, Fall review per facility protocol, Reinforce need to use the call light to request assistance, Specialty- Chair [SIC]</p> <p>It is important to note that the facility's new intervention from the current fall on [DATE] is to ensure resident is placed in the center of the bed with pillows placed for positioning and edge of bed definition; pillows for positioning were supposed to be in place for R9 since [DATE].</p> <p>R9's fall report documents the following:</p> <p>Incident description: Nursing Description: CNA (Certified Nursing Assistant) notified writer of resident being on the floor at 9:31 AM. Per CNA she stated that she found him on the floor prior to notifying writer. Resident was on floor, right side of his bed, positioned onto the front side of his body with his arms contracted in under him. Resident was also found with a pool of blood coming from his head.</p> <p>Resident Description: Resident was asked by staff including writer and EMS (Emergency Medical Services) how he fell out of bed, Resident stated I don't know. Resident was asked what he was doing prior to the fall by activities director and resident stated again, I don't know.</p> <p>Immediate Action Taken: Description: Writer called 911 at 9:35 AM and was able to obtain pulse and O2 (oxygen) levels which were 98% spo2 (oxygen saturation) and 98 for a pulse at 9:39 AM. Writer was unable to obtain a blood pressure due to position resident was in. Resident was lying on his front torso more so towards his right side with his arms contracted in towards his chest, making it difficult to access his arms for a blood pressure .Intervention: ensure resident is placed in center of bed with pillows placed for positioning and edge of bed definition. Level of PAINAD (Pain Assessment in Advanced Dementia Scale - , d+[DATE]=mild pain, ,d+[DATE]=moderate pain, ,d+[DATE]=severe pain) . (R9's score) 10 .Mental Status: other - Resident was able to state his name and place of living but could not recall what happened leading up to the event. Resident was able to convey to staff including writer and EMS that he was aware that he fell out of bed. Once EMS was able to transfer and reposition resident onto sliding transfer board, they were able to make out where the blood was coming from which was a skin tear to the right temporal lobe where there was also a hematoma .Notes: [DATE] IDT (Interdisciplinary Team) met and discussed fall. Intervention: ensure resident is placed in center of bed with pillows placed for positioning and edge of bed definition [SIC]</p> <p>R9's ED (Emergency Department) report documents the following:</p> <p>.Chief Complaint: Head Injury and Fall .Laceration Location: right sided parietal scalp, Size: Length 2.5 and 1.5 cm .Sutures: Two sets of running sutures were placed .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Is bed bound .He was in bed, and he ended up falling out of bed .unwitnessed fall .found on the ground during rounds .EMS report there may have been 250 cc of blood on the ground due to head laceration . denies headache or vision changes .Medical Decision Making .CT head and cervical spine showed no acute bleed or fracture. CXR (chest x-ray) and pelvic x-ray also negative for fracture. His labs were stable .He had no traumatic injury found on work up that required inpatient hospitalization and will discharge back to the nursing facility . [SIC]</p> <p>R9's progress notes document the following:</p> <p>[DATE] at 11:32 AM Activity Progress Note: No updates from .hospital as of yet. Family has been notified along with provider, ADON (Assistant Director of Nursing), DON (Director of Nursing). [SIC]</p> <p>On [DATE] at 3:12 PM Activity Progress Note: Resident returned back to facility at 1450 (2:50 PM) with no abnormal findings from diagnostic labs. Family updated; provider updated. Fall neuro check monitoring initiated. [SIC]</p> <p>On [DATE] at 7:49 PM Activity Progress Note: T: 97.4 (temperature) P:76 (pulse) R:19 (respirations) B/P: , d+[DATE] (blood pressure) SpO2:96%; Resident returned from hospital around 1400 (2:00 PM) via ambulance. Residents discharge papers read that all scans and test were normal. Discharge also notes midline being placed which resident did not return with. He tolerated medications and bolus feeding well. Will continue to monitor. [SIC]</p> <p>On [DATE] at 7:47 AM Activity Progress Note: CNA informed writer at 0445 (4:45 AM) that resident had thick secretions in his mouth, and it appeared foamy. Resident was assessed right away, and writer began suctioning resident. Immediately after patient was suctioned, doctor . (on call) was contacted to notify of the patients change in condition as well as of the secretions in mouth. I was on the mobile phone with the provider when I entered residents' room and observed him unconscious. Writer immediately grabbed the emergency crash cart and called for help. CPR (Cardiopulmonary Resuscitation) was initiated and 911 was called right away. Emergency services arrived and continued CPR. Resident was pronounced deceased at 0535 (5:35) AM. Family and DON were notified. Resident will be released to .funeral home. [SIC]</p> <p>On [DATE] at 1:00 PM, Surveyor interviewed AD (Activity Director) RR. Documentation showed that AD RR was present after R9 fell out of bed. Surveyor asked AD RR what he could explain about R9's fall? AD RR explained that a CNA came to the IDT's morning meeting stating that R9 had fallen; AD RR stated he could typically understand R9, so he went to the room to assist. AD RR went on to describe how R9 was lying on the floor with his arms underneath his chest, his head, right side of torso and right thigh resting on floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:13 PM, Surveyor interviewed Agency LPN (Licensed Practical Nurse) K. Surveyor asked LPN K if she could explain what she knew about R9's fall. LPN K stated, We were short CNAs that morning so we were discussing how we were going to split things up; we had 3 nurses for the building, 3 CNAs for the building, and only 2 back here for our four wings for that AM shift, a NOC (3rd shift) CNA stated that R9 and some others had refused to be changed, now that didn't make sense to me because that is very uncharacteristic of R9; I started medication pass on Pine wing, went back to Elm wing to administer a PRN (as needed) medication, when I went past R9's room, I waved to R9 and went back to finish medications; about 9:00 AM a CNA overheard R9 yelling for help, she said she was passing breakfast trays at this time, so she went to the room and she found R9 on the floor and she yelled to me. I went to R9's room, I did not move him, I called 911 about 9:33 AM. Surveyor asked LPN K if there was an RN (Registered Nurse) that assessed R9 while he was on the floor? LPN K said no, another LPN was assisting her, and the DON was in and out of room assisting with directions of what needed to be done. Surveyor asked LPN K if she recalled how R9 was positioned when she saw him earlier in the morning when passing R9's room? LPN K said in just passing by he was upright in his bed. Surveyor asked LPN K if she saw the care planned pillows were in the bed or now on the floor that would've been used to position him in bed? LPN K replied just one pillow was in his bed. Surveyor asked LPN K if there were any pillows on the floor of R9's room? LPN K said no; LPN K further explained that once EMS arrived, they noted a skin tear to R9's head and hematoma, which is where blood was coming from. Surveyor asked LPN K if she spoke with anyone at the hospital regarding R9 returning to the facility? LPN K stated no, R9's paperwork documented his CT scan was negative, bloodwork was negative. Surveyor asked LPN K if neuro checks were started prior to R9 going to the ED? LPN K said no, they were started on 2nd shift upon his return. Surveyor asked LPN K if there's anything else that may be pertinent to know regarding this fall? LPN K stating when looking into care plans, he was supposed to have pillows for positioning; he had the bolsters on the mattress, but the bed height was high. Surveyor asked LPN K approximately how high? LPN K approximated about 30 feet off the ground. Surveyor asked LPN K if there was any education received after this fall? LPN K said verbal education to put bed lower once done with resident.</p> <p>It is important to note that the facility did not follow R9's care plan to have pillows in bed to position him.</p> <p>On [DATE] at 5:46 PM, Surveyor interviewed DON (Director of Nursing) B. Surveyor asked DON B if an RN should have assessed R9? DON B said yes, and it should be documented. Surveyor asked DON B if there were pillows in place to position R9 prior to fall? DON B said no, there was only the 1 pillow for his head, he was bleeding from his head, and we did apply ice. Surveyor asked DON B how many CNAs were present in the back of the facility for the four wings? DON B reviewed the schedule and the time clock punches and stated 2. Surveyor asked DON B what the new intervention was after R9's fall? DON B stated to have him centered in the bed with pillows to position him and define edge of bed. Surveyor asked DON B if they determined the root cause of R9's fall to be that he wasn't positioned well in bed? DON B stated, He couldn't move on his own, so it had to be.</p> <p>It is important to note that the facility did not follow R9's care plan to have pillows in bed to position him.</p> <p>On [DATE] at 6:24 PM, Surveyor interviewed DCE (Director of Clinical Education) SS. Surveyor asked DCE SS if there was any education provided to the staff following R9's fall? DCE SS stated not directly related to his fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>36253</p> <p>Example 2:</p> <p>The facility does not currently have a dietary manager.</p> <p>R26 was admitted on [DATE] and has diagnoses that include dysphagia following cerebral infarction. On [DATE], physician's orders were placed for R26 for a pureed texture diet as R26 had been pocketing food. Previous to [DATE], R26 had been on a mechanical soft diet.</p> <p>On [DATE] at 9:19 AM, Surveyor interviewed Cook D, who stated that resident meal cards are frequently incorrect. Surveyor then asked Cook D if there were any current meal cards that were incorrect. Cook D then stated yes, and pulled out the meal card for R26 which stated he was on a mechanical soft diet. Cook D then stated that she had to cross off mechanical soft every day and write puree. Cook D stated that the residents' meal cards are supposed to be updated by the dietary manager, but the facility has not had a dietary manager recently. Cook D also stated that she knew R26 was on a pureed diet because speech therapy passes diet texture physician's orders to the cooks via mailbox, but speech therapy does not change the dietary cards. When asked if non-dietary staff, including any new or agency CNAs (Certified Nursing Assistants) would know that R26 was on a pureed diet and not mechanical soft, Cook D responded, They wouldn't.</p> <p>On [DATE] at 10:20 AM, Surveyor interviewed Cook E while he was preparing the evening meal. Cook E stated he too, has to change R26's dietary card daily and pulled it out of a stack of dietary cards and showed Surveyor. The meal ticket read mechanical soft. Cook E stated he has to change the card right before meal. Cook E stated he was unsure how non-dietary staff would know if R26 was on any special type of diet.</p> <p>On [DATE] at 1:10 PM, Surveyor interviewed MD OO (Maintenance Director). MD OO stated that he has been working at the facility for 3 months and, due to his supervisory role, would often have to provide oversight to the kitchen due to the lack of a dietary manager. MD OO stated that on 3 or 4 occasions he has had to cook and plate the food for various meals. When asked how he knows what diet consistency a resident is supposed to follow, MD OO stated he follows the resident dietary cards. MD OO also stated that he does not get any mail or correspondence about resident diet textures or preferences.</p> <p>On [DATE] at 3:46 PM, Surveyor interviewed ST (Speech Therapist) PP, who has provided speech therapy services to the facility. ST PP stated that when a doctor makes an order for a new diet consistency, speech therapy will put that information in the mailbox of the cooks and then the dietary manager will update the resident's meal cards.</p> <p>R26 had not suffered any aspiration events and Surveyor observed R26 with the correct diet consistency on [DATE].</p> <p>The facility was aware on [DATE] that R26's diet had been downgraded from mechanical soft to pureed but did not update R26's meal card and did not have a plan to prevent uneducated and non-dietary staff from serving R26 a non-pureed diet.</p> <p>36192</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Example 3:</p> <p>R24 was admitted on [DATE] with diagnoses that include vascular dementia without behavioral disturbance and metabolic encephalopathy.</p> <p>R24's admission MDS (Minimum Data Set) assessment as of [DATE] has not been completed. Unable to say what R24's cognition is or if he is able to understand others or if he is able to make himself understood.</p> <p>R24's Care Plan states in part: Focus. The resident is an elopement risk due/to as exhibited by cognitive impairment, impaired safety awareness, new admission and unfamiliar with surroundings, history of wandering, wandering into other resident's rooms. Date initiated: [DATE]. Goal: The resident will not leave the facility unattended through the review date .interventions: Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. Date initiated [DATE].Provide structured activities: toileting, walking inside and outside, reorientation strategies including signs, pictures, and memory boxes. Date initiated [DATE].Focus: Stop sign banners in place with resident's neighbors to reduce incidents of resident wandering into neighboring rooms. Date initiated [DATE]. Goal resident will have decreased incidents of wandering in neighboring rooms with stop sign banners in place . Interventions stop sign banners in place to reduce incidents of wandering into neighboring rooms.</p> <p>(No evidence that R24 is to be one on one based on his care plan or CNA (Certified Nursing Assistant) care plan/care guide for the unit provided to Surveyor on ,d+[DATE].)</p> <p>On [DATE] at 8:40 AM, Surveyor interviewed R8. R8 indicated the guy next door (R24) comes out into the hall and pees on the floor. R8 indicated to Surveyor that he hears the nurse every morning telling him (R24) not to pee on the floor. R8 indicated that this resident (R24) also wanders into rooms.</p> <p>Please note R8's quarterly MDS dated [DATE], indicates R8 has a BIMS (Brief Interview of Mental Status) score of 15 out of 15 indicating R8 is cognitively intact.</p> <p>On [DATE] at 11:03 AM, Surveyor interviewed Agency LPN (Licensed Practical Nurse) L regarding the urine smell in the hall. LPN L indicated that R24 has urinated across the hall in the ladies room, then after he did that, he asked where the bathroom was and urinated in the bathroom also.</p> <p>On [DATE] at 11:05AM, Surveyor interviewed roommates R7 and R28 regarding R24. R28 indicated a couple days ago R24 was wandering around looking for his room, then came back and urinated on the floor, urinating on the floor a couple days ago. R28 indicated R24 comes into her room at least three times a day and it takes staff a while to get him out of the room. R28 indicated that R24 peed on the floor today. R7 indicated that R24 came into her room at 3:00 AM. R7 indicated she does not like R24 coming into her room. R7 stated she is afraid he will pee on her things. R7 indicated that R24 has come into her room and has peed on the floor and beds. R7 indicated a Velcro stop sign was placed across the door to keep R24 from entering her room but a CNA took it down. (No stop sign observed on R7 and R28's doorway at this time.) R7 feels the stop sign was helping, but a CNA took it off a couple days ago. R7 would like the stop sign to be put back up. Surveyor observed the stop sign folded and sitting on a chair in R7's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:02 AM, CNA Z brought R8 back in from smoking, which left the unit without a CNA at that time. Surveyor asked CNA Z who monitors or watches the hall while she's out with R8. CNA Z responded no one.</p> <p>During this time no one would have been on the hall to keep R24 from wandering on the unit or into other rooms.</p> <p>On [DATE] at 11:55 AM, R8 indicated to Surveyor that he does not want (R24) coming in his room to pee while he's sleeping. R8 indicated they need to move him (R24).</p> <p>(R7's room is across the hall from R24, and R8's room is next door to R24. R8 and R24 share a bathroom between their rooms.)</p> <p>On [DATE] at 3:45 PM, Surveyor spoke to SW (Social Worker) X regarding R24's wandering. SW X indicated she does not have a grievance or concern voiced by R7 or R28 related to R24 going into their room.</p> <p>On [DATE] at 4:15 PM, Surveyor interviewed CNA P regarding R24 urinating on the floor. CNA P indicated R24 gets up and walks across the hall and will pee on the floor and the bed. CNA P indicated when trying to redirect R24 he would sit on the bed. CNA P indicated that R24 peed in inappropriate areas three times in one day, indicating on the floor and a bed. CNA P indicated that R7 and R8 were hollering and cussing that he (R24) urinated on the floor. CNA P indicated she told DON B about this.</p> <p>On [DATE] at 10:55 AM, R7 indicated to Surveyor that R24 came into his room last night and threatened him. R24 was not observed as being one on one at this time.</p> <p>On [DATE] at 11:00 AM, Surveyor interviewed LPN L regarding R24. LPN L is the nurse for R7, R8, R24, and R28. LPN L indicated that R24 wandered into R8's room last night (,d+[DATE]) and that LPN L was called over from another hallway to assist. R24 was observed as not being one on one while speaking with LPN L. Surveyor also observed R7 has a stop sign banner up on her doorway.</p> <p>On [DATE] at 11:05 AM, Surveyor interviewed DON B. DON B indicated he was not aware of the incident with R8 on ,d+[DATE], but was aware of R24 threatening his old roommate, and the roommate was moved and they're doing one to one with R24. R24 was observed as not being one on one during this time.</p> <p>On [DATE] at 11:15 AM, Surveyor observed CNA Z assisting R24 back to bed after using the rest room. CNA Z then left to answer call lights on the unit.</p> <p>On [DATE] at 11:30 AM, Surveyor heard yelling in the hallway while in the library room. R7 and R28 were both hollering at R24 to leave their room. Surveyor went out to observe what was happening. Surveyor observed CNA Z, escorting R24 out of R7 and R28's room, due to R24 wandering into their room. R7 indicated that R24 did not touch anything in the room, but indicated he was trying to make a phone call.</p> <p>On [DATE] at 11:40 AM, Surveyor interviewed CNA Z regarding R24 and his wandering. CNA Z stated, nothing else for him to do. CNA Z indicated that R24 doesn't do anything but wander or watch TV. R24 was observed laying in his bed at this time with the TV on. R24 was not one on one with staff currently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>On [DATE] at 12:15 PM, Surveyor interviewed LPN L regarding R24's brace. R24 was not on one to one with staff.</p> <p>On [DATE] at 12:20 PM Surveyor interviewed DON B related to R24's action with R26. DON B indicated they made R24 one to one on [DATE]. DON B indicated there is to be a CNA there to watch over him and should be occupying him. Surveyor asked if R24 was to be one to one, should he have been able to go into R7 and R8's room on ,d+[DATE]? DON B replied no. Surveyor informed DON B that R24 has been observed without a one to one with staff on ,d+[DATE] and ,d+[DATE]. DON B indicated he is to be one on one, and staff should not be leaving him.</p> <p>On [DATE] at 1:00 PM, Surveyor observed R24 lying in bed resting, and no staff were doing one on one with him. There is a chair in the room for staff to sit in while doing one to one, but no staff was observed in the room.</p> <p>On [DATE] at 4:40 PM, Surveyor observed a staff member sitting in a chair in R24's doorway.</p> <p>The facility failed to ensure R24 had adequate supervision to prevent wandering into other resident's rooms.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38882</p> <p>Based on interview and record review, the facility did not ensure that each resident maintains acceptable parameters of nutritional status unless the resident's clinical condition demonstrates that this is not possible in 3 of 6 residents (R) reviewed (R18, R4, and R27.)</p> <p>On 8/5/22, R18 was diagnosed and treated for dehydration, failure to thrive, and malnutrition. When medically stable, R18 was admitted to the facility for rehab services and wound care with a goal of returning to her home, in the community. The facility failed to put aggressive measures in place to prevent R18 from significant weight loss or to maintain acceptable parameters of nutrition and hydration. Additionally, the facility failed to obtain admission weight and follow weight monitoring policy for R18, failed to consistently record and assess meal and fluid intake data being gathered to ensure R18 was meeting assessed nutrition and fluid needs, failed to accurately assess and complete assessments for signs and symptoms of weight loss and dehydration per plan of care, and failed to honor R18's food preferences when she asked for vanilla Ensure as ordered or ice cream, or to offer comparable options, and failed to notify R18's Medical Doctor/Nurse Practitioner when her weight was outside of set parameters.</p> <p>These failures created a finding of Immediate Jeopardy that began on 8/25/22. NHA A (Nursing Home Administrator) and DON B (Director of Nursing) were notified of the immediate jeopardy on 9/8/22 at 4:00 PM. On 9/22/22 the Immediate Jeopardy was not removed at the conclusion of the survey.</p> <p>R4 had a weight loss and was to receive 60 cc's of med pass supplement 4 times a day. there is no evidence that the supplement was provided until months later when it was first added to the TAR (Treatment Administration Record). R4 had a continued weight loss and Ensure was ordered to be provided 3 times a day. R4 did not always receive the Ensure as it was not available in the facility. There is no evidence that an alternate supplement was provided in the absence of the Ensure. In addition, R4 did not receive foods according to her preferences or that she was able to eat. R4 continued to experience an unplanned weight loss.</p> <p>R27 was nutritionally at-risk and did not have a recorded weight since 6/22/22.</p> <p>Evidenced by:</p> <p>The Risks of a Poor Diet for Seniors Nutrition for Seniors notes, A lack of calories can lead to a debilitated immune system, which makes it harder for the body to fight infection and promote wound healing. It also leads to weak muscles, which make falls more likely, and low bone mass, which makes those falls more likely to cause breaks. It also carries an overall greater risk of hospitalization and death. https://blog.highgateseniorliving.com/the-risks-of-a-poor-diet-for-seniors-nutrition-for-seniors</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Unintended weight loss can have negative consequences for the individual. According to the Nutrition Care Manual of the Academy of Nutrition and Dietetics, Treatment of unintended weight loss is imperative to ensure optimal outcomes for the older adult. Unintended weight loss is linked to increased mortality among older adults discharged from hospitals . The Geriatric Anorexia Nutrition Registry demonstrated that residents in long-term-care facilities who continue losing weight have a higher mortality rate compared with those who stop losing weight .Weight loss of 5% or more within 30 days is associated with a tenfold increase in the likelihood of death .</p> <p>Unintended weight loss often results in protein-energy undernutrition as the older adult loses critical lean body mass .and is more prone to pressure ulcers, infections, immune dysfunction, anemia, falls resulting in hip fractures, and other conditions.</p> <p>Malnutrition in the Elderly: A Multifactorial Failure to Thrive notes, Malnutrition and unintentional weight loss contribute to progressive decline in health, reduced physical and cognitive functional status, increased utilization of health care services, premature institutionalization, and increased mortality.</p> <p>According to CMS training, Implementing Measures in the Malnutrition Quality Improvement Initiative (MQii), malnourished individuals in the hospital are 5 times more likely to have an in-hospital death, are 54% more likely to be readmitted to the hospital within 30 days of discharge, with the leading cause of readmission being septicemia, are at greater risk for hospital-acquired infections, falls, pressure injuries, and slower wound healing, and are likely to have a hospital stay that is two times longer than a non-malnourished individual.</p> <p>Facility policy, entitled Weight Assessment and Intervention, revised September 2008, includes, in part: The nursing staff will measure resident weights on admission, the next day, and weekly for two weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter . any weight changes of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the Dietician in writing. Verbal notification must be confirmed in writing. The Dietician will respond within 24 hours of receipt of written notification. The threshold for significant unplanned and undesired weight loss will be based on the following criteria: .</p> <p>1 month - 5% weight loss is significant, more than 5% is severe</p> <p>3 months - 7.5% weight loss is significant, greater than 7.5% is severe</p> <p>6 months - 10% weight loss is significant, greater than 10% is severe . The Physician and multidisciplinary team will identify conditions and medications that may be causing weight loss or increase the risk of weight loss . For example: . chewing or swallowing abnormalities . medication-related adverse consequences . increased need for calories or protein . fluid nutrition loss . inadequate availability of food or fluids . Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the Physician, nursing staff, the Dietician the Consultant Pharmacist, and the resident or resident's legal surrogate. Individualized care plans shall address, to the extent possible: the identified causes of weight loss, goals/benchmarks for improvement and time frames and parameters for monitoring and reassessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R18 was admitted to the facility on [DATE] with the following diagnoses: severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia. R18 is alert and oriented times 4, as stated on her hospital discharge notes.</p> <p>(It is important to note, the facility has not submitted an admission MDS (Minimum Data Assessment) on R18 as of 9/15/22.</p> <p>On 9/6/22 at 4:12 PM during an interview, R18 indicated she was treated in the hospital for malnutrition and dehydration, but now that she has been in this facility she is not receiving vanilla Ensure 3 times a day. R18 also indicated she asks staff every day for vanilla ice cream and they tell her no and sometimes say they don't have any here. R18 indicated she also thought she would get snacks offered to her between meals, but she isn't. R18 indicated staff at the hospital discussed with her about eating more small meals instead of just 3 big ones. R18 stated her goal is to gain weight and strength and return to her home.</p> <p>R18's Admission Notification, dated 8/25/22, includes, in part: . R18's preferred name . admission to facility on 8/25/22 at 4:00 PM . arriving from the hospital via friend . age 82 . height 4'10 . weight 97 lbs. (pounds) . extra information: rib fracture, groin incision with wound cares . Dietary needs: Regular Diet . Discharge plan: Home with family .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R18's Hospital Progress and Discharge Notes, dated 8/5/22 - 8/25/22, include in part: . Orientation level: oriented times 4 . On 8/5/22 Admission weight: 70 lbs 3.2 ounces, noted as stated, taken weight at MD (Medical Doctor) office . weight 70 lbs . no leg edema . second weight on admission 74 lbs taken with bed scale . current weight 74 lbs . Usual weight per patient is 100 lbs . Patient was sent by her Personal Care Provider office due to failure to thrive, worsening generalized weakness, and coffee ground emesis. 8/6/22 Physical Examination findings: . not able to do, patient too tired/fatigued and having multiple emesis. Patient cachetic in appearance, with visible muscle wasting in temporalis and clavicles. Patient edentulous . Nutrition Assessment: Malnutrition related to decreased appetite/intake as evidenced by per patient report taking decreased intake for past 3 weeks with onset of intermittent nausea and vomiting. Patient taking less than 50% of estimated energy needs for greater than 5 days, with resulting weight loss of 11 lbs over past 5 months . 5 lbs of this was in the past one month/ Patient shows overall weight loss of 21 lbs over past 16 months. Patient meets criteria for Severe Malnutrition in the context of Acute Illness or Injury based on the Academy of Nutrition and Dietetics' and ASPEN's definition of malnutrition. Nutrition Prescription: Basal Energy Needs: 667 calories per day based on 70 lbs 2 oz. Estimated energy needs: 1029-1372 calories per day. Estimated protein needs: 48-63 grams per day. Nutritional Intervention: TNA (Total Parenteral Nutrition): Will initiate at 6:00 PM tonight pending PICC line placement . TNA will contain trace elements and multivitamin. Continue clear liquid diet. Plan for nursing bedside swallow after discontinuation of NG (nasal gastric) tube . Once diet advances will start liquid nutritional supplement drink of ensure enlive vanilla 8 ounces three times a day . on potassium, magnesium, and phosphorus replacement protocols . On 8/7/22, patient reported increased abdominal distention and abdominal pain in right lower quadrant. A loop of jejunum extends into a right inguinal hernia. There is a high grade small bowel obstruction at this level, with dilated upstream loops jejunum measuring to 3.6 cm. No evidence of bowel rupture. 8/8/22 Open right preperitoneal inguinal hernia repair with mesh, small bowel resection with primary stapled anastomosis 74 lbs . 8/9/22 Nutritional Support Pharmacy Consult: Parenteral Nutrition Support (TNA) is now indicated due to severe malnutrition. TNA is intended to slow or prevent the loss of lean body mass and help a patient heal wounds and fight infection. It will continue until the patient is better able to resume oral intake or in some cases may require transition to enteral nutrition when the digestive system is properly functioning . will begin TNA at 1030 calories and 50 grams of protein . full rate will be 45 ml/hour . has a history of fluid retention and edema so will watch intake and output .Multivitamins and trace elements added to daily nutritional solution. Liquid Nutritional Supplements: Plan to initiate at 1800 today pending PICC placement . Parenteral Access: Order in for central PICC placement . We are consulted to begin 8/10/22 NG tube discontinued . Diet orders: Dietary Nutritional Supplements: In addition to meals per facility Dietician recommendation: 4 ounces Vanilla . CIB Vanilla or Ensure Enlive Vanilla with breakfast, lunch, and dinner . Regular diet, soft and bite sized solids, thin liquids . alternate solid and liquid, small bites/sips, eat/feed slowly 8/19/22 current weight 97 lbs 8 ounces. Physician Orders: . Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals, start date 8/31/22.</p> <p>(It is important to note R18's hospital admission weight was 74lbs on 8/5/22 and her discharge weight was 97 lbs. 8 oz. on 8/25/22.)</p> <p>R18's Baseline Care Plan, initiated 8/26/22, does not include interventions or goals related to weight gain, loss, hydration status, or maintenance.</p> <p>R18's Comprehensive Care Plan, initiated 8/26/22, includes, in part: R18 has an actual infection/oral thrush (admitted with) . goal infection will resolve without complications .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>(Oral thrush causes white lesions on the tongue or inner cheeks. Symptoms may include: abnormality of taste, difficulty swallowing, burning, or loss of taste. It is important to note R18's Comprehensive Care Plan does not include her goal of gaining weight and does not include the interventions related to preventing weight loss, gain or hydration status.)</p> <p>R18's Physician Orders, for August and September 2022, include, in part:</p> <p>*Monitor weights daily . Notify Provider for weight less than 95 lbs. or greater than 105 lbs . start date: 8/31/22 .</p> <p>*Prostat Supplement 30ML by mouth daily . start date 8/30/22</p> <p>*Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals, start date 8/31/22</p> <p>(It is important to note the facility did not start daily weights or any weights until 8/31/22.)</p> <p>R18's Nurse Practioner Progress Note, dated 8/30/22, includes, in part: date of visit - 8/29/22 . General : thin, frail elderly female lying in bed with head of bed elevated to 90 degrees. Alert and oriented times 3. Speech clear. Though coherent . mood and affect appropriate for situation . She restarted Lasix upon admission to the skilled nursing facility. Hospital discharge weight: 99 pounds 4.8 ounces. No weight completed since admission to the skilled nursing facility . plan: daily weights. Notify provider for weight less than 95 lbs or greater than 105 lbs. Consult dietician to evaluate and treat, diagnoses of failure to thrive, malnutrition, non-healing post-surgical wound I have requested clarification from discharge provider as labs have not been able to be drawn with concerns for recurrent AKI, electrolyte abnormalities in setting of malnutrition .</p> <p>R18's Nutrition Assessment, dated 9/1/22, includes, in part: . order - regular, soft and bite sized, thin liquids . intake- good . most recent height- 58 . most recent weight- 85.2 . recommended weight range- 90 lbs . underweight . significant weight changes- no . insidious weight changes- no . Diuretic Therapy: No Medications: oxycodone, furosemide, levothyroxine, and potassium chloride . Weight loss or gain in past 1 month: (blank) . past 3 months: (blank) . past 6 months: (blank) . Significant weight changes: No . Estimated Nutritional needs: total calories: 1230-1435 . total fluids: 1230 . RD Assessment: review of [AGE] year old female admitted to the long term care facility services with history/diagnosis of: inguinal hernia, COPD, PCM, asthma, hypothyroidism, dysphagia, and osteoporosis. Resident is admitted on a regular, soft and bite sized diet with thin liquids. By mouth intakes average 50-100% of meals. Feeds self. Resident has an order for ensure with her meals. Recommend moving to between meals to allow for better by mouth intake/appetite at meal times. Current body weight 85.2 pounds Body Mass Index: underweight. Goal is for gradual weight gain due to low Body Mass Index. Skin surgery site. Medications: reviewed. List includes: levothyroxine, oxycodone, furosemide, KCl . currently meeting needs for weight gain .</p> <p>(It is important to note R18's Nutrition Assessment does not reflect the parameters set by R18's Physician's Orders, does not indicate significant weight changes in past 1 month, 3 months, or 6 months as indicated on R18's hospital discharge notes. Also note R18 is on diuretic therapy and has had significant weight loss prior to admission in the hospital with malnutrition, dehydration, and failure to thrive.)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R18's MAR/TAR (Medication/Treatment Administration Record) for 8/2022 and 9/2022, includes the following:</p> <p>*Monitor weights daily . Notify Provider for weight less than 95 lbs. or greater than 105 lbs . start date: 8/31/22 .</p> <p>R18's facility recorded weights are as follows:</p> <p>8/31/2022 10:03 85.2 Lbs</p> <p>8/31/2022 10:50 85.2 Lbs</p> <p>9/1/2022 16:47 75.2 Lbs</p> <p>9/1/2022 19:08 72.6 Lbs</p> <p>9/2/2022 13:16 71.6 Lbs</p> <p>9/3/2022 13:53 79.8 Lbs</p> <p>9/4/2022 11:49 77.0 Lbs</p> <p>9/4/2022 13:50 72.0 Lbs</p> <p>9/5/2022 13:51 70.2 Lbs</p> <p>9/6/2022 01:18 70.6 Lbs</p> <p>R18 had a 14.6 pound weight loss or a 17.14% weight loss in 6 days. The facility did not recognize this loss, did not notify the dietician or physician of this weight loss and did not assess R18 for potential dehydration as a result of this rapid weight loss.</p> <p>(It is important to note the facility did not weigh R18 on her admission or the day after admission as per facility policy for new admissions.)</p> <p>*Ensure with meals . start date 8/26/22</p> <p>8/26/22- 9/6/22 3 times this was not signed out as given to R18.</p> <p>(It is important to note R18 indicated through interview that she was not receiving these drink supplements 3 times a day like she thought she was supposed to be.)</p> <p>R18's Meal Intake, includes the following:</p> <p>8/25/22</p> <p>Dinner (blank)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>8/26/22</p> <p>Breakfast 51-75%</p> <p>Lunch 51-75%</p> <p>Dinner 76-100%</p> <p>8/27/22</p> <p>Breakfast (blank)</p> <p>Lunch (blank)</p> <p>Dinner 76-100%</p> <p>8/28/22</p> <p>Breakfast (blank)</p> <p>Lunch (blank)</p> <p>Dinner (blank)</p> <p>8/29/22</p> <p>Breakfast 76-100%</p> <p>Lunch 76-100%</p> <p>Dinner (blank)</p> <p>8/30/22</p> <p>Breakfast (blank)</p> <p>Lunch (blank)</p> <p>Dinner (blank)</p> <p>8/31/22</p> <p>Breakfast 76-100%</p> <p>Lunch 51-75%</p> <p>Dinner 51-75%</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>9/1/22</p> <p>Breakfast 51-75%</p> <p>Lunch 51-75%</p> <p>Dinner (blank)</p> <p>9/2/22</p> <p>Breakfast 51-75%</p> <p>Lunch 51-75%</p> <p>Dinner (blank)</p> <p>9/3/22</p> <p>Breakfast 76-100%</p> <p>Lunch 76-100%</p> <p>Dinner (blank)</p> <p>9/4/22</p> <p>Breakfast 76-100%</p> <p>Lunch 76-100%</p> <p>Dinner 51-75%</p> <p>9/5/22</p> <p>Breakfast 76-100%</p> <p>Lunch 76-100%</p> <p>Dinner 76-100%</p> <p>9/6/22</p> <p>Breakfast 76-100%</p> <p>Lunch 76-100%</p> <p>Dinner 26-50%</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>(It is important to note 13 times the facility staff did not record R18's meal/fluid intake.)</p> <p>On 9/6/22 at 2:36 PM CNA Z (Certified Nursing Assistant) indicated she does not know when R18 is supposed to be weighed, because there are no special instructions on her CNA Care Card or R18's Comprehensive Care Plan.</p> <p>On 9/6/22 at 2:44 PM CNA NN indicated if R18 was a daily weight it would say that on the CNA Care card. CNA NN showed Surveyor R18 did not have goals or interventions related to daily weights on CNA Care Card.</p> <p>On 9/6/22 at 4:53 PM DON B (Director of Nursing) indicated R18 should have been weighed on admission and the day after but wasn't. DON B indicated CNAs should be recording meal percentages after every meal. DON B indicated unit nurses are supposed to transcribe orders from the hospital discharge paperwork and start a baseline care plan. DON B indicated they should have picked up that R18 needed nutritional interventions when they read her hospital discharge paperwork. DON B indicated he expects interventions related to weight gain/prevention of weight loss to be added to baseline care plan within 48 hours of admission for someone who was in the hospital with dehydration, failure to thrive, malnutrition diagnoses. DON B indicated after R18's NP (Nurse Practitioner) ordered daily weights an entry should have been made on the comprehensive care plan and on the CNA Care Card. DON B indicated R18's NP should have been notified with her first weight gathered in facility because it was outside of parameters set by R18's NP. DON B indicated the facility has vanilla ice cream and staff should be offering it to R18 when she asks.</p> <p>The facility's failure to weigh R18 on admission, failure to accurately assess R18's risk for weight loss, dehydration and malnutrition, failure to develop a baseline care plan to ensure proper nutrition, failure to consistently record R18's intake and output, failure to notify R18's NP/MD when weight was outside of parameters, and failure to offer R18 vanilla ice cream or a comparable snack created a reasonable likelihood for serious harm occurring R18's had a significant weight loss of 14.6 pounds or 17.14% in 6 days.</p> <p>The facility's failure to recognize R18's weight loss, potential for dehydration and lack of intervention to prevent further loss/dehydration risk in a resident already compromised with diagnosis of failure to thrive and malnutrition lead to a finding of immediate jeopardy. At the conclusion of the survey, the immediate jeopardy was not yet removed.</p> <p>16041</p> <p>Example 2</p> <p>R4 was admitted to the facility on [DATE] with a diagnosis of spinocerebral ataxia type 3.</p> <p>R4's most current MDS (Minimum Data Set) assessment indicates R4 has a BIMS score of 15 indicating no memory deficits.</p> <p>R4's car plan includes a problem dated 7/29/21 of at risk for potential for Complications with Nutrition/Hydration. Approaches include that R4 is to receive a regular diet, with regular consistency and thin fluids.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R4's medical record including weight as follows:</p> <p>10/2021 - 138.6 pounds</p> <p>11/2021 - 137.2</p> <p>12/2021 - 132.218</p> <p>01/2022 - 136.9</p> <p>On 1/9/2022, the NP (Nurse Practitioner) ordered Famotidine 10 milligrams as needed for nausea and vomiting. Weights continue:</p> <p>02/2022 - 135.6</p> <p>03/2022 - 128.8</p> <p>On 3/29/22, the dietitian documents, .Review of meal intakes in the past 7 days - 75-100% x8, 50-75% x4, 25-50% x6 reflective of improved intake. She is drinking adequate fluids. Height 63; weight 127.7# on 3/16/22; BMI 22.6; weight status - 1.4% gain in 30 days, 3.4% loss in 90 days, 10.7% loss in 180 days . reported having items such as fruit and yogurt on hand in her refrigerator. She eats this at breakfast as desired. She spoke of her diagnosis of spinocerebellar ataxia and how it has affected her overall condition including weight loss, loss of taste perception, constipation, and function. She was able to find short cups with lids and a grip on the outside from Amazon for beverages. She is drinking adequate fluid. In discussing weight loss, she was willing to receive a nutrition drink. Recommendation to be submitted for Med Pass Supplement 60 cc (cubic centimeters) qid (4 times a day) for 480 cal. and 16 g. protein. Will review and update care plan as needed.</p> <p>The med pass supplement was not added to R4's care plan. *The MAR (Medication Administration Record) and TAR (Treatment Administration Record) did not include an order for the Med Pass supplement. The Med Pass supplement was first added to the MAR/TAR on 9/10/22. There was no evidence that R4 was receiving the Med Pass supplement prior to 9/10/22.</p> <p>R4's weights continue:</p> <p>04/2022 - 127.6</p> <p>05/2022 - 130.8</p> <p>06/2022 - 129.9</p> <p>On 6/14/22, the dietitian notes, Writer was notified of significant weight loss 5.1% since 5/25/22. Res. was diagnosed with spinocerebellar ataxia type III in 1997 with symptoms noted in 2003, and severe debility by 2012 .that weight loss and altered taste perception have occurred because of this condition. She had previously lost weight due to gastroenteritis. Diet order is Regular. No change in ability to feed herself. Review of meal intakes - 75-100% x14, 50-75% x2, 25-50% x17, 0-25% x3, refusal x3. She receives Med Pass Sup. 60 cc qid for 480 cal. and 16 g. protein. No recommendations submitted at this time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R4's MAR (Medication Administration Record) finds that Ensure three times a day was started on 6/29/22.</p> <p>Weights continue:</p> <p>07/2022 - 129.6</p> <p>08/2022 - 123.8</p> <p>Review of R4's MAR indicates that R4 did not receive Ensure on 14 times out of 93 scheduled administration times in July. In August, Ensure was not given 19 out of 93 scheduled administration times. Documentation in the medical record indicates that there was no Ensure available in the facility during those times.</p> <p>On 9/3/22, Surveyor spoke with R4. R4 indicated that the facility offers choices, but she rarely gets what she wants. R4 stated that she is not physically able to eat soup but continues to get it. When she does receive it, she has to have someone come and assist her with eating. R4 also indicated that there have been meals where she received a single slice of pizza for dinner and that it is cold and tough. Surveyor asked R4 what she does when she sees she gets pizza. R4 stated if she knows far enough ahead of time, she will ask her significant other to bring her something before he goes to work, otherwise, she doesn't eat.</p> <p>36253</p> <p>Example 3</p> <p>R27 was admitted to the facility on [DATE] and has diagnose that include vascular dementia. R27's care plan states that due to a mechanically altered diet, he will maintain a weight of 119 pounds +/- 4 pounds. This was put into place on 11/15/21. Additionally, R27 has a stage 3 pressure injury to his right hip and rests on an air mattress to aid in wound healing. R27's skin care plan states, Air Mattress settings are based on weight. Set air mattress at 130 pounds.</p> <p>R27's signed monthly physician's orders state he is to have a Magic Cup supplement with meals for weight loss.</p> <p>R27 has a stage 3 pressure injury on his right hip. A 6/24/22 wound evaluation, completed by the wound doctor, states, Discussed nutrition and its impact on wound healing .plan of care discussed with facility staff.</p> <p>The facility's registered dietician (RD) on 8/24/22 at 11:57 AM noted that R27's weight on 6/22/22 was 121.8 lbs. but did not mention any weights since that time.</p> <p>R27 did not have a documented weight since 6/22/22. The facility was unable to provide any documentation as to whether R27 had been weighed since 6/22.</p> <p>On 9/8/22 at 2:38 PM, Surveyor interviewed DON B (Director of Nursing) who stated he was unsure why R27 had not been weighed since 6/22/22 but given his risk of continued weight loss and his stage 3 pressure injury, he should be weighed weekly at a minimum.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36192</p> <p>Based on interview and record review the facility did not ensure that pain management was monitored for 2 of 7 Residents reviewed for pain (R17 & R18).</p> <p>R17 was admitted after a fracture, staff did not monitor R17's pain levels each shift when providing scheduled Tylenol.</p> <p>R18's Pain Assessment did not include a measurable pain goal, an acceptable level of pain, or non-pharm interventions related to pain management.</p> <p>R18 reported pain to staff and staff did not document where R18's pain was located or at what level R18's pain was so they could track and trend.</p> <p>Staff did not use non-pharm interventions to help manage R18's pain.</p> <p>Evidenced by</p> <p>Facility policy, entitled Pain Assessment and Management, includes, in part: . Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals . Assessing the potential for pain; effectively recognizing the presence of pain; identifying the characteristics of pain; addressing the underlying causes of pain; developing and implementing approaches to pain management; identifying and using different strategies for different levels and sources of pain; monitoring for effectiveness of interventions; and modifying approaches as necessary. Conduct a comprehensive pain assessment upon admission to the facility, at quarterly reviews, whenever there is significant change in condition, and when there is onset of new pain or worsening of existing pain . Assessing Pain: during the comprehensive assessment gather the following information as indicated from the resident . History of pain and its treatments, including pharmacological and nonpharmacological interventions . Characteristics of pain: intensity of pain as measured on a standard pain scale, description of pain, patterns of pain, location and radiation of pain, frequency of pain . Discuss with the resident his or her goals related to pain management and satisfaction with current level of pain control . Reassess the resident's pain and consequences of pain at each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain . Monitor to determine if the resident's pain is being adequately controlled . Monitor the resident's response to interventions and level of comfort over time . If the pain has not adequately been controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated. Document the resident's reported level of pain with adequate detail . enough information to gauge the status of pain and the effectiveness of interventions for pain as necessary and in accordance with the pain management program. Upon completion of the pain assessment, the person conducting the assessment shall record the information obtained from the assessment in the resident's medical record.</p> <p>R18 was admitted to the facility on [DATE] with the following diagnoses: osteoporosis, old rib fracture, old patella fracture, severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Example 1</p> <p>R17 was admitted on [DATE] with diagnosis of Right femur neck fracture, Diabetes Mellitus, Fracture of Right talus, anxiety, and Autism.</p> <p>R17 admit MDS (Minimum Data Set) assessment dated [DATE], indicates R17 has moderately impaired cognition. Section J for pain indicates R17 experienced pain 1-2 days expressed by facial expressions during the 7 day look back period. Section B indicates R17 is does not speak, rarely/never is able to make herself understood and sometimes R17 is able to understand others.</p> <p>R17's Pain Care Plan, initiated on 7/14/22 indicates actual risk for complications with pain related to current medical/physical status. Had diagnosis that can/may affect pain status and right lower extremity (RLE) fracture. Goal for R17 is will have tolerable pain as evidenced by description and ability to participate in ADL's (adult daily living activities) through next review date. R17's interventions consist of elevate RLE at rest. ice as ordered to RLE for comfort. pillows for positioning, encourage rest periods, medications/labs/treatments as ordered. observed medications for effectiveness, if ineffective after following medical doctor (MD) orders, need to review symptoms with MD for recommendations. Position for comfort as needed. seek residents' interpretation of pain and pain management for effectiveness of medications.</p> <p>(Please note that R17 is non-verbal, and her care plan does not address what pain would or might look like for her based on non-verbal or behavioral changes.)</p> <p>R17 had an order dated 7/14/22 - apply ice to right knee for 20 minutes as needed for pain and swelling.</p> <p>July 2022 MAR (Medication Administration Record) indicates:</p> <p>7/14/22 - Acetaminophen tablet 975mg (milligrams) by mouth three times a day for pain. (No indication of pain levels prior to giving)</p> <p>7/14/22 - Acetaminophen tablet 650mg by mouth every 4 hours as needed for mild, moderate, severe pain or fever. (Discontinued on 7/21/22, no evidence this was administered)</p> <p>7/14/22 - ibuprofen 200mg (milligrams) 1 tablet by mouth (PO) every (Q) four hours as needed (PRN) for pain. (No evidence this was administered)</p> <p>7/14/22- Oxycodone 5mg, tablet PO Q 4 hours PRN pain 1-2 tabs Q 4 hours PRN and give 2 tabs Q4 hours PRN (Discontinued (d/c' d) on 8/16/22)</p> <p>August 2022 MAR indicates:</p> <p>- Acetaminophen tablet 975mg by mouth three times a day for pain. (No indication of pain levels prior to giving)</p> <p>- apply ice to right knee for 20 minutes as needed for pain and swelling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- ibuprofen 200mg (milligrams) 1 tablet by mouth (PO) every (Q) four hours as needed (PRN) for pain. (No evidence this was administered)</p> <p>- Oxycodone 5mg, tablet PO Q 4 hours PRN pain 1-2 tabs Q 4 hours PRN and give 2 tabs Q4 hours PRN (Discontinued (d/c' d) on 8/16/22)</p> <p>8/16/22 - Oxycodone 5mg, take 2.5mg by mouth every 6 hours as needed for moderate pain.</p> <p>8/16/22 - Oxycodone 5mg, take 0.5mg by mouth every 6 hours as needed for severe pain.</p> <p>Same orders continue for September 2022 MAR.</p> <p>Review of Nurses notes 7/14/22 -9/7/22 - has no indication of pain assessments or pain evaluation being completed on R17.</p> <p>On 9/7/22 at 10:20 AM, Surveyor interviewed RNM Y (Regional Nurse Manager) regarding R17's pain assessments. RNM Y indicated that R17 doesn't have a pain assessment indicated on her morning orders. RNM Y looked at R17's MAR and TAR (Treatment Administration Record) RNM Y indicated a pain eval should be done with medication pass and it should prompt staff, but it doesn't for her. RNM Y indicated R17's MAR and TAR does not show to assess R17 for pain (while looking through electronic chart) RNM Y indicated when staff transcribe the orders for pain it usually populates to ask for a pain level. RNM Y indicated they use a normal pain scale otherwise one for dementia with non-verbal.</p> <p>Review of August and September 2022's MAR and TAR with RNM Y, does not show R17's pain as being monitored each shift or with medication administration.</p> <p>On 9/7/22 at 12:20 - 12:40 PM Surveyor interviewed DON B (Director of Nursing) regarding R17. DON B indicated a resident with a fracture should be monitored for pain, placed on the 24-hour board, and asked or evaluated for pain every shift. DON B indicated they would use an alternative pain scale with R17. DON B indicated staff are not able to say if the scheduled Tylenol or as needed pain medication is effective for R17 if there is no pain monitoring before or after administration.</p> <p>On 9/19/22 at 10:30 AM, Surveyor interviewed NP DD (Nurse Practitioner) regarding R17. NP DD indicated she would expect the facility staff to assess or evaluate R17's pain at least every shift. NP DD indicated that R17 was admitted on [DATE] and was not told R17 was admitted until in the building on 7/19. NP DD indicated that R17's pain is hard to assess due to being non-verbal and severe autism. NP DD indicated staff had not given R17 any oxycodone since admit, unable to say for sure if her pain was well controlled due to no pain evaluation or assessments being done throughout the day. NP DD indicated staff could monitor R17's pain when providing scheduled Tylenol (Acetaminophen) three times a day.</p> <p>38882</p> <p>Example 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/6/22 at 4:12 PM during an interview R18 indicated she has been having pain in her foot and she does not know if there is an injury or not. R18 indicated she told staff about the pain, including nursing staff and therapy staff. R18 indicated she did have an x ray on it but was not sure of the results. R18 indicated her pain is worse at night and acceptable level of pain for her would be a 4 or under out of 10.</p> <p>R18's Admission Pain Assessment, dated 8/25/22, includes Pain associated with wound: yes . Current level of pain hurts a little . pain management plan: oxycodone 5 mg every 6 hours as needed .</p> <p>(It is important to note there is no pain goal included in this assessment.)</p> <p>R18's Comprehensive Care Plan, includes: The Resident is at risk/potential for pain related to generalized discomfort, postoperative (Specify) discomfort, wound (specify) Date Initiated: 08/26/2022 Goal: Resident's pain will be at or below acceptable pain level, per pain</p> <p>assessment, using numerical pain scale . Date Initiated: 08/26/2022 Target Date: 09/08/2022 . Interventions - Administer analgesics as per orders. Date Initiated: 08/26/2022 . - Anticipate Resident's need for pain relief Date Initiated: 08/26/2022 . -Ask Resident about which position(s) are comfortable and assist as needed Date Initiated: 08/26/2022 CNA . -Complete pain assessment upon admission, quarterly, with SCOC and PRN Date Initiated: 08/26/2022 . - Document pain level every shift using numerical scale . Date Initiated: 08/26/2022 . -Explore non pharmacological pain alleviating interventions such as heat, ice, repositioning, massage, elevation, relaxation, food. Date Initiated: 08/26/2022 . - Identify, record, and treat the Resident's conditions which may increase pain and discomfort Date Initiated: 08/26/2022 . -Monitor/document for side effects of pain medication. Update physician as needed . Date Initiated: 08/26/2022 . - Observe Resident during cares for signs of pain i.e., facial grimacing, hesitancy with movement, furrowed brows, saying ouch, refusing to move or transfer. Ask Resident about their pain. Date Initiated: 08/26/2022 . -Report any pain to nurse Date Initiated: 08/26/2022 . - Update MD PRN and/or if pain is not controlled Date Initiated: 08/26/2022</p> <p>(It is important to note there is no numerical goal or an acceptable level of pain in R18's care plan.)</p> <p>R18's Physician Orders, include:</p> <p>Acetaminophen Tablet . Give 650 mg by mouth every 4 hours as needed for mild, moderate, severe pain .</p> <p>Muscle Rub Cream 10-15% (Menthol-Methyl Salicylate) . apply to bilateral lower extremities topically every 8 hours as needed for pain . start date 8/29/22</p> <p>Lidocaine Patch 4% . Apply to right inner foot topically at bedtime for mild pain, apply in the evening and remove after 12 hours . start date 8/30/22 .</p> <p>Oxycodone HCl Tablet 5MG . Give 5 mg by mouth every 6 hours as needed for pain . start date 8/25/22</p> <p>R18's Nurse Notes, include, in part:</p> <p>8/25/22 (old) rib fracture, groin incision with wound care, .pain assessment .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/29/22 Nurse Practitioner in to see resident. New order for lidocaine patch to use on right foot due to complaints of pain. X-ray also ordered to right foot, order placed on shift and to be done tomorrow .</p> <p>8/30/22 Resident updated on new orders as directed by Nurse Practitioner . X-ray of foot was obtained with results pending. Will continue to monitor .</p> <p>R18's MAR/TAR (Medication/Treatment Administration Record), August and September, include:</p> <p>Evaluate pain every shift using numerical or visual Analog pain scale, start date 8/26/22.</p> <p>(It is important to note there is only checkmarks in the boxes and no numerical or Analog scale recorded. It is also important to note 8/26/22 AM shift is blank and 8/28/22 AM shift is blank.)</p> <p>Lidocaine patch 4% Apply to right inner foot topically at bedtime for mild pain and remove 12 hours later . Start date 8/30/22. Signed out appropriately</p> <p>Acetaminophen Tablet . Give 650 mg by mouth every 4 hours as needed for mild, moderate, severe pain . None signed out as given to R18.</p> <p>Muscle Rub Cream 10-15% (Menthol-Methyl Salicylate) . apply to bilateral lower extremities topically every 8 hours as needed for pain . start date 8/29/22 None signed out as given to R18.</p> <p>Oxycodone HCl Tablet 5MG . Give 5 mg by mouth every 6 hours as needed for pain . start date 8/25/22 None signed out as given to R18.</p> <p>On 9/6/22 at 2:36 PM CNA Z and CNA NN indicated R18 has complained of pain in her lower extremities, and when she does, they tell the nurse.</p> <p>On 9/6/22 at 4:53 PM DON B indicated R18's initial pain assessment should contain a numerical pain goal at which the staff would assist R18 in remaining below that number. DON B (Director of Nursing) indicated this pain goal should be included in R18's Comprehensive Care Plan. DON B also indicated staff are to ask R18 about her pain every shift and record the level in the MAR/TAR. DON B indicated he was unsure what R18's pain goal was and why staff are not recording R18's pain level on each shift. Regional Nurse Manager Y indicated R18's initial pain assessment was not filled out to completion, and it should have been, to include pain goals and non-pharm interventions. DON B and RNM Y indicated they are unsure of R18'd x ray results and if they were communicated to R18's MD/NP. (It is important to note the facility did not provide evidence of R18's x-ray results being reported to R18's NP/MD.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>38725</p> <p>Based on interview and record review the facility did not ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 29 sampled residents.</p> <p>R2 does not have a communication book/log/binder between the facility and the dialysis center.</p> <p>R2 missed dialysis on 9/6/22, the dialysis center was not alerted that she was not coming or why.</p> <p>This is evidenced by:</p> <p>The facility's End-Stage Renal Disease, Care of a Resident with Policy and Procedure does speak to having a communication tool between the facility and the dialysis unit. Nor does it speak to alerting the dialysis unit when a resident is not coming for treatment and why.</p> <p>R2 is scheduled for dialysis Tuesday, Thursday, and Saturday.</p> <p>R2's care plan documents the following:</p> <p>Requires dialysis 3x/week (3 times per week), resident is often non-compliant dialysis orders, often declines to go to dialysis .Interventions .Report refusals of dialysis to MD (Medical Doctor) and give her reason for NOT going .</p> <p>R2's CNA (Certified Nursing Assistant) care plan documents:</p> <p>Dialysis T (Tuesday), Th (Thursday), Sat. (Saturday) .Hoyer sling in w/c (wheelchair) on dialysis days .IF BLEEDING NOTED AT FISTULA SITE APPLY PRESSURE AND CALL 911 .</p> <p>On 9/7/22 at 9:44 AM, Surveyor interviewed R2. Surveyor asked R2 if she was getting to dialysis as scheduled, R2 stated she missed yesterday (9/6/22).</p> <p>On 9/7/22 at 10:42 AM, Surveyor interviewed DCM GG (Dialysis Clinical Manager). Surveyor asked DCM GG if R2 gets to dialysis as she is scheduled, DCM GG said she typically misses once or twice a week. Surveyor asked DCM GG if the facility alerts them that R2 is not going to be there and the reason, DCM GG said no, they do not, we have to call them. Surveyor asked DCM GG if R2 is supplied with a communication source (notebook/binder/tablet) between the facility and the Dialysis Center, DCM GG replied the facility is supposed to supply a notebook or binder, I have not seen one for R2.</p> <p>On 9/7/22 at 2:41 PM, Surveyor interviewed LPN BB (Licensed Practical Nurse). Surveyor asked LPN BB if the Dialysis Center should be notified if a resident is not going to attend and the reason why, LPN BB said yes. Surveyor asked LPN BB if the facility has a communication method established between the facility and the Dialysis Center, LPN BB stated they should have a notebook or something, I'm not sure if this facility does; today I couldn't find one of my residents' all morning and the reason I couldn't was because she was at Dialysis, I didn't know.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/7/22 at 3:44 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if the Dialysis Center should be notified if a resident is not going to attend and the reason why, DON B stated yes and the PCP (Primary Care Provider). Surveyor asked DON B how should the staff here communicate with staff at dialysis, DON B said some have a binder they take. Surveyor asked DON B if he was aware that R2 does not have any form of communication between the facility and the Dialysis Center, DON B replied no, he was not aware.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33166</p> <p>Based on observation, interview, and record review, the facility failed to have sufficient and competent staffing to ensure resident safety and attain or maintain each resident's highest practicable physical, mental, and psychosocial well-being. This has the potential to affect all 71 residents.</p> <p>The facility failed to ensure sufficient and competent staffing. On [DATE] a student nurse was left in the building for 1 ,d+[DATE] hours without a licensed nurse in the building. In addition there was no dietary staff in the building. The Director of Nursing (DON) has worked numerous shifts on the floor as a floor nurse and is unable to fulfill the duties of a Director of Nurses. The building is almost entirely staffed with agency staff, and they have not received training on emergency procedures or daily operations. Agency staff and new facility hires report receiving no training prior to working the floor. Multiple staff report they were not oriented on how to respond to emergency procedures. The facility had multiple days with insufficient or no dietary staff in the building. The Nursing Home Administrator (NHA), Social Worker, Activity Director and Maintenance Director have cooked and worked in dietary with no dietary training.</p> <p>Facility failure to have sufficient staff with appropriate competencies to ensure resident safety and to attain/maintain each resident's highest practicable well-being, which created a finding of immediate jeopardy that began on [DATE]. NHA A was notified of the immediate jeopardy on [DATE] at 11:40 AM. The immediate jeopardy was removed on [DATE] and continues at a level severity/scope of F (Potential for harm/Widespread) as the facility continues to implement its removal plan.</p> <p>Findings include:</p> <p>The Division of Quality Assurance/Bureau of Nursing Home Resident Care received a complaint alleging that on [DATE] the facility did not have a licensed nurse in the building for over an hour and alleging general staffing concerns.</p> <p>On [DATE] at 8:30 AM Surveyor observed Agency Licensed Practical Nurse I (LPN) complete medication pass on Elm wing.</p> <p>On [DATE] at 10:36 AM Surveyor observed Agency Licensed Practical Nurse I (LPN) continue medication pass on Elm wing.</p> <p>On [DATE] at 10:45 AM Surveyor observed Agency Licensed Practical Nurse I (LPN) start medication pass on Elm wing.</p> <p>On [DATE] at 2:15 PM Surveyor interviewed Agency LPN I regarding facility staffing. LPN I stated she has worked at the facility on and off since June of 2021. LPN I stated the staffing at the facility is horrible. LPN I stated she is responsible for medication pass and treatments for 2 halls. Medication pass is always late and first medication pass goes right into second medication pass. There is really no system to ensure medications are accurately spaced out, and it is scary sometimes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:45 AM, Surveyor spoke to Agency Certified Nursing Assistant H (CNA) regarding staffing. CNA H stated she is an agency CNA and has worked at the facility for about 3 weeks. CNA H stated the facility is short staffed almost every day. When CNA H stated on [DATE] there were no licensed nurses in the facility. The night nurses left, leaving a Student Nurse here alone. That same day there was no dietary staff in the kitchen, so Student Nurse T was trying to find nurses and dietary help. She had to pull CNAs to work in the kitchen so residents would be fed. CNA H stated Director of Nursing (DON) B finally came in to help pass medications. Surveyor asked if she knew about what time DON B arrived. CNA H stated she thought it was about 7:30ish. Surveyor asked CNA H if there were any resident concerns during the time frame the facility did not have a nurse in the building such as a fall, change of condition (COC), or residents requesting pain medication. CNA H stated not that she was aware of. Surveyor asked CNA H what the CNA to resident ratio is on most days. CNA H stated she has only worked day shift and there is one CNA per hall, 1 CNA to 10 -14 residents and 1 nurse to two halls so 1 nurse to 20 - 28 residents or so. Surveyor asked CNA H if there are things she cannot complete. CNA H stated [NAME] Hall is very busy. The residents have dementia, and this is not a safe situation for 1 staff to be on the hall. CNA H stated she can complete activities of daily living (ADLs). Surveyor asked CNA H how she transfers residents if the plan of care states two assist. CNA H stated this can be difficult; the CNA has to leave the hall to find someone to help and it's difficult to find help at times so the resident ends up waiting.</p> <p>On [DATE] at 3:00 PM Surveyor interviewed Agency LPN K regarding orientation to the facility. LPN K stated today was her second day at the facility. LPN K stated she did not receive orientation per se as she is agency. Surveyor asked LPN K if she knew the facility policy and procedure for emergency procedures such as a fire, CPR, elopement, or change of condition (COC). LPN K stated she asked other nurses where the crash cart was located and stated she would look at the Point Click Care (PCC- electronic health record) for a resident's code status. She was not aware of what to do in the event of a fire, knew residents wore a wander guard bracelet but was unsure of which residents were an elopement risk. LPN K stated the nurse practitioners (NP) follow the residents and she would place a call to the NP if a resident had a COC. LPN K stated orientation could be better.</p> <p>On [DATE] at 3:10 PM Surveyor interviewed Agency LPN L regarding orientation to the facility. LPN L stated there is no orientation; a nurse must orient themselves and ask questions. LPN L stated he has worked at the facility for about a month. LPN L stated you ask questions like show me where the crash cart is, where do you locate code status, who is an elopement risk and is there a wander guard system, how do I know who is at risk, what to do when you have a resident with a COC? As an agency nurse I am responsible to ask these questions, or you will not know. The first day I was here every nurse in the building was agency we had to teach and orient each other on how to navigate through the day. It was utter chaos.</p> <p>On [DATE] at 3:15 PM Surveyor interviewed Agency LPN M regarding orientation to the facility. LPN M stated she has worked at the facility less than a year but has been a nurse for over [AGE] years. LPN M stated she did not receive orientation but that it was self-directed in that she had to ask the critical questions such as how one would know if someone is a full code, what to do in the event of an emergency such as a fire, elopement, or poor weather. I had to ask questions to where items such as the crash cart were located. As a nurse I know to call the physician if there is a COC. If I do not know something I can contact the Director of Nursing (DON).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 3:30 PM Surveyor interviewed Agency LPN N regarding orientation to the facility. LPN N stated she did not receive orientation to the facility. LPN N stated she asked questions and staff assisted her to find things such as the crash cart. LPN N stated she knew code status was a concern for her and so she asked questions and found out she could locate the residents' code status on the dashboard of PCC.</p> <p>On [DATE] at 12:55 PM Surveyor interviewed Human Resources J (HR) regarding facility onboarding for new employees and agency staff. HR J stated if the facility has a long-term contract with the agency staff the facility requests the agency staff come in a couple hours early to get a general overview of the facility and walk with CNAs to find things such as supplies etc. HR J stated if the agency staff is someone who will come day to day they come in before their shift and get the computer log in and begin work. Surveyor asked HR J if agency staff receive orientation on emergency procedures such as a fire, elopement, CPR, policies, and procedures for resident change of condition etc. HR J stated, No they do not. Surveyor asked if there is a system to ensure staff who are scheduled are CPR certified. HR J stated, No. Surveyor asked HR J what the process is for onboarding new facility hires. HR J stated they go through facility orientation paperwork and watch videos on the computer. Surveyor asked if this includes emergency procedures. HR J stated, Yes. When Surveyor asked if there has been a time this has not occurred lately due to staffing issues, HR J stated, I'm sure there has.</p> <p>On [DATE] at 9:20 AM Surveyor spoke to Resident (R) 1 regarding staffing. R1 has a Brief Interview of Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. R1 stated the staffing is poor. R1 stated the meals are always late and cold due to lack of staffing. The facility is constantly short-staffed causing medications to be late including receiving his medication late. R1 stated he does not always receive personal care timely or get repositioned timely.</p> <p>On [DATE] at 2:00 PM Surveyor interviewed Resident (R) 22 regarding staffing. R22 has a Brief Interview of Mental Status (BIMS) score of 13, indicating R22 is cognitively intact. R22 stated there is not enough staff here. R22 stated a few weeks ago it took several hours for her to receive assistance with personal hygiene. R22 stated she was incontinent of urine, and it was so bad her urine was dripping on the floor. Staff came in with her breakfast tray and expected her to eat without being changed. R22 stated I was very upset by this. R22 also stated she is to receive a shower on Monday but did not get one this week due to the holiday and not enough staff. R22 stated the meals are generally cold as they sit in the hall too long.</p> <p>R6's physician orders were not fully transcribed at admission on [DATE];there was no evidence all nursing staff had been trained to transcribe admission orders.</p> <p>Review of R6's ,d+[DATE] MAR (Medication Administration Record) or TAR (Treatment Administration Record) shows no evidence that R6's Oxygen and Treatment orders were transcribed or implemented until [DATE]. Surveyor requested a copy of R6's Admission Checklist from [DATE] and none was available.</p> <p>On [DATE] at 2:45 PM, Surveyor interviewed LPN L and asked if LPN L had training on transcribing physician orders for new admissions. LPN L stated the facility didn't provide training for this.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 3:00 PM, Surveyor interviewed DON B (Director of Nursing) about the process the facility follows for transcription of orders for new admissions. DON B stated DON B or other nursing management team members will transcribe the medication orders from the resident hospital Discharge summary to the resident MAR, then the staff nurse is supposed to put in the other orders. Surveyor reviewed R6's record with DON B who stated the orders for R6's oxygen and leg treatment should have been transcribed and were not. DON B thought R6 had oxygen at admission however this was not on R6's TAR.</p> <p>On [DATE] at 3:50 PM, Surveyor interviewed LPN JJ, who had worked on [DATE], about R6's admission orders. LPN JJ did not recall R6's oxygen orders or treatment orders from [DATE]. LPN JJ stated she did not receive training on how to complete admission orders for new residents. LPN JJ stated the first ,d+[DATE] days working in the facility she asked staff questions, and that DON B offers to help. LPN JJ stated the facility is short-staffed and that LPN JJ was the only nurse in the facility once.</p> <p>On [DATE] at 9:24 AM, Surveyor interviewed LPN HH. Surveyor asked LPN HH if written orders should be entered as written, LPN HH said yes. Surveyor asked LPN HH if they should be entered timely, LPN HH stated yes, they should, there just isn't enough time sometimes for everything.</p> <p>R3 was admitted to the facility on [DATE] with diagnoses including morbid obesity and diabetes. R3's quarterly MDS (Minimum Data Set) assessment on [DATE] notes R3 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R3 is cognitively intact. R3 is dependent on staff to meet toileting, and bathing/shower needs.</p> <p>On [DATE] at 9:50 AM, R3 reported to Surveyor the facility does not have adequate staff. R3 reported long wait times to have his call light answered. R3 reported that on [DATE] at 2:38 PM he turned his call light on to urinate. R3 reported an hour later, he had to urinate on a sheet on the floor because he could not wait any longer and his call light was still on after that.</p> <p>Record review notes R3 is scheduled to receive a shower on Monday and Thursday each week.</p> <p>On [DATE] at 10:20 AM, R3 reported to Surveyor that he had a concern about last evening (Monday [DATE]). R3 stated he did not receive a shower because the facility had only 3 aides in the building, and they didn't have time to give him a shower. R3 did not receive his scheduled shower on [DATE]. R3 stated he would have liked to have been given a shower and not just a wash up.</p> <p>R19 was admitted to the facility on [DATE] with diagnoses including seizures and right hemiparesis.</p> <p>R19's quarterly MDS (Minimum Data Set) assessment on [DATE] notes R19 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R19 is cognitively intact.</p> <p>On [DATE] at 10:01 AM, Surveyor interviewed R19 about staffing in the facility. R19 reported to surveyor that the facility uses a lot of agency staff, and meals are frequently served over an hour late as they do not have enough staff. R19 did not have specific dates but said it's happened frequently in the past month.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 9:05 AM, Surveyor interviewed R7. Surveyor asked R7 if there's enough staff here to meet the needs of the residents. R7 said there's not enough staff. When Surveyor asked if the staff challenge was on a particular shift, R7 stated all shifts. Surveyor asked R7 what things don't get done when there's not enough staff. R7 said my shower and my wound treatment to my leg. Surveyor asked R7 how her meals were. R7 stated, All the meals are late, not the right items and last week received 1 half of a sandwich for dinner, that was it!</p> <p>On [DATE] at 9:44 AM, Surveyor interviewed R2. Surveyor asked R2 how things were going. R2 stated. I don't get how they run this place, all our staff have quit we only have agency now and you have to tell them everything. All new faces, every day. When Surveyor asked R2 is your call light answered timely, R2 replied no, it could take hours to be answered. When Surveyor asked R2 if this was any particular time of day, R2 said no, any time of day. Surveyor asked R2 if she had voiced any of these concerns to the management staff. R2 stated I don't talk to them, they are the worst, they all suck, nobody does anything about anything anyway.</p> <p>On [DATE] at 12:20 PM, Surveyor interviewed Cefrtrified Nursing Assistant GG (CNA). Surveyor asked CNA GG if they are staff challenged, CNA GG said yes. Surveyor asked CNA GG what things don't get done. CNA GG stated showers because they take a longer period of time and in order to be able to get to everyone and be sure they are clean, fed and changed, something has to give.</p> <p>On [DATE] at 1:09 PM, Surveyor interviewed LPN BB. Surveyor asked LPN BB if a resident is supposed to get a shower, why would a bed bath be given? LPN BB stated, No staff. Surveyor asked LPN BB what would be the reason (s) why a resident would be marked unavailable. LPN BB replied if they are not in the building, or maybe if staff wasn't able. When Surveyor asked LPN BB if they are staff challenged, LPN BB said yes. Surveyor asked LPN BB what things don't get done. LPN BB stated, Mostly CNA stuff like showers.</p> <p>On [DATE] at 3:52 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if a resident wants a shower should they get a shower or a bed bath? DON B stated, They should have a shower. Surveyor asked DON B what if they are given a bed bath and not a shower? DON B replied, That's a problem, staffing is part of that.</p> <p>R21 was admitted to the facility on [DATE], and has diagnoses that include Parkinson's Disease, Anxiety Disorder, and Cerebrovascular Disease. R21's MDS Admission Assessment, dated [DATE], indicated that R21 has a BIMS (Brief Interview of Mental Status) score of 12 indicating R21 is moderately impaired cognitively.</p> <p>R21's Care Plan, dated [DATE], with a target date of [DATE], states, in part:</p> <p>Focus: I have an ADL Self Care Performance Deficit r/t (related to) Parkinson's. Date Initiated: [DATE] .</p> <p>Goal: I will demonstrate the appropriate use of adaptive device(s) to increase ability in (Specify Bed Mobility, Transfers, Eating, Dressing, Toilet Use and Personal Hygiene, ADL Score) through the review date .</p> <p>Interventions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-Bathing/Dressing: Max assist for upper and lower extremities. Date Initiated: [DATE] Revision: [DATE] .</p> <p>-Bed Mobility: I require (x) staff participation to reposition and turn in bed. Date Initiated: [DATE] .</p> <p>-Bathing: I am totally dependent on staff to provide a bath (FREQ) and as necessary. Date Initiated: [DATE] .</p> <p>-Bathing: I require (x) staff participation with bathing. Date Initiated: [DATE]</p> <p>-Transfer: 2 assist with Hoyer Date Initiated: [DATE] .</p> <p>On [DATE], at 12:40 PM, Surveyor interviewed R21 and asked if R21 receives the care R21 needs here at the facility. R21 indicated no. Surveyor asked R21 to tell Surveyor about that. R21 indicated a couple of times R21 had to call 911 because staff would not answer R21's call light or respond to R21 calling out for help. R21 indicated R21 was having bad stomach cramping and needed help. Surveyor asked R21 how that made R21 feel. R21 indicated feeling so abandoned and no one to talk to. R21 indicated staff asks R21 before transferring R21 out of bed and into the wheelchair if R21 is sure about getting out of bed because once in wheelchair R21 is told R21 will be up for the day. R21 indicated staff tells her she will be in the wheelchair for hours. Surveyor asked R21 how that makes R21 feel. R21 indicated R21 has anxiety, and it adds to it by making R21 feel panicky and abandoned. Surveyor asked R21 if R21 has told staff how that makes R21 feel. R21 indicated yes and staff tells her that is just the way it is. R21 indicated on the weekends R21 is told by staff there is no administration in the building and R21 does not get dressed and lays in bed all day not by choice.</p> <p>On [DATE] at 8:30 AM Surveyor spoke with NHA A (Nursing Home Administrator) regarding the facility's onboarding process for agency and new facility hires. NHA A has been in her role for 1 month. NHA A stated agency staff should come 1 hour prior to their first shift to receive general orientation. NHA A stated to be honest it is almost impossible to get agency staff to do this. NHA A stated our staffing is bad; we accept the agency staff and most of the time the nurses on the floor direct the agency staff. Surveyor asked NHA A is there a time when there is only agency staff in the building? NHA A stated, Yes, I am sure this has occurred. Surveyor asked NHA A would it be possible to have all new agency staff? NHA A stated, It could be possible. Surveyor asked NHA A if agency staff receive training regarding emergency policies and procedures for things such as fire, elopement, CPR, change of condition (COC), and abuse. NHA A stated, I don't know, I would hope so. If Agency staff would come in 1 hour prior to their shift, we would give them the training. Honestly, I would say they are most likely not aware of these things prior to working. Surveyor asked NHA A about onboarding of facility staff. NHA A stated facility staff receive about 2 hours of training on abuse, dementia, payroll, and logging into our electronic health record/Point Click Care (PCC). NHA A stated the new employee is assigned a peer and they receive orientation on the floor until comfortable. NHA stated for seasoned staff this is usually three days, newer staff we allow longer. Surveyor asked NHA A during this orientation if staff are trained on the facility's emergency policies and procedures such as elopement, fire, COC, CPR, NHA A stated, No, I do not think this is part of the orientation process, but it should be.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 3:40 PM Surveyor interviewed CNA O (Certified Nursing Assistant) regarding the staffing. CNA O stated she has worked at the facility for 4 years. CNA O stated last night [DATE], Labor Day, was horrible. CNA O stated she was the only CNA in the building to start the shift. CNA O stated I was responsible for the 4 wings, one which is dementia care. CNA O stated about dinner time 2 staff came in to help for the remainder of the shift. CNA O stated between 40- 50% of the time the facility is significantly understaffed. CNA O stated the only reason I stay is because I love the residents. Surveyor asked CNA O if the facility is short of staff such as last night, how do you transfer residents that require two-person assistance? CNA O stated at times it is impossible to find a second person to assist you, you just transfer the resident alone or they wouldn't make it to the restroom or get out of bed.</p> <p>On [DATE] at 4:20 PM Surveyor interviewed CNA P (Certified Nursing Assistant) regarding staffing. CNA P has been at the facility for 3 months. CNA P stated there have been several times over the past three months where there has been inadequate staff in the building. CNA P stated there have also been several times there has been no staff in dietary and CNAs need to work in dietary to get food out to the residents. CNA P stated the facility staffs 1 CNA to a hall sometimes 1 CNA to two halls. Typically, the CNA to resident ratio is 1:18. Surveyor asked CNA P what she does if she has a resident that is a two-person transfer. CNA P stated I need to find assistance and that is not always easy.</p> <p>On [DATE] at 4:15 PM Surveyor interviewed DON B (Director of Nursing) regarding staffing. DON B stated he is working 7 days a week ,d+[DATE]-hour days, and most days he is working on the floor. Surveyor asked DON B how he completes his DON duties. DON B stated he tries to complete his role but it's difficult when he has to work the floor. DON B stated he had an Assistant Director of Nursing and a Unit Manager but they both quit. Surveyor asked DON B if he has heard concerns regarding staffing. DON B stated he is aware of staffing concerns and the facility is staffed almost 100 percent by agency. We are trying. Surveyor asked DON B if he was aware of lengthy medication pass going from one pass to another, treatment concerns and staff not following the care plan. DON B stated he would work with the nursing staff to make needed improvements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] Surveyor interviewed NHA A (Nursing Home Administrator) regarding staffing at the facility. Surveyor asked NHA A about the facility turnover rate. NHA A stated our staffing is bad, our turnover rate is very high and we are now almost 100 percent agency staff. Surveyor asked NHA A if the facility completes an exit interview to gain insight on the high turnover rate. NHA A stated we have not, but we will be starting to implement this. Surveyor asked NHA A about staffing ratios. NHA A stated we do not staff according to acuity we are required to staff according to the census or per patient day. NHA A stated CNA ratio should be 1 CNA to ,d+[DATE] residents and 1 nurse to 25 residents. NHA A stated this does not always occur due to staffing shortages, but this is her comfort level. Surveyor asked NHA A If she has received concerns regarding staffing. NHA A stated, Yes, I have received concerns from staff, residents and families regarding not enough staff, staff being overworked and not able to complete daily duties. Surveyor asked NHA A knowing these concerns what has the facility done to ensure resident care? NHA A stated, I stopped admissions about a week ago, spoke with the [NAME] President of Clinical, and we will be receiving more oversight for nursing to ensure catching resident COC, and MD notification. We are looking to implement a charge nurse position. NHA A stated the facility is also running a job fair to attract new hires. Surveyor asked NHA A if she was aware staff are not following plans of care at times due to lack of staffing. NHA A stated she was not aware, but staff should follow the plan of care. Surveyor asked NHA A if licensed nursing staff voiced concern regarding medication pass going from one pass to the next with no time in between medication pass and difficulty completing treatments. NHA A stated she was not aware of this concern but would speak to the Director of Nursing (DON) B regarding these concerns. Surveyor asked NHA A about the dietary staff concerns. NHA A stated the dietary department does not have a dietary manager and they are very understaffed in the dietary department. NHA A stated she has worked in the kitchen as well as other management and nursing staff to ensure residents receive meals. NHA A stated we are working to obtain adequate staffing. I have no business being in the kitchen; we are doing the best we can. NHA A stated as of [DATE], she is working with a contracted dietary department to take over the kitchen. NHA A stated we have not signed an agreement but are working toward the company taking the dietary department over.</p> <p>On [DATE] at 11:25 AM Surveyor interviewed Scheduler Q and Human Resources J (HR) regarding licensed nurse staffing on [DATE]. Surveyor asked Scheduler Q and HR J if they had knowledge of the events that occurred regarding nurse staffing on [DATE]. Scheduler Q stated she job shares the scheduling with Human Resources (HR) J. Scheduler Q stated both she and HR J were aware there was no licensed staff scheduled for the day shift of [DATE]. HR J stated she alerted Director of Nursing B (DON) and NHA A the facility was not covered with a licensed nurse on the day shift of [DATE];albeit they had a call out to (Agency Name) requesting coverage but the shift was not filled. HR J stated she was then called on [DATE] in the morning by Student Nurse T stating there was no licensed nurse in the building. HR J stated she instructed Student Nurse T to print the schedule and call DON B.</p> <p>On [DATE] at 12:00 PM Surveyor interviewed DON B regarding the events on [DATE]. DON B stated he was not aware prior to the AM of [DATE], that the facility did not have a licensed nurse on the day shift. DON B stated he was getting dressed for work and saw a text from Student Nurse T that there was no licensed staff in the building. DON B stated he finished getting ready and headed to the facility.</p> <p>On [DATE] at 12:15 PM Surveyor interviewed NHA A regarding the events on [DATE]. NHA A stated the day before, [DATE], HR J had alerted her there was no coverage on [DATE], but they were still working on it and had a call out to agency. NHA A stated on [DATE] she received a text from the facility stating there was no licensed staff in the building and no dietary staff in the building.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 2:15 PM Surveyor spoke with Student Nurse T regarding the events on [DATE]. Student Nurse T stated she had volunteered to pick up a shift on [DATE]. Student Nurse T stated she was aware there was no nurse scheduled although Scheduler Q stated they were working on it. Student Nurse T stated she reported for the day shift on [DATE], which started at 6:00 AM. Student Nurse T stated the schedule was not posted when she entered the facility. Student Nurse T received report from agency nurses Licensed Practical Nurse (LPN) R and LPN S. Student Nurse T stated she was speaking with LPN R and informed her she was the only person in the building, there was not another nurse. Student Nurse T stated LPN R was aware there was no licensed staff in the building but still chose to leave the facility. Student Nurse T stated she called and had to leave a message with DON B and NHA A about 6:30 AM. Student Nurse T stated she was able to contact HR J shortly after 6:30 AM. HR J stated DON B should be there. HR J instructed Student Nurse T to print the schedule and try to find nurse coverage. Student Nurse T stated she went hall to hall to ensure there was adequate Certified Nursing Assistant (CNA) coverage. Surveyor asked Student Nurse T if there was adequate CNA coverage, to which Student Nurse T said there was. Student Nurse T stated DON B came in around 7:30 AM. Surveyor asked Student Nurse T how long she was left in the building without a licensed nurse. Student Nurse T stated there was no licensed staff in the building for 1.25 hours. Student Nurse T stated both LPN R and LPN S were aware she was an unlicensed Student Nurse, but LPN R and LPN S left the facility leaving the building not covered by a licensed nurse. Student Nurse T stated, moreover, there was no dietary staff in the kitchen on [DATE] either so I was pulling CNAs to start breakfast. Surveyor asked Student Nurse T if she informed DON B and NHA A of this in her message. Student Nurse T stated she let NHA A, DON B, and HR J know of the staffing crisis to include nursing and dietary departments.</p> <p>On [DATE] at 1:00 PM Surveyor interviewed FLPNM V (Former LPN Manager) regarding facility staffing and the events from [DATE]. FLPNM V stated she worked at the facility for one week. I was not risking my license to work in a facility where staff receive no training. The first week I worked over 70 hours. I had no training or orientation to the facility. I was needed to work a double shift; I had no idea where the emergency narcotic box or contingency medication was located. I had no idea where the crash cart was. It was all very overwhelming and stressful. The facility is extremely understaffed. Staff leave in the middle of the shift, do not show up to work, or show up two hours late. It's very dangerous. With the extreme staffing challenges, it is difficult to ensure residents are fed, repositioned, and receive the care they deserve. DON B is working a tremendous number of hours including double shifts and weekends. Surveyor asked FLPNM V if she had knowledge of what had occurred on the day shift of [DATE]. FLPNM V stated the day shift of [DATE] was insane. FLPNM V stated she had no idea there was not a licensed nurse in the facility until she reported for her shift at 8:00 AM. DON B was at the facility already and working the floor. I was told I needed to grab a medication cart and work the floor. We were already 2 hours behind for medication pass since day shift starts at 6:00 AM. I was later told the NOC (night) nurses left, leaving Student Nurse T alone in the building without a licensed nurse. FLPNM V stated on [DATE], the facility was also without staff in the kitchen and management and CNAs were trying to get breakfast out to the residents. In the week I was there, there were several days/shifts when there was inadequate dietary staff requiring management and nursing to cover. There was also at least a night or two with no dietary staff and the residents received Little Caesars pizza.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 1:30 PM Surveyor interviewed FADON U (Former Assistant Director of Nursing) regarding facility staffing and the events of [DATE]. FADON U worked at the facility for 1 week and quit due to staffing and other management concerns. FADON U stated on the morning of [DATE] when she reported to work, she was informed there was no licensed staff in the building until DON B arrived around 7:30 AM. FADON U stated she arrived around 8:00 AM and reported directly to the floor to assist with medication pass. FADON U stated it was reported to her by DON B that the two-night nurses left the facility leaving Student Nurse T in the building without a licensed staff. FADON U stated the facility is grossly understaffed. FADON U told Surveyor the first day she arrived to work for orientation she was immediately pulled to the floor with no orientation to the facility, policy and procedures or emergency procedures. Surveyor asked FADON U if she knew where the crash cart was. FADON U stated no I had no idea. I was put on the floor with no training at all. In the week I was at the facility I did not even complete my new hire paperwork I was on the floor every single day. I worked over 70 hours that week. On [DATE], I [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>33166</p> <p>Based on observation, interview and record review the facility failed to ensure a registered nurse (RN) was scheduled for at least 8 consecutive hours a day, 7 days a week. This had the potential to affect all 71 residents in the facility.</p> <p>The facility had 1 day in the 2 week look back period where they did not have a RN on duty for 8 consecutive hours.</p> <p>This is evidenced by:</p> <p>Surveyor entered the facility on 9/3/22. The census on 9/3/22 was 71.</p> <p>Nursing schedule for 9/3/22 does not have a RN scheduled.</p> <p>On 9/8/22 at 4:00 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if there should be a RN staffed for at least 8 consecutive hours per day, 7 days per week, DON B stated yes, there should be a RN every day.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0745</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45695</p> <p>Based on observation, interview and record review, the facility did not provide medically related social services to address alcohol abuse and to ensure appropriate social services are provided for each resident to attain or maintain their highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents (R33) out of a total sample of 33.</p> <p>R33 was admitted from the hospital due to an ankle fracture from a bicycle accident and intoxication. The hospital listed R33's diagnoses as Alcoholic Liver Failure, Other and unspecified alcohol dependence, unspecified drinking behavior, Severe alcohol use disorder, Acute Alcoholic Liver Disease. The facility admitted R33 knowing he had a history of alcohol abuse and came from a homeless situation. Despite knowing this, the facility did not have the resources or assist R33 in obtaining resources to assist his alcohol dependency to manage R33's drinking or assist in creating a safe discharge plan.</p> <p>R33's drinking was identified as a contributing factor resulting in R33 having multiple outings to the community, a fall in the community due to intoxication and missing medical doctor appointments. The interventions that were initiated on [DATE] indicate to educate resident regarding risks and benefits of not drinking and document the findings and to update the MD (Medical Doctor) regarding alcohol intoxication and request to hold medications.</p> <p>R33 had a history of alcohol abuse and had two incidents with alcohol one requiring an emergency room visit and another requiring an involuntary inpatient stay at a detoxification center. The facility failed to assist R33 with his alcohol use/abuse, failed to create a safe discharge plan. R33 was discharged to homelessness without food, medication, or transportation there was no discharge planning since admission and R33 was not given any involuntary discharge information to appeal his discharge.</p> <p>The facility's failure to provide medically related social services, such as developing a plan of care addressing alcohol and drug abuse or a safe discharge plan, created a finding of an IJ (Immediate Jeopardy) that began on [DATE]. The NHA A (Nursing Home Administrator) was notified of the IJ on [DATE] at 4:00 PM. The facility has not removed the IJ and continued the deficient practice at the conclusion of this survey.</p> <p>This is evidenced by:</p> <p>According to an article by the Cleveland Clinic, Blood Alcohol Content (BAC), Blood alcohol level (BAC), is the amount of alcohol in your blood that develops from drinking alcoholic beverages. Levels can range from 0% (no alcohol) to over 0.4% (a potentially fatal level). A table included in the article shows the following:</p> <p>BAC 0.30% to 0.40%: In this percentage range, you'll likely have alcohol poisoning, a potentially life-threatening condition, and experience loss of consciousness.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>BAC over 0.40%: This is a potentially fatal blood alcohol level. You're at risk of coma and death from respiratory arrest (absence of breathing).</p> <p>The facility Admission Agreement signed by R33 on [DATE] states, in part .Bed Hold. If you are on leave, or temporarily discharged (such as to a hospital for surgery or treatment) and have expressed a desire to return to the Center, you will not be denied readmission. The Center will hold your bed until you waive your right to have the bed held, or up to 30 days following the leave or discharge, whichever is earlier.</p> <p>R33's Hospital History and Physical, dated [DATE], showed R33 was admitted into the hospital presenting intoxicated after a bicycle accident resulting in a right ankle fracture. The hospital assessment and plan indicate for admission for Bimalleolar Right Ankle fracture and Alcohol Intoxication; CIWA (Clinical Institute Withdrawal Assessment) and an AODA consult (Alcohol and Other Drug Abuse), other: Worsening peripheral sensory neuropathy, suspect from ETOH (alcohol). R33's hospital active problem list includes Alcoholic liver failure, Seizure, Depressive disorder, Neurosis, anxiety, panic type, Other and unspecified alcohol dependence, unspecified drinking behavior, Severe alcohol use disorder, Fracture-tibial plateau, Hepatic encephalopathy, Acute alcoholic liver disease, Ascites, and Static tremor.</p> <p>R33 was admitted to the facility on [DATE] with a diagnosis of Disorder of the Autonomic Nervous System, Hepatic Failure, Displaced Bicondylar Fracture of unspecified tibia, and discharged on [DATE]. R33's quarterly MDS (Minimum Data Set) assessment on [DATE] indicates R33 had a BIMS (Brief Interview for Mental Status) score of 15 indicating R33 is cognitively intact. R33's MDS indicates that he is able to be understood and has the ability to understand. R33's Functional Assessment: independent with no physical help from staff with bed mobility, transfers, dressing, and toilet use. Dressing, personal hygiene, eating, and bathing is independent with set up help only for R33.</p> <p>R33's Baseline Care Plan dated [DATE] states, in part</p> <p>Discharge Plan: Length of Stay Unknown, currently homeless, staying at a shelter prior to hospital. Goal: Will be discharged to a lesser care setting once goals are met . Interventions: Discuss feelings/goals for placement as needed, SS (Social Services) to intervene as needed/requested . Arrange for discharge as needed, Obtain MD order for discharge, set up Services and/or DME (Durable Medical Equipment) as needed for safe discharge.</p> <p>The resident is at risk for falls, accidents and incidents r/t (related to) recent fall, neuropathy. Goal: the resident will not sustain serious injury through the review date. Interventions: . Fall on [DATE]; education on risks of drinking, maintaining a safety when drinking out in the community, resident verbalized understanding.</p> <p>(Note: This intervention was initiated on [DATE], after resident fell in the community).</p> <p>Initiated on [DATE]: Behavior Problem: r/t Alcohol intoxication. Goal: behavior will not cause harm to self or others. Interventions: Educate resident regarding risks and benefits of not drinking, document findings . Update MD regarding alcohol intoxication and request to hold medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Initiated on [DATE]: Actual Risk for Complication with Mood/Behavior RT DX (diagnosis) of Alcohol Dependence, uncomplicated with episodes of drinking alcohol while in this facility and in the community. Resident does not always sign himself out when going into the community. Goal: Will be safe in environment through next review date. Interventions: Call MD/NP (Nurse Practitioner) if resident present with symptoms of intoxication . Psych services as ordered/accepted.</p> <p>Physician Order: [DATE] May go on LOA (Leave of Absence) with medications.</p> <p>Surveyor was unable to interview R33 after unsuccessful attempts of calling R33's primary number, alternate number, emergency contact number, 2 local shelters in the area, and the primary care provider's supplied number.</p> <p>Surveyor reviewed R33's medical record/progress notes that showed in part, the following:</p> <p>On [DATE] at 11:42 AM, Spoke with MD regarding intoxication noted on previous shift, Resident has been going out on pass frequently during the week and returning later in the evening and appears under the influence, Writer spoke with Resident, did not deny alcohol use however stated he plans on leaving this place soon and if he chooses to make poor choices if [sic] his decision. Order was obtained to hold medications when he appears intoxicated and update MD in the morning.</p> <p>On [DATE] at 8:50 PM Nurse received call from nurse at (hospital) that resident had been found at a bus stop and had possible fall that was unwitnessed. He was brought to ER (emergency room) where he was treated for a [an] abrasion on his knee and scans were done to R/O (rule out) possible head injury. He was found to be intoxicated. Hospital will be releasing him and making arrangements for transportation back to this facility. (Note: Fall was not listed on the facility's fall documentation report).</p> <p>On [DATE] at 11:50 PM, Resident returned to facility at around 2300 (11:00 PM) from (hospital) via taxi for public intoxication, . resident denied having pain or discomfort, neuro intact, DON (Director of Nursing) was updated. Will continue to monitor resident.</p> <p>On [DATE] at 10:00 PM, Resident [has] been out of facility all day. He returned at 9:45 PM smelling of alcohol, appeared intoxicated. No meds to be given. Continue to monitor. No complaints currently. Call light in reach.</p> <p>On [DATE] at 10:24 AM, Writer informed by DON that resident is OOB (out of building) and is currently at detox facility in (City Name). No POA (Power of Attorney) on file, resident is own decision maker. Will f/u (follow up) w (with) social worker for further info. (Note: No social worker documentation).</p> <p>On [DATE] at 4:27 PM, Resident found on University Ave, and was admitted to detox for intoxication and will be discharged from (facility name). (Note: Facility did not notify PCP (Primary Care Provider) of these incidents when R33 was intoxicated per Interventions in the Care Plan that state: Update MD regarding alcohol intoxication and request to hold medications.)</p> <p>Record Review of Interdisciplinary Team (IDT) note indicated:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0745</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] in R33's IDT note written by SW X (Social Worker), Resident is physically ready to D/C from this facility. Discharge orders not able to be obtained at this time due to missed PCP (Primary Care Provider) appointments.</p> <p>On [DATE] at 9:15 AM, Surveyor interviewed Primary Care Provider's RN TT (Registered Nurse). Surveyor asked RN TT if R33 had a discharge order or any communication from the facility of a discharge plan, she replied there is not a physician order for a discharge, and nothing noted in the chart for a discharge and no calls of notification of R33 being discharged .</p> <p>On [DATE] at 4:20 PM, Surveyor interviewed DOM F (Director of Marketing), if R33 had any plan or treatment to address his history of alcoholism, she replied there are not staffed trained here, we don't have any AA (Alcohol Anonymous) meetings, we all talked about it in meetings. Surveyor asked DOM F if R33 had any Phycological consultation or any other consultations or treatments, DOM F replied no.</p> <p>On [DATE] at 3:35 PM, Surveyor interviewed SW X. Surveyor asked SW X what was provided and explained to R33 on [DATE] when R33 arrived to the building from treatment; SW X replied that it was explained to him he did not have a room and was escorted to his room to gather his belongings, a list of homeless shelters, case managers and places for food that was printed off the internet was given to R33. Surveyor asked SW X if discharging R33 was safe or planned, SW X replied that he is able-bodied and is going back to the same place he came from, we didn't plan anything, it is their choice of living. Surveyor asked SW X if this discharge was R33's choice, SW X replied, he didn't flat out say I want to be homeless, but he didn't participate in any housing. Surveyor asked SW X if there was any documentation of a discharge plan or discharge summary, SW X replied, I am working on that, I am getting better at the discharge summaries and I keep a soft file. Surveyor asked SW X if there is a soft file or any documentation of discharge for R33 for discharge, SW X replied no. Surveyor asked SW X if R33 had a discharge order, SW X replied no.</p> <p>On [DATE] at 4:01 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if R33 had a discharge plan, DON B replied, the last time he left, he called, sometimes he does not sign himself out, this time he called and said he was at detox, Surveyor asked DON B is R33's bed was available, DON B replied, yes, we did have open beds. Surveyor asked DON B who decides to discharge, he replied, the Social Worker would mention in nursing meetings. Surveyor asked DON B if R33 had any discharge arrangements, DON B replied he would have to check on that. Surveyor asked DON B if R33 should have had a physician order for discharge, DON B replied yes. Surveyor asked DON B if R33 should have had a discharge plan, DON B replied yes. Surveyor asked DON B if R33 should have had a bed hold, DON B replied yes. Surveyor asked DON B if the discharge plan should be in R33's chart, DON B replied yes. Surveyor asked DON B if R33 had medication arrangements for his discharge, DON B replied he would have to check on it. Surveyor asked DON B if services for alcohol abuse/use should have been offered or provided to R33 DON B stated yes.</p> <p>The facility's failure to ensure R33 was offered medically appropriate social services for alcohol abuse, the facility's failure to facilitate a safe and orderly discharge plan created reasonable likelihood that serious harm could occur. This led to a finding of immediate jeopardy. At the conclusion of this survey, the facility has not removed the immediate jeopardy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34400</p> <p>Based on interviews and record review, the facility did not ensure the facility provided pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 9 of 12 residents (R16, R13, R19, R21, R30, R31 R32, R22 and R18) reviewed for pharmacy services.</p> <p>R19 reports near-miss medication errors, R19 has to instruct nurses to go back to the medication cart to correct dosing of medication.</p> <p>R21, R30, R31 and R32's medication was noted to be unsecured on the medication cart.</p> <p>R22 did not receive medications as prescribed as medications were not delivered from pharmacy.</p> <p>R16 was admitted on [DATE] and none of his admission orders were transcribed into the electronic medical record until 8/25/22.</p> <p>R13 had medications omitted on admission for 1-4 days.</p> <p>R13 had certain scheduled medications discontinued with orders written to change to PRN (as needed), however PRN orders for these medications was not entered into EHR (Electronic Health Record) for 3 days.</p> <p>R18 had physician orders for Calcium Carbonate 1250 MG/5ML suspension 2 times a day and this medication did not get transcribed from R18's hospital discharge paperwork to R18's facility order sheet. R18 missed 11 doses of this medication.</p> <p>Facility policy, entitled Medication and Treatment Orders, includes, in part: Drugs and biological orders must be recorded on the Physician Order Sheet in the resident's chart. Such orders are reviewed by the consultant pharmacist on a monthly basis.</p> <p>Evidenced by:</p> <p>The facility's Administrating Medications policy dated as revied 4/22, states in part: . Medications are administered in accordance with prescriber orders, including any required time frame .</p> <p>Example 1</p> <p>R19 was admitted to the facility on [DATE] with diagnosis including seizures and right hemiparesis.</p> <p>R19's quarterly MDS (Minimum Data Set) assessment on 8/1/22 notes R19 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R19 is cognitively intact.</p> <p>R19's physician orders include in part:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5/21/11-Buspirone HCL tablet 15 MG (milligram) give 15 MG by mouth two times a day for anxiety</p> <p>5/25/22-Buspirone HCL tablet 5 MG give 0.5 tablet (1/2 tablet) by mouth two times a day.</p> <p>On 9/6/22 at 10:01 AM, Surveyor interviewed R19 about receiving his medication. R19 reported he keeps a photo of all his medications that he should receive on his phone and compares what the nurses brings him for his morning medications, 4:00 PM medications and bedtime medication. R19 reported that he frequently notices errors in the pills provided and tells the nurse to go back to the medication cart to get it right. R19 stated if R19 wasn't paying attention, R19 would get the wrong dose or wrong medication.</p> <p>On 9/6/22 at 4:20 PM, Surveyor interviewed LPN L (Licensed Professional Nurse) if R19 ever sent LPN L back to the medication cart due to the pills he gave R19 were incorrect. LPN L stated he recalled he had given R19 a whole tablet of Buspirone at one point and R19 told him he gets a 1/2 tablet. LPN L stated he broke the pill in half to give R19 the correct dose. Surveyor asked what LPN L did with the remaining half pill, LPN L stated he had returned it to the blister pack and taped over it.</p> <p>33166</p> <p>Example 2</p> <p>On 9/3/22 at 8:30 AM Surveyor observed a treatment cart located between the 200 and 300 hallways there was no nursing staff attending the treatment cart. Surveyor observed several treatments/medications lying on top of the cart and not secured. The following medications were observed unsecured and on top of the treatment cart.</p> <p>~ R21's Ammonium Lactate 12% - the manufacturers label on the Ammonium Lactate states keep out of reach of children. The prescription reads apply lotion every day as needed.</p> <p>~ Iodoform Packing Strips</p> <p>~R30's Trelegly Ellipta -Use one time daily for Chronic Obstructive Pulmonary Disease.</p> <p>~R31's Levetiracetam 100 milligrams (mg)/milliliter (ml) give 10 ml two times daily for seizures.</p> <p>~R32's Albuterol Inhaler give 3 puffs three times daily.</p> <p>On 9/8/22 at 4:00 PM Surveyor spoke to Director of Nursing B (DON) regarding the unsecured medication on the treatment cart. DON B stated all medications should be locked in the treatment or medication cart.</p> <p>Example 3</p> <p>R22 was admitted to the facility on [DATE]. R22's Minimum Data Set with an Assessment Reference Date of 8/25/22 indicates R22 has a Brief Interview for Mental Status of 13 indicating R22 is cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R22's Medication Administration Record (MAR) for August 2022 notes the following medications were not administered due to not being available from pharmacy.</p> <p>Fluticasone Propionate Suspension 50 micrograms (mcg) 1 each in both nostrils in morning related to Asthma. R22 did not receive this medication on 8/19 or 8/20/22.</p> <p>Glycolax powder 17 grams/scoop give 1 scoop by mouth in the morning for constipation. R22 did not receive this medication on 8/19.</p> <p>Pregabalin Capsule 25 milligrams 1 capsule by mouth one time a day related to right below the knee amputation. R22 did not receive this medication on 8/19, 8/20, 8/21 and 8/22/22.</p> <p>On 9/7/22 at 2:00 PM Surveyor interviewed R22 regarding her medications R22 stated she has chronic pain, but it is controlled with her medication. R22 was not aware she did not receive her medications including her Lyrica and does not recall having increased pain related to not receiving her medication.</p> <p>On 9/7/22 at 4:15 Surveyor interviewed DON B (Director of Nursing) regarding pharmacy and residents receiving medication as ordered. DON B stated it is his expectation residents receive their medication on time. Surveyor asked DON B what nurses should do if the medication is not available DON B stated to check contingency if not available update the physician regarding the medication not being available. Surveyor asked DON B if the facility has a back-up pharmacy. DON B was not aware.</p> <p>36192</p> <p>Example 4</p> <p>R16 was admitted on [DATE] with diagnoses that include acute systolic heart failure, acute kidney failure, chronic duodenal ulcer with perforation, sepsis, hypertension, ascites, hepatitis B without hepatic coma, and chest pain.</p> <p>R16's August 2022 MAR (Medication Administration Record) indicates the following medications as being entered on 8/25/22 instead of 8/24/22 resulting in R16 missing one or more doses of the following medications:</p> <ul style="list-style-type: none"> - Dapagliflozin propanediol tablet 10 mg (milligrams) give 10 mg by mouth in the afternoon for DM (diabetes mellitus) start date 8/25/22. - Entecavir tablet 0.5 mg by mouth in the evening for hepatitis B start date: 8/25/22 - Furosemide tablet 20 mg give 20 mg by mouth in the evening related to acute systolic (congestive) heart failure - start date 8/25/22. - Lisinopril 10 mg give 10 mg by mouth in the evening for hypertension - start date 8/25/22 - Pantoprazole sodium tablet delayed release 40 mg, give 40 mg by mouth in the morning for GERD (Gastroesophageal reflux disorder) start date 8/26/22. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Carvedilol tablet 6.25 mg give 6.25 mg by mouth two times a day for hypertension start 8/25/22 1500 (3:00 PM) (R16 missed the evening dose on 8/24, and am dose on 8/25)</p> <p>On 8/26/22 at 9:30 AM, Nurse Note indicates R16's nurse practitioner was updated on R16's missed doses of finasteride, acyclovir and dapagliflozin and no new orders obtained.</p> <p>On 9/7/22 at 10:30 AM, Surveyor spoke with R16's. R16's indicated he did not get his medications previously and now has been correct and no further problems. R16's indicated the medication issue happened when he first arrived.</p> <p>On 9/7/22 at 12:20-12:40 PM, Surveyor interviewed DON B (Director of Nursing) regarding admission orders and medication errors. DON B indicated that if a resident is admitted on the 24th then the orders need to be transcribed on the 24th and not wait until the 25th to do it. DON B reviewed R16's MAR with Surveyor and indicated all the medications were transcribed on the 25th instead of the 24th, which would indicate medication errors.</p> <p>38725</p> <p>Example 5</p> <p>R13 has the following diagnoses: anterior dislocation of left hip, muscle spasms of back, dislocation of internal left hip prosthesis, depression, chronic viral hepatitis C, chronic venous hypertension (idiopathic) with inflammation of left lower extremity, acute kidney failure, bronchitis, and osteoarthritis.</p> <p>R13's Physician Orders contain the following orders from admission (8/12/22):</p> <ul style="list-style-type: none"> - Baclofen 10 mg 1 tablet one time a day (noon dose) for muscle spasms - Baclofen 10 mg 2 tablets twice per day (AM and HS (hour of sleep/bedtime)) for muscle spasms - Magnesium Hydroxide suspension 400 mg/5 mL (milliliters) 30 mL one time a day for supplement - Pantoprazole 40 mg one time a day for heartburn - Pramipexole Dihydrochloride 0.125 mg one time a day for adverse effect of antiparkinsonism drugs and other central muscle-tone depressants - Quetiapine fumarate 100 mg (milligrams) daily for depression (dispensed 8/15/22) - Ropinirole HCl (Hydrochloride) 0.25 mg one time a day for restless leg syndrome - Calcium carbonate 1500 (600 Ca) two times a day for supplement - Guaifenesin ER (extended release) 12 hours 600 mg two times a day for congestion - Lactulose solution 10 GM (Gram)/ 15 mL two times a day for chronic viral hepatitis C <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Metoprolol tartrate 25 mg give 0.5 tablet two times a day for chronic venous hypertension (idiopathic) with inflammation of left lower extremity - Senna-Docusate sodium 8.6-50 mg two times a day for constipation - Docusate sodium 1 mg three times a day for constipation - Pregabalin 75 mg three times daily for adrenomyeloneuropathy - Carbidopa-Levodopa 25-100 mg 2 tablets four times a day for adverse effect of antiparkinsonism drugs and other central muscle-tone depressants - Buprenorphine HCl 2 mg sublingual every 6 hours as needed for moderate to severe pain (not administered until 8/16/22) <p>R13's MAR (Medication Administration Record) documents the following medications were omitted:</p> <ul style="list-style-type: none"> - Baclofen 10 mg 1 tablet (noon dose): 8/13/22 - Baclofen 10 mg 2 tablets (HS dose): 8/12/22 and 8/13/22 - Baclofen 10 mg 2 tablets (AM dose): 8/13/22 - Magnesium Hydroxide suspension 400 mg/5 mL: 8/13/22 - Pantoprazole 40 mg: 8/13/22 - Pramipexole Dihydrochloride 0.125 mg: 8/12/22 - Quetiapine fumarate 100 mg: 8/12/22, 8/13/22, 8/14/22, and 8/15/22 (8/14/22 and 8/15/22 MAR is coded with 4; 4 means Other/See Nurse Notes) - Ropinirole HCl 0.25 mg: 8/13/22 and 8/14/22 - Calcium carbonate 1500 (600 Ca): 8/13/22 PM dose (It is important to note that the AM dose on 8/13/22 was documented as administered) - Guaifenesin ER 12 hours 600 mg: 8/13/22 PM dose (It is important to note that the PM dose on 8/12/22 and AM dose on 8/13/22 were documented as administered) - Lactulose solution 10 GM / 15 mL: 8/12/22 PM dose and 8/13/22 PM dose (It is important to note that the AM dose on 8/13/22 was documented as administered) - Metoprolol tartrate 25 mg give 0.5 tablet: 8/12/22 PM dose, 8/13/22 AM and PM doses - Senna-Docusate sodium 8.6-50 mg: 8/13/22 PM dose (It is important to note that the PM dose on 8/12/22 and AM dose on 8/13/22 were documented as administered) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Docusate sodium 1 mg: 8/12/22 PM dose, 8/13/22 Noon and PM doses (It is important to note the AM dose on 8/13/22 is documented as administered)</p> <p>- Pregabalin 75 mg: 8/12/22 HS dose; 8/13/22, 8/14/22 and 8/15/22 AM, Noon and HS doses (8/14/22 and 8/15/22 MAR is coded with 4 for AM, Noon, and HS doses)</p> <p>- Carbidopa-Levodopa 25-100 mg 2 tablets: 8/13/22 all four doses (8 AM, 12 PM, 4 PM, 8 PM)</p> <p>It is important to note that Buprenorphine was not administered until 8/16/22 but it is not clear whether it was available to be given.</p> <p>R13's Progress Notes document the following:</p> <p>8/13/2022 03:28 (3:28 AM) Nurses Note: Writer called pharmacy due to medications not being delivered on the last run. Staff from pharmacy stated medications was not delivered due to missing information about resident's allergies. Writer updated allergies with pharmacy. Awaiting pharmacy orders STAT (urgent).</p> <p>8/13/2022 03:29 (3:29 AM) Nurses Note: Resident was understanding about not being able to receive all his medications tonight. Writer explained that we are awaiting pharmacy and had ordered STAT. Resident adjusting well to environment. [SIC]</p> <p>eMAR (electronic Medication Administration Record): 8/14/22, 8/15/22 Pregabalin, Quetiapine fumarate [SIC]</p> <p>8/16/2022 09:00 (9:00 AM) Nurses Note Late Entry: NP (Nurse Practitioner) .updated on missed dose(s) of Pregabalin no behaviors noted or changes in demeanor, no new orders obtained. Resident updated with verbal understanding. [SIC]</p> <p>8/17/2022 18:36 (6:36 PM) eMar - Medication Administration Note Text: NP .updated on missed dose(s) of Quetiapine Fumarate Tablet 100 mg no behaviors noted or changes in demeanor, no new orders obtained. Resident updated with verbal understanding. [SIC]</p> <p>It is important to note that on 8/14/22 and 8/15/22 when staff coded, they're not giving R13 his Quetiapine fumarate and Pregabalin as 4, there is no narrative documented. It is also important to note that R13's NP (Nurse Practitioner) was not alerted or consulted with regarding R13 missing almost all of his ordered medications for 1-4 days until 8/16/22.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/7/22 at 9:24 AM, Surveyor interviewed LPN HH (Licensed Practical Nurse). Surveyor asked LPN HH what the process is for new admission orders, LPN HH explained sometimes the medication orders are entered into the computer by someone else, sometimes they are expected to be entered in by the floor nurse, which I'm unable to manage; if already in the computer, I try to look at them; I gather all the medications I can from contingency and if a medication is really important, I will borrow if it is not in contingency so that my residents are taken care of. Surveyor asked LPN HH how timely medications are received from pharmacy, LPN HH stated if the orders are gotten to the pharmacy soon enough with all the information for them to process, they can get them to us that night. Surveyor asked LPN HH if there is a cut off time for pharmacy to ensure delivery same night, LPN HH said if they have the complete orders by noon they'll get here. Surveyor asked LPN HH if orders are clarified later or the admission comes later, does the pharmacy do a STAT delivery; LPN HH replied yes, their STAT is 4 hours.</p> <p>On 9/7/22 at 1:09 PM, Surveyor interviewed LPN BB. Surveyor asked LPN BB if not signed out/blank on MAR what does that mean, LPN BB said didn't get signed/the medication was not given.</p> <p>On 9/7/22 at 3:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is for new admission orders, DON B stated, the Unit Managers are supposed to put the orders in, but they have quit, so I am trying to do them. Surveyor asked DON B what happens once the orders are entered into the computer, DON B replied the floor nurse double checks and sends them to pharmacy. Surveyor asked DON B if a medication is unable to be administered, what do you expect to happen; DON B said the Nurse should update PCP (Primary Care Provider), POA (Power of Attorney), and any other care team partners. Surveyor asked DON B if the pharmacy the facility uses has a contingency of medications onsite, DON B said yes, and they should always check that first and then call the pharmacy. Surveyor asked DON B what it means in MAR (Medication Administration Record) if the box is left blank, DON B replied it was either missed being signed out or it wasn't done. Surveyor asked DON B what the code 4 means on the MAR, DON B looked at the MAR and said that there should be a note in explaining the situation. Surveyor asked DON B if the MAR is coded as 4 should there be an explanation there, DON B stated yes.</p> <p>Example 6</p> <p>R13 has the following diagnoses: anterior dislocation of left hip, muscle spasms of back, dislocation of internal left hip prosthesis, depression, chronic viral hepatitis C, chronic venous hypertension (idiopathic) with inflammation of left lower extremity, acute kidney failure, bronchitis, and osteoarthritis.</p> <p>R13 was seen by NP at the facility on 8/26/22. The following orders were written for R13:</p> <ol style="list-style-type: none"> 1. DISCONTINUE: Magnesium Hydroxide suspension 400 mg/5 mL 30 mL one time a daily for constipation [SIC] 2. START: Magnesium Hydroxide suspension 400 mg/5 mL 30 mL one time a daily PRN for constipation [SIC] 3. DISCONTINUE: Guaifenesin (Mucinex) 600 mg 12 hr. (hour) ER tab (tablet): take 600 mg PO BID (two times a day) for cough/congestion [SIC] <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. START: Guaifenesin (Mucinex) 600 mg 12 hr. ER tab (tablet): take 600 mg PO BID PRN for cough/congestion [SIC]</p> <p>5. DISCONTINUE: OMEPRAZOLE DR (delayed release) 20 MG CAPSULE Give 20 mg by mouth (Medication reconciliation) [SIC]</p> <p>6. START: Pantoprazole Sodium Tablet Delayed Release 40 MG Give 1 tablet by mouth one time a day for Heartburn [SIC]</p> <p>7. START: Pramipexole Dihydrochloride Tablet 0.125 MG: Give 1 tablet by mouth one time a day related to RLS (restless leg syndrome) (Medication reconciliation) [SIC]</p> <p>8. DISCONTINUE: ROPINIROLE HCL 0.25 MG TABLET Give 0.25 mg by mouth one time a day for restless leg syndrome (Medication reconciliation) [SIC]</p> <p>R13's MAR documents the following regarding the numbered medications above:</p> <p>1. This was discontinued on 8/26/22.</p> <p>2. This was not started until 8/29/22. This medication was not available to administer for 2 days, 8/27/22 and 8/28/22.</p> <p>3. This was discontinued on 8/26/22.</p> <p>4. This was not started until 8/29/22. This medication was not available to administer for 2 days, 8/27/22 and 8/28/22.</p> <p>5. This was discontinued on 8/26/22.</p> <p>6. This was not started until 8/29/22. R13 did not receive any type of proton-pump inhibitor (decreases the amount of acid made in the stomach) medication for 2 days, 8/27/22 and 8/28/22.</p> <p>7. This was not started until 8/29/22. R13 did not receive any type of dopamine agonist (acts in place of dopamine that is needed to control movement) medication for 2 days, 8/27/22 and 8/28/22.</p> <p>8. This was discontinued on 8/26/22.</p> <p>On 9/7/22 at 9:24 AM, Surveyor interviewed LPN HH. Surveyor asked LPN HH if written orders should be entered as written, LPN HH said yes. Surveyor asked LPN HH if they should be entered timely, LPN HH stated yes, they should, there just isn't enough time sometimes for everything.</p> <p>On 9/7/22 at 3:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if he expects written orders to be entered as written, DON B said yes. Surveyor asked DON B if he expects them to be entered timely, DON B stated yes, they should.</p> <p>38882</p> <p>Example 6</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R18 was admitted to the facility on [DATE] with the following diagnoses: severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia.</p> <p>R18's hospital discharge, dated 8/25/22, includes in part: Physician Orders- Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals. Last time this was given 1250MG on 8/25/22 at 9:53 AM.</p> <p>R18's Physician Orders, include Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals, start date 8/31/22.</p> <p>R18's MD/NP progress note, 8/30/22, includes date of visit- 8/29/22 Clarification: Start Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals for hypocalcemia- med reconciliation. Medication was not on facility Medication Administration Record during medication reconciliation .</p> <p>R18's Nurse Notes, include: 9/1/22 NP updated on missed doses of Calcium Carbonate Antacid Suspension 1250 MG/ML . Resident updated on missed medications and did not want emergency contact notified.</p> <p>On 9/6/22 at 3:08 PM DON B (Director of Nursing) indicated Managers transcribe the medication orders when a new admission comes in and then the floor/unit nurse transcribes the rest of the orders. DON B indicated R18 should have received Calcium Carbonate 1250MG/5ML suspension: take 5 ML by mouth 2 times daily with meals starting her first day in the facility, 8/25/22.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42038</p> <p>Based on interview and record review, the facility did not ensure that residents are free of any significant medication errors for 2 of 12 residents (R15 and R20) reviewed for significant medication errors.</p> <p>R15's atorvastatin was not discontinued when ordered.</p> <p>R20 had an order for Vitamin B6 written on 5/11/22, medication was never started until the omission was noted by the Nurse Practitioner on 8/11/22.</p> <p>This is evidenced by:</p> <p>The facility policy titled, Adverse Consequences and Medication Errors, last reviewed 4/2022, states in part: . Policy Statement: The interdisciplinary [NAME] evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse drug reactions (ADRs) and side effects. Adverse consequences shall be reported to the Attending Physician and Pharmacist, and to federal agencies as appropriate .5. A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders . 6. Examples of medications errors include a. Omission - a drug is ordered but not administered.</p> <p>Example 1</p> <p>R15 was admitted to the facility on [DATE]. R15 has the following diagnoses: Type 1 Diabetes Mellitus, altered mental status, Schizophrenia, Major Depressive disorder, anxiety disorder, and Hyperlipidemia.</p> <p>R15's physician's orders state: Atorvastatin Calcium Tablet Give 10 mg (milligrams) by mouth at bedtime related to HYPERLIPIDEMIA, UNSPECIFIED. Order date: 1/19/21, Start date: 3/25/21, End date: 8/10/22.</p> <p>On 4/20/22, R15 was seen at the facility by NP (Nurse Practitioner) DD. NP DD's visit notes indicate that R15 was to have labs drawn on 4/21/22, no new orders given at the time of the visit.</p> <p>On 4/21/22, R15 had a CMP (Comprehensive Metabolic Panel) drawn that resulted the following abnormal values: Potassium 5.4 (H(high)), Glucose 362 (H), Creatinine 1.29 (H), AST 78 (H), and ALT 106 (H). The facility faxed the lab results to NP DD.</p> <p>It is important to note that the AST and ALT were elevated when compared to R15's last labs on 4/21/21.</p> <p>On 4/22/22, NP DD's notes indicate that she discussed R15's lab values with his guardian, as well as the risks and benefits of discontinuing the Atorvastatin. R15's Guardian gave consent for the medication, indicating that the benefit does not outweigh the risk. Per NP DD's documentation, the plan was to discontinue the Atorvastatin and check R15's liver function tests and fasting lipid profile in 6 weeks (6/7/22).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/25/22, NP DD faxed an order to the facility stating: 1. DISCONTINUE Atorvastatin 10mg tab: take 1 tab PO (by mouth) daily at HS (bedtime) for HLD (Hyperlipidemia). (Reason to D/C (discontinue): elevated LFTs (Liver Function Tests). 2. Labs: 6/7/2022 - FASTING Lipid Panel (T2DM (Type 2 Diabetes Mellitus)) - Liver Function Panel (AST/ ALT, Phos (phosphorous), T. Billi (Total Bilirubin)). (Elevated LFTs). This order was electronically signed by NP DD on 4/25/22 at 4:26 PM.</p> <p>On 9/7/22, Surveyor reviewed R15's MAR (Medication Administration Record). R15's MAR shows that R15 continued to receive Atorvastatin 10mg PO at HS until NP DD wrote another order to discontinue the medication on 8/10/22.</p> <p>On 9/8/22 at 3:00 PM, Surveyor interviewed NP DD. Surveyor asked NP DD when she discontinued R15's Atorvastatin and ordered for repeat labs, NP DD stated that she discontinued the medication on 4/22/22 after discussing the risks and benefits with R15's Guardian. Surveyor asked NP DD if she gave a verbal order or if she faxed the order, NP DD stated that she rarely gives a verbal order due to facility staff not answering the phone, so she will fax the order and then text the nurse alerting them that the order was faxed. Additionally, NP DD stated that she faxed the order again on 4/25/22. NP DD reported to Surveyor that during her visit on 8/9/22, she noticed that the medication had not been discontinued, no had the labs been drawn in June. At that time, she discontinued the medication again and ordered for labs to be drawn in October 2022.</p> <p>On 9/8/22 at 3:53 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what his expectation were for nurses when they receive an order from the NP or MD (Medical Doctor), DON B stated that he expects that the order will be carried out and that the resident and/ or POA (Power of Attorney) be updated; additionally, DON B stated that he expects that the nurses document orders in the nurse's notes.</p> <p>41788</p> <p>Example 2</p> <p>R20 was admitted to the facility on [DATE], and has diagnoses that include Osteoarthritis, Encephalopathy, and anxiety disorder.</p> <p>R20's MDS (Minimum Data Set) Quarterly Assessment, dated 8/20/22, indicated R20 is rarely/never understood.</p> <p>R20's Physician Order, dated 5/11/22, states, in part: . Pyridoxine HCl (vitamin B6) 100mg (milligrams)- take 1 tab by mouth one time daily .</p> <p>R20's Routine Nursing Home Visit Note, dated 5/13/22, states, in part: . This is long term care resident who I am seeing today for a routine visit and for management of the following conditions: .Anemia .</p> <p>Medications reviewed and Reconciled in Epic .Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R20's EMAR (electronic medication administration record) for May 2022, June 2022, and July 2022, shows no order for Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily. This shows R20 did not receive Pyridoxine as ordered on 5/11/22.</p> <p>R20's Physician's Orders for May 2022, June 2022, and July 2022 does not show an order for Pyridoxine HCl (vitamin B6) 100 mg tab- Take 1 tab by mouth one time daily. This shows the order for Pyridoxine did not can transcribed into monthly orders.</p> <p>R20's New Patient Orders from Provider, dated 8/9/22, states, in part: . 5. Start: Pyridoxine HCl (Vitamin B6) 100 mg tab: take 1 tab PO (by mouth) one time daily .</p> <p>On 9/8/22, at 11:00 AM, Surveyor interviewed DON B (Director of Nursing) and asked when looking at this order dated May 11, 2022, when should the Pyridoxine have been started. DON B indicated immediately. Surveyor asked DON B by looking at the eMARS for May, June, July, and August was the Pyridoxine started when ordered on May 11, 2022. DON B indicated no, it was not started until August 11, 2022, after it was found by the nurse practitioner. Surveyor asked DON B what the expectation is when new orders are received. DON B indicated his expectations are the order is signed and dated by the nurse receiving the order, the order is documented into the nurses' notes, the order is transcribed into the eMAR, pharmacy gets updated, and family gets updated. Surveyor asked DON B if he would expect physician notification on the Pyridoxine was not administered from May 11,2022 through August 11,2022. DON B indicated yes. Surveyor asked DON B if there was a medication error report and physician notification completed on the error and DON B indicated no. Surveyor asked DON B if there should have been and DON B indicated yes.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on record review and interview, the facility did not ensure laboratory services were obtained as ordered by the physician for 4 of 5 residents (R7, R13, R15 and R25) reviewed for laboratory services.</p> <p>R25's laboratory orders were not carried out for 10 days and were not complete.</p> <p>R7 has HgbA1C ordered every 3 months, and it was not done.</p> <p>R13 had BMP ordered on admission and it was not done.</p> <p>R15 did not have Liver Function Test completed as ordered.</p> <p>Findings Include:</p> <p>Example 1</p> <p>R25 was admitted to the facility on [DATE] and has diagnoses that include Parkinson's Disease, Type II Diabetes, and vitamin B deficiency. On 8/18/22, NP DD (Nurse Practitioner) placed lab orders for R25 to be conducted on 8/19/22 that included: CBC w/differential, Iron panel, CMP, Hgb A1c, Vitamin B12 and Vitamin D 25 hydroxy.</p> <p>Facility documentation shows the facility did not conduct these labs until 8/29/22.</p> <p>On 9/8/22 at 3:25 PM, Surveyor interviewed NP DD who stated she had expected the labs to be completed on 8/19/22. However, when she came to the facility on [DATE], as part of routine nursing home visits, I was still unable to view the results of those labs. NP DD stated she did not get the results of the labs until 8/30/22, and they were not complete as they did not include Folate (usually included in Vitamin B12 results) and Ferritin (typically included in Iron panel). NP DD stated she resubmitted orders for labs on 8/30/22 to get the Folate and Ferritin results and as of 9/8/22, had yet to get results.</p> <p>The facility was unable to provide any results other than the 8/29/22 lab results that did not include the Folate and Ferritin.</p> <p>38725</p> <p>Example 2</p> <p>R7 has the following diagnosis that warrants lab work: type 3 diabetes mellitus without complications.</p> <p>R7's Physician Orders has: HgbA1C every 3 months, start 9/21/21. This order is dated 7/20/21.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R7's medical record has the following lab work:</p> <p>6/21/21- HgbA1C= 7.1</p> <p>12/20/21- HgbA1C= 9.0</p> <p>5/12/22- HgbA1C= 8.6 (while hospitalized)</p> <p>HgbA1c lab work is missing for March of 2022 and August of 2022 based off when previous labs were drawn.</p> <p>Example 3</p> <p>R13 has the following diagnoses that warrant lab work: chronic viral hepatitis C and acute kidney failure.</p> <p>R13's Admission Discharge Summary documents order as follows: BMP ordered for 8/15/22. No results noted in R13's medical record.</p> <p>On 9/7/22 at 9:24 AM, Surveyor interviewed LPN HH (Licensed Practical Nurse). Surveyor asked LPN HH how lab orders are managed for new admissions, LPN HH explained that they are entered as orders in the TAR (Treatment Administration Record)/MAR (Medication Administration Record), there's a lab slip that is filled out and then placed in the Lab binder under the date is due to be drawn. Surveyor asked LPN HH if she could locate BMP results for R13 from 8/15/22, LPN HH was unable to locate results.</p> <p>On 9/7/22 at 3:34 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B who enters lab orders for new admissions, DON B stated the floor nurse is to enter lab orders for new admissions. Surveyor asked DON B if labs should be completed as ordered, DON B said yes. Surveyor asked DON B if the lab is unable to be drawn what should occur, DON B explained that the ordering Provider or PCP (Primary Care Provider) should be alerted.</p> <p>42038</p> <p>Example 4</p> <p>R15 was admitted to the facility on [DATE]. R15 has the following diagnoses: Type 1 Diabetes Mellitus, altered mental status, Schizophrenia, Major Depressive disorder, anxiety disorder, and Hyperlipidemia.</p> <p>R15's physician's orders state: Atorvastatin Calcium Tablet Give 10 mg (milligrams) by mouth at bedtime related to HYPERLIPIDEMIA, UNSPECIFIED. Order date: 1/19/21, Start date: 3/25/21, End date: 8/10/22.</p> <p>On 4/20/22, R15 was seen at the facility by NP (Nurse Practitioner) DD. NP DD's visit notes indicate that R15 was to have labs drawn on 4/21/22.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/21/22, R15 had a CMP (Comprehensive Metabolic Panel) drawn that resulted the following abnormal values: Potassium 5.4 (H(high)), Glucose 362 (H), Creatinine 1.29 (H), AST 78 (H), and ALT 106 (H). The facility faxed the lab results to NP DD.</p> <p>It is important to note that the AST and ALT were elevated when compared to R15's last labs on 4/21/21.</p> <p>On 4/22/22, NP DD's notes indicate that she discussed R15's lab values with his guardian, as well as the risks and benefits of discontinuing the Atorvastatin. R15's Guardian gave consent for the medication, indicating that the benefit does not outweigh the risk. Per NP DD's documentation, the plan was to discontinue the Atorvastatin and check R15's liver function tests and fasting lipid profile in 6 weeks (6/7/22).</p> <p>On 4/25/22, NP DD faxed an order to the facility stating: 1. DISCONTINUE Atorvastatin 10mg tab: take 1 tab PO (by mouth) daily at HS (bedtime) for HLD (Hyperlipidemia). (Reason to D/C (discontinue): elevated LFTs (Liver Function Tests). 2. Labs: 6/7/2022 - FASTING Lipid Panel (T2DM (Type 2 Diabetes Mellitus)) - Liver Function Panel (AST/ ALT, Phos (phosphorous), T. Billi (Total Bilirubin)). (Elevated LFTs). This order was electronically signed by NP DD on 4/25/22 at 4:26 PM.</p> <p>The facility never obtained the labs that NP DD ordered for 6/7/22.</p> <p>On 9/8/22 at 3:00 PM, Surveyor interviewed NP DD. Surveyor asked NP DD when she discontinued R15's Atorvastatin and ordered for repeat labs, NP DD stated that she discontinued the medication on 4/22/22 after discussing the risks and benefits with R15's Guardian. Surveyor asked NP DD if she gave a verbal order or if she faxed the order, NP DD stated that she rarely gives a verbal order due to facility staff not answering the phone, so she will fax the order and then text the nurse alerting them that the order was faxed. Additionally, NP DD stated that she faxed the order again on 4/25/22. NP DD reported to Surveyor that during her visit on 8/9/22, she noticed that the medication had not been discontinued, nor had the labs been drawn in June. At that time, she discontinued the medication again and ordered for labs to be drawn in October 2022.</p> <p>On 9/8/22 at 3:53 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what his expectation were for nurses when they receive an order from the NP or MD (Medical Doctor), DON B stated that he expects that the order will be carried out and that the resident and/ or POA (Power of Attorney) be updated; additionally, DON B stated that he expects that the nurses document orders in the nurse's notes. Surveyor asked DON B what his expectations were when a resident has labs ordered, DON B stated that he expects that the labs would be obtained when due and if the nurse was unable to get the labs, then she needs to pass it along to someone else to get. If the labs are unable to be drawn, the nurse needs to update the provider for new orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38725</p> <p>Based on observation, interview and record review the facility did not ensure that residents had transportation arrangements to and from the source of service for 2 of 29 sampled residents (R29 and R18).</p> <p>R29 missed a follow up appointment from her recent hospitalization due to not having transportation arranged.</p> <p>R18 had a post operative check up and staple removal scheduled for 8/29/22 and the facility failed to make arrangements for R18 to get to this appointment. R18 missed her appointment.</p> <p>This is evidenced by:</p> <p>Facility policy, entitled Transportation, Diagnostic Services, revised December 2008, includes, in part: Our facility will assist residents in arranging transportation to/from diagnostic appointments when necessary . should it be necessary for the facility to provide transportation, the Medical Records Designee will be responsible for arranging the transportation through the business office .</p> <p>Example 1</p> <p>R29 had a complicated hospital stay prior to the admission to secondary long-term hospital on 7/19/22. R29 was transferred to secondary long-term hospital 7/19/22 with gangrenous cholecystitis status post cholecystostomy (placement of a drainage tube in the gallbladder), GI (gastrointestinal) bleed, and severe protein calorie malnutrition on TPN (total parenteral nutrition). R29 was at secondary long-term hospital 7/19/22-9/1/22. R29 had been in septic shock (widespread infection causing organ failure and dangerously low blood pressure) secondary to gangrenous cholecystitis which was complicated by Clostridium bacteremia (bacteria in the blood); R29 had cholecystostomy tube placed on 6/2/22. She had atrial fibrillation with rapid ventricular rate as well as anemia requiring 3 units of PRBC (packed red blood cells) and 3 units of FFP (fresh frozen plasma); further complicated by acute kidney injury, altered mental status, distended stomach and duodenum, she had high output from NG (nasogastric intubation- tube goes in through nose, past throat and into stomach), she was hypotensive (low blood pressure) with leukocytosis (increase in the number of white cells in the blood, especially during an infection) and then she had a massive GI bleed which resolved after glue embolization on 6/20/22. R29 developed pain to coli tube on 7/11/22, tube was changed on 7/12 with resolution of pain. R29 admitted to the facility 9/1/22 with the following diagnoses: acute cholecystitis (inflammation of the gallbladder), moderate protein-calorie malnutrition, type 2 diabetes mellitus, mild intermittent asthma, chronic peptic ulcer with both hemorrhage and perforation, essential (primary) hypertension, and shock.</p> <p>R29's History and Physical dated 8/18/22 documents:</p> <p>Follow-up with .IR on 9/7/22 for cholecystostomy tube check</p> <p>R29's Discharge Summary from secondary long-term hospital dated 9/1/22 documents in 2 places:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Follow-up with .IR on 9/7/22 for cholecystostomy tube check</p> <p>R29's After Visit Summary dated 7/19/22-9/1/22 documents:</p> <p>Follow up with IR (interventional radiology) Wednesday Sep (September) 7, 2022 appt (appointment) @ (at) 0915 (9:15 AM)</p> <p>Observation on 9/7/22 beginning at 9:18 AM: Surveyor entered Nurse's Station and witnessed LPN HH (Licensed Practical Nurse) on the phone attempting to find out if transportation was set up for R29 to go to an appointment. R29 had a piece of paper from a notepad in her had the said 9/7/22 @ 9:15 AM. LPN HH spoke to 2 different transportation companies who both did not and were not able to take R29 to appointment. LPN HH asked R29 if she knows where appointment is supposed to be and for what, R29 said x-rays she thought. SW X (Social Worker) entered Nurse's Station at approximately 9:21 AM, LPN HH told SW X what was going on with R29. SW X then asked R29 if she wanted to re-schedule the appointment herself or if the facility should, R29 stated you do it.</p> <p>On 9/7/22 at 9:24 AM, Surveyor interviewed LPN HH. Surveyor asked LPN HH who typically is responsible for setting up transportation for residents to appointments, LPN HH said Medical Records, but she isn't here, and this appointment isn't in my calendar even. Surveyor asked LPN HH where she could locate when and where appointment was and what the appointment was for LPN HH grabbed an envelope (approximately 11 x 14 inches in size) that had R29's name on it, she pulled out stack of papers and the first paper on the top said, Follow up with IR (interventional radiology) Wednesday Sep (September) 7, 2022 appt (appointment) @ (at) 0915 (9:15 AM). It is important to note that transportation was not set up for this appointment nor was the appointment put into EHR (Electronic Health Record) for staff to be aware of. R29 thought the piece of paper she had was the time transportation was to pick her up for the appointment however the time was actual the time of her appointment.</p> <p>On 9/7/22 at 3:41 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if transportation should be set up so that residents can get to appointments, DON B stated, yes.</p> <p>38882</p> <p>Example 2</p> <p>R18 was admitted to the facility on [DATE] with the following diagnoses: severe protein calorie malnutrition, dehydration, hypocalcemia, failure to thrive, and hypoglycemia.</p> <p>R18's Hospital Discharge, dated 8/25/22, includes in part: . follow up after discharge in 2 weeks from 8/8/22, on 8/29/22 at 8:30 AM for post operative check up and staple removal with general surgery .</p> <p>R18's Nurse Note, dated 8/29/22, includes: NP (Nurse Practitioner) in to see resident on shift . Follow up appointment needed due to missed appointment today, information given to Medical Records.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/6/22 at 3:08 PM DON B (Director of Nursing) indicated he was unaware R18 had an appointment on 8/29/22 and that she missed it. DON B indicated Medical Records Department is supposed to arrange transportation for residents to and from appointments. DON B indicated the staff who works in Medical Records was on vacation for two weeks. Surveyor asked who covers when that staff member is off. DON B indicated he does not know.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>16041</p> <p>Based on observations and interviews, the facility did not ensure a qualified person is named as the dietary manager. This has the potential to affect all 71 residents.</p> <p>The facility's failure to ensure a qualified person is named as the dietary manager created a finding of immediate jeopardy that began on 08/27/22. NHA A (Nursing Home Administrator) and Regional Nurse Consultant W (RNC) were notified of the immediate jeopardy on 09/08/22 at 11:40 AM. The immediate jeopardy was removed on 09/13/22, however the deficient practice continues at a scope/severity of F (No Actual Harm/Widespread) as the facility continues to implement its action plan.</p> <p>This is evidenced by:</p> <p>The dietary manager is responsible for the overall coordination of the dietary department. The dietary manager assists the registered dietitian in assessing nutritional needs of residents and assuring resident preferences are followed; assures accurate implementation of regular and therapeutic diets to meet the specialized needs of residents; oversees the budget and purchasing of food and supplies, oversees food preparation, service, and storage techniques; and is also responsible for the hiring and scheduling of staff to assure there is adequate coverage to perform essential operations.</p> <p>On 9/3/22 at 8:10 A.M., Surveyor entered the dietary department and asked for the name of the dietary manager. DA C (Dietary Aide) indicated they do not have a dietary manager. Cook D joined the conversation. Cook D stated they haven't had a dietary manager in several months. Surveyor asked who completes the schedule, and Cook D stated there isn't one. Surveyor asked about ordering of food and supplies. Cook D stated facility management takes care of that.</p> <p>On 9/3/22 at 10:30 a.m., Surveyor spoke again with Cook D, DA C, and Cook E. Cook E stated that there was someone who came in on the weekends and did the ordering, however that only lasted a few weeks.</p> <p>On 9/3/22 at 12:35 P.M., Surveyor spoke with NHA A (Nursing Home Administrator) and asked if the facility had a full time dietitian on staff. NHA A stated the facility has a part time consultant dietitian. Surveyor asked NHA A if there was a person named as the dietary manager. NHA A indicated they do not have a dietary manager and have delegated ordering of the food and supplies to Director of Marketing F.</p> <p>1. Residents were identified as having severe weight loss without and/or dehydration without appropriate interventions being implemented:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>R18 was diagnosed and treated for dehydration, failure to thrive, and malnutrition. When medically stable, R18 was admitted to the facility for rehab services and wound care with a goal of returning to her home, in the community. The facility failed to put aggressive measures in place to prevent R18 from significant weight loss or to maintain acceptable parameters of nutrition and hydration. Additionally, the facility failed to obtain admission weight and follow weight monitoring policy for R18, failed to consistently record and assess meal and fluid intake data being gathered to ensure R18 was meeting assessed nutrition and fluid needs, failed to accurately assess and complete assessments for signs and symptoms of weight loss and dehydration per plan of care, and failed to honor R18's food preferences when she asked for vanilla Ensure as ordered or ice cream, or to offer comparable options, and failed to notify R18's Medical Doctor/Nurse Practitioner when her weight was outside of set parameters.</p> <p>R4 had a weight loss and was to receive 60 cc's (cubic centimeters) of med pass supplement 4 times a day. there is no evidence that the supplement was provided until months later when it was first added to the TAR (Treatment Administration Record). R4 had a continued weight loss and Ensure was ordered to be provided 3 times a day. R4 did not always receive the Ensure as it was not available in the facility. There is no evidence that an alternate supplement was provided in the absence of the Ensure. In addition, R4 did not receive foods according to her preferences or that she was able to eat. R4 continued to experience an unplanned weight loss.</p> <p>R27 was nutritionally at-risk and did not have a recorded weight since 6/22/22.</p> <p>(Refer to F692 for issues related to weight loss.)</p> <p>2. There was not sufficient dietary support staff to provide meals to residents of the facility. There were no qualified dietary staff to prepare and serve meals to residents for 5-7 meals each week. Nursing staff and management staff would provide foods as they were able, cook, or order pizza to feed to residents.</p> <p>(Refer to F802 for issues related to lack of sufficient dietary support staff.)</p> <p>3. Ordering of food and supplies was delegated to the Marketing Director. Substitutions were made on an almost daily basis as the appropriate foods were not ordered. In addition, supplements such as Ensure were unavailable to residents.</p> <p>(Refer to F803 related to failure to follow planned menus. Refer to F692 for lack of prescribed supplements.)</p> <p>4. Dietary staff were not following accepted standards of practice including the documenting the date opened on multi use foods and beverages. Dietary staff did not document food temperatures at the point of service to ensure foods were heated or cooled to a safe temperature.</p> <p>(Refer to F812 related to failure to store, prepare and serve foods in a sanitary manner.)</p> <p>5. Residents complained of cold foods. There was no process to ensure residents received foods at appropriate temperatures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0801</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>(Refer to F804 related to palatable temperatures. Refer to F812 related to serving foods in a sanitary manner.)</p> <p>The facility's failure to ensure a qualified person is named as the dietary manager, created a finding of immediate jeopardy (IJ). The IJ was removed on 09/13/22, when the facility began implementing the following:</p> <p>Plan initiated September 9, 2022</p> <p>All staff will be educated prior to their next working shift 09/13/22</p> <p>Thursday September 8, 2022</p> <p>The administrator completed the following:</p> <ol style="list-style-type: none"> 1. Food service director <ul style="list-style-type: none"> -Hired an interim food service director -Arrangements made and employment offer presented. -Started immediately on this date of September 8, 2022. 2. Dietician <ul style="list-style-type: none"> - Contracted Dietitian in house on September 8, 2022, and September 9, 2022. - Arrangements made for full time coverage 3. Competencies <ul style="list-style-type: none"> Association of Nutrition and Foodservice Professionals competency obtained. - Competency to be completed by the dietician with the food and nutritional service staff members prior to working. 4. New hires/orientation <ul style="list-style-type: none"> The dietician will complete: <ul style="list-style-type: none"> - Competency checks on the food and nutritional services employees prior to working. 5. Emergency preparedness <ul style="list-style-type: none"> - Outline developed on steps to take should there be a staffing concern - Call placed to supervisor immediately <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0801</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>- Back up emergency food supply put together with location and menu items to meet nutritional servings and portions.</p> <p>6. Scheduling</p> <p>- The schedule will be developed by the dietary manager and provided in advance for the food and nutritional services employees</p> <p>- Employees scheduled will have advanced notice.</p> <p>7. Education</p> <p>- Food and nutritional services employees will receive training on F801 before working Qualified Dietary staff to include:</p> <p>F801 (Rev.173, issues 11-22-17, implementation: 11-28-17) 483.60(a) staffing . The facility must employ sufficient staff with the appropriate competencies and skills set to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at 483.70(e) This includes: 483.60(a)</p> <p>(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who - (i) holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a state that does not provide for 483.60(a)</p> <p>(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full time, the facility must designate a person to serve as the director of food and nutrition services who: For designation prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016 or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:</p> <p>o A certified dietary manager, or</p> <p>o A certified food service manager; or</p> <p>o Has similar national certification for food service management and safety from a national certifying body; or</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0801</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>o Has an associates or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) in states that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a registered dietitian by the commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. (iii) Receives frequently scheduled consultation from a qualified dietitian or other clinically qualified nutrition professional.</p> <p>o Emergency preparedness plan</p> <p>o Scheduling</p> <p>o competencies</p> <p>8. Audits</p> <ul style="list-style-type: none"> - The Administrator/Designee will conduct audits 5 days a week: - Interviews confirm knowledge of qualified dietary staff - Interviews confirm knowledge of emergency food supply - New hires have competency checks completed - Schedule completed for dietary staffing. <p>9. QAPI</p> <p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and improvement.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>16041</p> <p>Based on observations, interviews, and record reviews, the facility did not ensure there were sufficient dietary support staff to carry out the functions of the food service department.</p> <p>The facility currently has only 3 people employed in the dietary department which is not enough to ensure that residents receive meals that meet their preferences and their nutritional needs.</p> <p>The facility's failure to ensure there was sufficient dietary support staff created a finding of immediate jeopardy that began on 8/27/22. The NHA (Nursing Home Administrator) was notified of the immediate jeopardy on 9/8/22 at 11:40 AM. The immediate jeopardy was removed on 9/13/22, however the deficient practice continues at a scope/severity of F (potential for more than minimal harm that is not immediate jeopardy) as the facility continues to implement its removal plan.</p> <p>This is evidenced by:</p> <p>The census on 9/3/22 was 71.</p> <p>On 9/3/22, at 8:15 a.m., Surveyor entered the dietary department and met Cook D and DA C (Dietary Aide). Surveyor asked what the normal staffing is in the dietary department? Cook D stated, 1 cook and 1 dietary aide sometimes. When Surveyor asked what was meant by sometimes, Cook D stated when she and DA C are off, there is no one working in the dietary department. Surveyor asked for a copy of the schedule. DA C and Cook D stated there is no schedule because there is no dietary manager at this time. Surveyor asked how they know when to work. Cook D stated she, DA C, and Cook E have a set schedule. Surveyor asked what the usual schedule is. Cook D stated the following:</p> <p>Monday - Cook D and DA C breakfast/lunch. Cook E supper.</p> <p>Tuesday - Cook D and DA C breakfast/lunch. Cook E supper.</p> <p>Wednesday - Cook D and DA C breakfast/lunch. No supper cook</p> <p>Thursday - Cook D breakfast/lunch (no dietary aide). No supper cook.</p> <p>Friday - No cook or dietary aide breakfast/lunch. No supper cook.</p> <p>Saturday - Cook D and DA C breakfast/lunch. Cook E supper.</p> <p>Sunday - Cook D and DA C breakfast/lunch. Cook E supper,</p> <p>Cood D and DA C work every other weekend. On the weekends when they are off, there are no dietary staff working the breakfast/lunch meals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Surveyor asked what happens on Wednesdays when there is no supper cook. Cook D stated she is sometimes forced to stay over, but when she does not stay, one of management will cook. Surveyor asked what happens on Thursday when there is no dietary aide. Cook D stated she has to do all of the tasks, which includes cooking/serving breakfast and doing all breakfast dishes, and cooking/serving lunch and doing all dishes again. Surveyor asked if one person can do all the work on Wednesdays. Cook D stated that one person can't do it all, she just does her best.</p> <p>Surveyor asked what it was like when DA C and Cook D came into work today (Saturday 9/3/22). DA C stated resident dishes were piled up. Cook D stated dishes were piled in the sink as well. Cook D stated she had called off on Thursday, so there were 2 days of dishes piled up in the sink. DA C stated stock had come in on Thursday and was left on the floor and she and Cook D have been working on getting it put away as they were looking for foods they needed to prepare for meals today.</p> <p>On 9/3/22 at 10:30 a.m., Surveyor met with DA C, Cook D, and Cook E. Cook D stated that the supply of quick foods, like pre-made sandwiches, yogurt, and desserts had been depleted. Cook D stated that if Cook E hadn't come in at 10, she wouldn't have dessert for lunch today. Surveyor asked how many staff are in the dietary department? Cook D stated, The 3 of us. Cook E stated there was another person, DA J, but they thought he had quit because he did not show up for his last scheduled shift. Surveyor asked DA C, Cook D, and Cook E if they have voiced their concerns to management. Cook E stated management doesn't listen. Cook D stated it is a hostile environment.</p> <p>On 9/3/22 at 12:35 p.m., Surveyor spoke with NHA A and asked about the staffing in the dietary department. NHA A stated the facility does not have enough staff and there are only 4. Surveyor asked who the fourth person was and she indicated it was DA J. Surveyor stated dietary staff were not aware of DA J's status as he didn't show up for a shift. NHA A stated that she had spoken with DA J and that he is returning. NHA A stated they have increased dietary wages, but cannot get people to apply. Surveyor reviewed the staff roster provided by the facility and there were 2 additional dietary staff listed. NHA A stated that neither of those staff work at the facility and the roster was incorrect.</p> <p>On 9/3/22 at 10:15 a.m., Surveyor spoke with Resident (R) 4 about a variety of topics including food. R4 indicated the food is horrible. R4 stated that it got better for a short period of time, but it's worse now than what it was. R4 stated last night she received tomato soup and as soon as they took the lid off, you could smell that it was scorched. R4 stated that she cannot eat soup, but they keep sending it to her. R4 stated that she had received pizza a couple of nights. R4 stated she received 1 slice of pizza and that it was cold and tough. Surveyor asked R4 if there was anything else served with the pizza, like a vegetable or fruit? R4 stated, no fruits or vegetables but one night she did get plain jello with the pizza.</p> <p>Surveyor reviewed the dietary schedule and noted the facility did not have sufficient and competent staffing in the kitchen.</p> <p>On 9/7/22 at 2:45 PM, Surveyor reviewed the dietary staffing and noted the following:</p> <p>On 8/27/22 day shift, the kitchen was covered by Nursing Home Administrator A (NHA) and Maintenance Director OO. NHA A and Maintenance Director OO have not received the training or competencies to perform dietary duties.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 8/28/22 day shift, the kitchen was covered by Certified Nursing Assistant (CNA) QQ who has not received the training or competencies to perform kitchen duties.</p> <p>On 9/1/22 day shift, the kitchen was covered by CNAs and NHA A, who have not received the training or competencies to perform kitchen duties. Of note, Surveyor was not able to determine which CNAs covered the kitchen.</p> <p>On 9/2/22 day shift, the kitchen was covered by NHA A and Social Worker X (SW) who have not received the training or competencies to perform kitchen duties.</p> <p>On 9/2/22 lunch shift, the kitchen was covered by SW X who has not received the training or competencies to perform kitchen duties.</p> <p>On 9/3/22 dinner shift, the kitchen was covered by Human Resources J and Speech Therapy PP (ST) who have not received the training or competencies to perform kitchen duties.</p> <p>On 9/7/22 at 8:46 AM, Surveyor interviewed Agency CNA CC related to kitchen staffing. CNA CC indicated they had no kitchen staff and the CNAs had to go in and cook for the residents. CNA CC indicated they made toast, cereal, eggs, and maybe sausage one time. Cereal that was served was pre-packaged, toast was made on demand, and the warmer was used to warm food. CNA CC indicated for those receiving pureed diets, they grabbed yogurts, Ensure, applesauce, and cream of wheat, and sometimes oatmeal. CNA CC indicated staff would use leftovers with the dates on them for pureed residents also. CNA CC indicated she has not had education for the dietary department but reads the tickets of what each resident can and can't have. CNA CC indicated this has happened a few times in the last month. CNA CC indicated they've had pizza recently, she doesn't know why, she was just sent to get it. CNA CC indicated the facility is lacking communication because no one knows what anyone else is doing, or who is supposed to do what, feels it's disorganized and that something big could happen due to the lack of communication.</p> <p>On 9/7/22 at 11:25 AM, Surveyor interviewed Human Resources J (HR) regarding working in the kitchen. HR J stated she has worked in the kitchen and has not been trained.</p> <p>On 9/7/22 at 11:40 AM, Surveyor interviewed SW X regarding working in the kitchen. SW X stated she has worked in the kitchen but has not received training.</p> <p>On 9/7/22 at 1:30 PM, Surveyor interviewed NHA A regarding the kitchen staffing. NHA A stated the facility does not currently have a Certified Dietary Manager. NHA A stated the facility has struggled with staffing in the kitchen recently. NHA A stated several staff have covered the kitchen who have not been trained, however due to the staffing challenges it was necessary to ensure residents received their meals. Surveyor asked NHA A, if she has been trained to work in the kitchen; NHA A stated no. Surveyor asked if CNAs, ST, SW, HR, or maintenance have been trained? NHA A stated Maintenance Director OO has been trained to prepare ground meat by Cook E.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 9/7/22 at 3:26 PM, Surveyor interviewed RN KK (Registered Nurse) related to staffing. RN KK indicated she works all shifts. RN KK indicated one weekend, no one was in the kitchen. RN KK stated she noticed at 6:00 a.m. no one was in the kitchen and at 7:00 a.m. a CNA reported there still was no one in the kitchen. RN KK indicated she was worried about her diabetic residents. When RN KK checked the kitchen, the door was locked. RN KK indicated the laundry staff unlocked the kitchen and the CNAs made something to just fill the residents up like toast, cereal, and juice. RN KK indicated she told staff they were not trained to do this and not to make breakfast for the residents and to wait until someone comes to do it due to special diet orders and different portions. RN KK indicated later in the shift the NHA finally showed up to do the cooking. RN KK indicated this has been happening a lot. RN KK indicated they leave the schedule blank and just don't fill it, or they put names on the schedule and those people don't show up. RN KK indicated she is worried about the residents if things don't change, they keep doing the same things even after state has been here.</p> <p>On 9/7/22 at 3:59 PM, Surveyor interviewed Agency LPN LL (Licensed Practical Nurse) regarding staffing. LPN LL indicated one day she came in and there was no kitchen staff, and someone made calls for staff to come in. LPN LL indicated her and the CNAs helped make breakfast. LPN LL indicated they served cereal and toast. LPN LL indicated for the altered diets they gave yogurt, pudding, and applesauce. LPN LL indicated someone came in to make lunch and supper that day.</p> <p>On 9/7/22 at 4:04 PM., Surveyor interviewed CNA MM regarding staffing. CNA MM indicated a couple of times they have not had dietary staff. CNA MM indicated that on 8/27/22 no one was in the kitchen. CNA MM indicated she called management and CNAs were let into the kitchen around 7:20 AM and they grabbed items they didn't have to cook for the memory care unit. CNA MM indicated she tried to use the stove with direction from the maintenance man but could not figure it out. CNA MM indicated she works on the memory care unit often and knew what items they could have. CNA MM indicated for puree and soft diets, they can have yogurt, pudding, and applesauce and the rest of the residents got cereal and milk, if able to have regular, and used thickened liquids for those who needed it. CNA MM indicated she had no training in the dietary department. CNA MM indicated that her nurse was RN KK that day. CNA MM stated, State can come in and they still don't fix things or care.</p> <p>The facility's failure to ensure there was sufficient dietary support staff created a finding of immediate jeopardy (IJ). The IJ was removed on 9/13/22, when the facility began implementing the following:</p> <p>Plan initiated September 9-13,2022.</p> <p>- All staff will be educated prior to their next working shift 09/13/22.</p> <p>The Administrator will ensure the following:</p> <p>Food services Director and Dietitian will provide for services to ensure dietary staff are competent and sufficient to meet resident needs to include:</p> <p>- Resident needs and preferences are met, food is palatable, attractive, served at the proper temperatures and at appropriate times scheduled.</p> <p>- There are sufficient staff to prepare and serve meals in a timely manner and to maintain food safety and temperature.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - Food and nutrition services are present at interdisciplinary team meetings - Meals and nutritional supplements are provided in accordance with a resident's medication requirements. - Meals intended to be hot are served as such and are maintained at the desired temperature when provided to the resident. - Meals or nutritional supplements are provided to residents within 45 minutes of either a resident request or less depending on the facility's scheduled time for meals. <p>Emergency preparedness</p> <ul style="list-style-type: none"> - Outlined steps to take should there be a staffing concern: <ul style="list-style-type: none"> o Call placed to Supervisor immediately o Back up emergency food supply put together with location and menu items to meet nutritional servings and portions. <p>Education</p> <p>The administrator will ensure the dietician and/or the food services director educate the dietary staff:</p> <ul style="list-style-type: none"> - Food and nutritional service employees will receive training before working on F802 Qualified Dietary Staff to include: - New hires/ orientation for food and nutritional service employees will receive training before working on F802 Qualified Dietary staff to include: F802 <p>F802 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) S483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at S483.70(e).</p> <p>S483.60(a)(3) Support staff.</p> <p>The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>S483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in S 483.21(b)(2)(ii). DEFINITION S483.60(a)(3)-(b)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Sufficient support personnel means having enough dietary and food and nutrition staff to safely carry out all of the functions of the food and nutrition services. This does not include staff, such as licensed nurses, nurse aides or paid feeding assistants, involved in assisting residents with eating. PROCEDURES S483.60(a)(3) and (b) o Through observations and interviews determine if there are sufficient support personnel to safely and effectively carry out the meal preparation and other food and nutrition services as defined by facility management.</p> <p>o Observe and interview residents to determine if their needs and preferences are met, if the food is palatable, attractive, served at the proper temperatures and at appropriate times?</p> <p>o Do observations and/or interviews indicate there are sufficient staff to prepare and serve meals in a timely manner and to maintain food safety and temperature?</p> <p>o Determine who represents food and nutrition services at interdisciplinary team meetings. When evaluating timeliness, factors that should be considered include but may not be limited to:</p> <p>Meals or nutritional supplements are provided in accordance with a residents medication requirements.</p> <p>Meals intended to be hot are served as such and are maintained at the desired temperature when provided to the resident.</p> <p>Meals or nutritional supplements are provided to residents within 45 minutes of either a resident request or less depending on the facilities scheduled time for meals.</p> <p>Audits</p> <p>The administrator/designated will conduct audits 5 days a week:</p> <p>- Observed and interview residents to determine if their needs and preferences are met, if the food is palatable, attractive, served at the proper temperature and at appropriate times?</p> <p>- Do observations and/or interviews indicate there are sufficient staff to prepare and serve meals in a timely manner and to maintain food safety and temperature?</p> <p>- Determine who represents food and nutrition services at the interdisciplinary team meetings. When evaluating timeliness, factors that should be considered include but may not be limited to:</p> <p>- Meals or nutritional supplements are provided in accordance with resident's medication requirements</p> <p>- Meals intended to be hot are served as such and are maintained at the desired temperature when provided to the resident.</p> <p>- Meals or nutritional supplements are provided to residents within 45 minutes of either a resident request or less depending on the facility's scheduled time for meals.</p> <p>QAPI</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0802</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and improvement.</p> <p>33166</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>16041</p> <p>Based on interviews, observations, and record reviews, the facility did not ensure that menus were followed or were updated when substitutes were provided. This has the potential to affect all 71 residents.</p> <p>The facility substituted several meals as there were no dietary staff to work certain shifts. Posted menus did not reflect the menu changes and a list of substituted foods was not provided. Resident preferences were not honored, and supplements were not provided as ordered.</p> <p>This is evidenced by:</p> <p>On 9/3/22 at 8:15 a.m., Surveyor entered the dietary department and spoke with DA C (Dietary Aide) and Cook D. Surveyor asked what was being prepared for lunch. Cook D stated that it should be scalloped chicken and noodles, but it was not ordered. Cook D explained that this usually comes in premade, like a Stouffer's meal. Surveyor asked Cook D if she knew why it wasn't ordered since it was on the menu. Cook D stated Director of Marketing F was doing the ordering and told Cook D that she wasn't going to buy that, because it was too expensive. Surveyor asked if Director of Marketing F, ordered the ingredients instead to make a chicken and noodle type casserole. Cook D stated there was not. Surveyor asked Cook D what she was going to serve instead of the scalloped chicken and noodles. Cook D stated she has the ingredients to make spaghetti.</p> <p>On 9/3/22 at 10:30 a.m., Surveyor asked Cook D, Cook E and DA C if they have to substitute meals often. All 3 staff indicated they have to substitute at least 1 item at every meal. Cook D stated that when she and Cook E are off, the entire menu gets changed because management or the CNAs are serving meals. Surveyor asked what kind of meals are being served on their days off. Cook D stated she wasn't sure, but had heard that pizzas get ordered in.</p> <p>R4 has a BIMS (Brief Interview for Mental Status) score of 15 out of 15 and has a diagnosis of spinocerebral ataxia type 3 (SCA), which is a degenerative disease affecting the nervous system. A person with SCA may have progressive difficulties with speech, walking, fine motor skills, swallowing and vision.</p> <p>On 9/3/22 at 10:00 a.m., Surveyor spoke with R4 about a number of issues including food. R4 stated that the food is horrible. R4 stated that residents are given choices but those choices are not followed, they are served whatever someone finds in the kitchen. R4 stated that often they are served bottom of the barrel pizza from Little Ceasers. R4 stated she receives 1 slice and maybe some jello. R4 stated that the one slice is cold and hard when she receives it. Surveyor asked if R4 can get something else if she asks. R4 stated usually not or if she does its something she can't eat like soup. R4 stated that when she hears that there is pizza or soup for a meal she will call her significant other to bring her in food. R4 stated if she calls early enough, her significant other can bring in food before he goes to work. If she doesn't call soon enough, he will take a leave of absence to bring her food.</p> <p>The menu on 9/5/22 was not followed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/6/22, Surveyor interviewed Cook D, one of the facility's cooks. When asked if there had been any recent meals in which the facility did not prepare what was displayed and advertised on the facility's weekly menu, Cook D stated, Yes, just yesterday (9/5/22). Cook D showed Surveyor the menu and stated the dinner meal was supposed to be fish and chips, but the facility did not have enough fish for the residents. Additionally, the pasta being served with the meal was supposed to have a tomato-based pasta sauce, which the facility did not have. Cook D stated facility staff attempted to go to the store to buy the needed fish and pasta sauce but was unable to secure the necessary food items as the facility's credit card was declined. Cook D stated she improvised by preparing cheeseburgers for the residents and used an alfredo sauce for the pasta, instead of the tomato sauce.</p> <p>On 9/7/22 at 12:22 PM, Surveyor interviewed an Anonymous Resident. Surveyor asked the Anonymous Resident how the food at the facility was, Anonymous Resident stated that the food was horrible, and that the facility does not have enough food to give them. Anonymous Resident reported to Surveyor that there were days that she only received 1 slice or raisin toast or 1 scoop of watery scrambled eggs for breakfast, and there was one day that they were served 1 slice of cheese pizza for supper. Anonymous Resident showed Surveyor a picture of the breakfast served on 9/3/22, which was 1 scoop of watery scrambled eggs, and nothing else. Anonymous Resident showed Surveyor a picture of breakfast from 9/4/22, which was a scoop of watery scrambled eggs and a small slice of blueberry coffee cake.</p> <p>Cross Reference: 801, 802, 804 and 692</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>16041</p> <p>Based on interviews and record reviews, the facility did not ensure food was served at a palatable temperature for 3 (R4, R1 and R22) of 3 residents reviewed for palatability.</p> <p>Residents voiced concerns about the food temperatures especially on nights that management staff were working in the dietary department and when pizza is served.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>On 9/3/22 at 10:00 a.m., Surveyor spoke with R4 about several issues including food. R4 stated that the food is horrible. R4 stated that residents are given choices, but those choices are not followed, they are served whatever someone finds in the kitchen. R4 stated that often they are served bottom of the barrel pizza from Little Ceasers. R4 stated she receives 1 slice and maybe some jello. R4 stated that the one slice is cold and hard when she receives it. Surveyor asked if R4 can get something else if she asks. R4 stated usually not or if she does it's something she can't eat like soup. R4 stated that when she hears that there is pizza or soup for a meal, she will call her significant other to bring her in food. R4 stated if she calls early enough, her significant other can bring in food before he goes to work. If she doesn't call soon enough, he will take a leave of absence to bring her food.</p> <p>Example 2</p> <p>On 9/3/22 at 9:20 AM Surveyor spoke to Resident (R) 1 regarding the food. R1 has a Brief Interview of Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. R1 stated the food is terrible. R1 stated the meals are always late and cold due to lack of staffing. R1 stated He rarely eats the meals as the meat is tough as an airport steak and food is always cold. R1 stated I have to buy my own things just so I have something to eat. Surveyor noted R1's room was filled with snack items.</p> <p>Example 3</p> <p>On 9/7/22 at 2:00 PM Surveyor interviewed Resident (R) 22 regarding the food. R22 has a Brief Interview of Mental Status (BIMS) score of 13, indicating R22 is cognitively intact. R22 stated the food is always cold as it sits in the hall too long. R22 stated I eat it but it has alot to be desired.</p> <p>On 9/3/22 at 12:35 P.M., Surveyor asked NHA A (Nursing Home Administrator) about food temperatures. NHA A stated she is aware of concerns in the kitchen and the facility is working on hiring staff and a dietary manager to improve food quality.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on observation and interview the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. Facility staff failed to test the parts per million of the dishware machine, failed to label open beverages and dispose of expired supplements and were unable to locate temperature logs. This has the potential to affect all 71 residents residing in the facility.</p> <p>Outdated nutritional supplements were observed in the main kitchen's refrigerator.</p> <p>Facility kitchen staff were not testing the dishwasher correctly.</p> <p>Open beavgars were observed in beverage carts with no open or expiration dates.</p> <p>The facility did not have completed temperature logs.</p> <p>Example 1</p> <p>On [DATE] at 10:27 AM, Surveyor observed 17, 6 oz nutritional supplements on a tray in the main kitchen's refrigerator. A label was affixed to the supplements that read Opened [DATE]. Printed on each supplement is the manufacturer's directions to store in the freezer and use within 14 days of thawing. No other dating was indicated on the supplements.</p> <p>Example 2</p> <p>The facility uses a low temperature sanitizing dishwasher in its main kitchen. Affixed to the dishwasher is manufacturer literature that states the PPM (Parts Per Million) of the sanitizing agent in the dishwasher must be 50 PPM.</p> <p>On [DATE] at 9:22 AM, Surveyor observed DA C (Dietary Aide) washing dishes and asked if she would test the PPM of the dishwasher, to which DA C agreed. DA C then grabbed a test strip and dipped it in the solution inside the dishwasher. The test strip turned blue. DA C then compared the strip do the test strip chart she had on hand. The color chart indicator showed varying colors and associated PPM numbers between 0 and 400. None of the colors were a shade of blue. DA C stated to Surveyor that the test strip didn't look right. DA C then tested the dishwashing sanitizer again and the test strip did not change colors.</p> <p>At approximately 12:30 PM, different test strips were dropped off by the dishwasher leasing company. These strips were then used to test the dishwasher which changed colors and displayed the appropriate PPM of 50.</p> <p>33166</p> <p>Example 3</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 8:25 AM Surveyor observed a beverage cart on the [NAME] unit. The beverage cart had pitchers of orange juice, cranberry juice and apple juice with no open or expiration date. A gallon of white milk was open with no open date.</p> <p>Example 4</p> <p>On [DATE] at 8:38 AM Surveyor observed a beverage cart on the Cedar unit. The beverage cart had pitchers of orange juice, cranberry juice and apple juice with no open or expiration date. A gallon of white milk was open with no open date.</p> <p>Example 5</p> <p>On [DATE] at 1:00 P.M., Surveyor entered the dietary department and requested to see the food temperature logs for the week of [DATE] through [DATE]. Cook D showed Surveyor the temperature log that she had found that morning when she came in. Cook D stated that there used to be a binder that had all the food temperatures that were taken, but all she had this morning was a few loose sheets of temperature logs. Cook E stated that he had heard they were going to start using new forms, and he couldn't find the binder either.</p> <p>On [DATE] at 12:35 P.M., Surveyor interviewed NHA A (Nursing Home Administrator) about food temperatures. NHA A stated she is aware of concerns in the kitchen and the facility is working on hiring staff and a dietary manager to improve food quality. NHA A stated that she had placed a new binder in the kitchen. NHA A was informed that staff were unable to locate a binder and only had some loose log forms to use. NHA A stated she would find the binder. Surveyor asked NHA A for the temperature logs for the week of [DATE] through [DATE]. NHA A stated she would provide those. As of exit, the information was not made available.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36253</p> <p>Based on record review, observations, and staff interviews, the governing body did not implement policies regarding the management and operation of the facility to ensure residents received care that attained or maintained their highest practicable level of physical, mental, and psychosocial well-being this had the potential to affect all 71 residents.</p> <p>This resulted in 9 Immediate Jeopardy citations being issued at Nutrition/Hydration (F692), Sufficient Nurse Staffing (F725), Qualified Dietary Staff (F801), Sufficient Dietary Staff (F802), Menus Being Followed (F803), Transfer and Discharge Requirements (F622), Permitting Residents to Return to the Facility (F626), Provisions of Medically Appropriate Social Services (F745), and Governing Body (F837). Additionally, the governing body was experiencing issues with paying outside agencies/vendors and fulfilling and disclosing staff benefits and bonus payments.</p> <p>The governing body's failure to ensure adequate staffing, patient care, and financial accountability created a finding of immediate jeopardy that began on [DATE]. NHA A (Nursing Home Administrator) and DON B (Director of Nursing) were notified of the immediate jeopardy on [DATE] at 11:40 A.M. The immediate jeopardy was removed on [DATE], however the deficient practice continues at a scope/severity of an F (Potential for more than minimal harm/widespread.)</p> <p>This is evidenced by:</p> <p>The following concerns show that the governing body and the facility did not have the capacity to meet the needs of, and to competently care for, their residents during day-to-day operations and uphold its financial obligations.</p> <p>Staffing:</p> <p>* The governing body and the facility did not ensure sufficient and competent staffing. On [DATE], a student nurse was left in the building for 1 ,d+[DATE] hours without a licensed nurse in the building. In addition, there was no dietary staff in the building. The Director of Nursing (DON) has worked numerous shifts on the floor as a floor nurse and is unable to fulfill the duties of a Director of Nurses. The building is almost entirely staffed with agency staff, and they have not received training on emergency procedures or daily operations. Agency staff and new facility hires report receiving no training prior to working the floor. Multiple staff report they were not oriented on how to respond to emergency procedures. The facility had multiple days with insufficient or no dietary staff in the building. The Nursing Home Administrator (NHA), Social Worker, Activity Director, and Maintenance Director have cooked and worked in dietary with no dietary training. The facility was unaware as to if nursing staff who were scheduled were CPR (Cardiopulmonary Resuscitation) certified. (Cross Reference F725). Additionally, the facility did not ensure an RN (Registered Nurse) was scheduled for at least 8 consecutive hours a day, 7 days a week (Cross reference F727).</p> <p>Food and Nutrition Services:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>* The governing body and facility did not ensure a qualified person is named as the dietary manager. (Cross Reference F801).</p> <p>* The governing body and facility only had 3 dietary staff employed for a resident census of 71. (Cross Reference F802).</p> <p>* The facility substituted several meals as there were no dietary staff to work certain shifts or the facility did not have the food to adhere to the posted menu. Posted menus did not reflect the changes and a list of substituted foods were not provided. Resident preferences were not honored, and supplements were not provided as ordered. (Cross Reference F803).</p> <p>Quality of Care:</p> <p>* The governing body and the facility failed to put aggressive measures in place to prevent residents from significant weight loss or to maintain acceptable parameters of nutrition. Additionally, the facility failed to obtain admission weights and follow weight monitoring policies for residents, failed to consistently record and assess meal and fluid intake data being gathered to ensure residents were meeting assessed nutrition and fluid needs, failed to accurately assess and complete assessments for signs and symptoms of weight loss and hydration per plan of care, failed to honor food preferences, and failed to notify a physician when weights were outside of set parameters. (Cross Reference F692)</p> <p>* The governing body and facility did not ensure that residents received treatment and care in accordance with professional standards of practice. Resident wounds increased in size due to the facility not completing scheduled wound care treatments. Daily weights were not completed for residents with 1) heart failure 2) orders for daily weights and 3) those who were deemed to be nutritionally at risk. (Cross Reference F684).</p> <p>* The governing body and facility did not ensure residents on dialysis were able to get to their dialysis treatments and did not notify dialysis when they were not going to be at treatments. (Cross Reference F698)</p> <p>Lab and Pharmacy Services:</p> <p>*The facility did not ensure the facility provided pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of residents. This included residents having to instruct nurses to go back to the medication cart to correct dosing of medication, residents' medications were noted to be unsecured on medication carts, and residents did not receive medications as prescribed as medications were not delivered from pharmacy. (Cross Reference F755)</p> <p>* The governing body and facility did not ensure residents are free of any significant medication errors. This included a medication that was given after being discontinued and not administering a medication for several months after it had been ordered. (Cross Reference F760)</p> <p>* The facility did not ensure laboratory services were obtained as ordered by the physician. (Cross Reference F773)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Additionally, the facility has not ensured its employees' benefits and vendors/agencies are being paid.</p> <p>On [DATE] at 3:45 PM, Surveyor interviewed SW X (Social Worker) related to insurances. SW X indicated she elected coverage through the facility for life insurance. SW X indicated her premiums are expensive and she has recently received a letter related to a glitch with her life insurance premium lapsing. SW X indicated she was told it would be taken care of. SW X indicated her policy is for herself and her children and it's taken out of her checks each pay schedule. SW X indicated she was told she should receive a letter or notice when it's been resolved related to lapse in payments for her coverage.</p> <p>On [DATE] at 4:15 PM, Surveyor interviewed CNA P (Certified Nursing Assistant) related to benefits from the facility. CNA P indicated she was to receive a sign on bonus but has not been paid her sign on bonus. CNA P indicated she has asked for her pay stubs multiple times but has not been provided with them. She asked to see them because she feels they're not taking out taxes appropriately and she does not know what the facility is taking out of her paycheck. CNA P indicated several staff are talking about their insurance being lapsed since May of 2022.</p> <p>On [DATE] at 3:40 PM, Surveyor interviewed CNA O. CNA O stated she has a life insurance policy through the facility for her and her grandson and short-term disability. CNA O stated a few weeks ago she received a letter from the life (Insurance Company Name) regarding her policy. CNA O stated the letter stated her insurance had lapsed and she owed \$500.00. CNA O stated the facility is still taking the premium out of her check every pay week. CNA O stated she spoke to Nursing Home Administrator A (NHA) regarding this and NHA A stated May and June were covered and not to worry about July and August, they will be covered as well. CNA O stated I have not received anything stating my insurance has been reinstated and I need to have surgery. CNA O stated how does your insurance lapse if the premiums are being paid, obviously the corporation is taking our money and not paying our premiums.</p> <p>Surveyor interviews with Maintenance Director OO ([DATE] at 9:58 AM) and Cook D ([DATE] at 9:19 AM) reveal that Maintenance Director OO had gone to the store to buy fish and pasta sauce for the [DATE] evening meal as the facility did not have the food necessary to provide the scheduled supper meal. Maintenance Director OO attempted to use the facility's debit card, but it was declined at the store and was unable to get the food the facility needed for its 71 residents.</p> <p>On [DATE] at 1:30 PM, Surveyor interviewed NHA A regarding facility finances. Surveyor asked NHA A if she could speak to the facility credit card being declined. NHA A stated Maintenance Director OO stated the card was declined but I had spoken to corporate, and they state there is no reason the card is being declined. Surveyor asked NHA A if she was aware of bills not being paid. NHA A stated a few weeks ago the staffing agency was not being paid but this has now been resolved. Surveyor asked NHA A about the staff life insurance and short-term disability. NHA A stated the bill was not paid for two months but staff did not lose coverage. NHA A also stated she was aware staff received letters however they should be receiving letters stating this is now resolved and that there was no break in coverage. Surveyor asked for invoices for staffing agency and insurance premiums, but no further information was received.</p> <p>Transfer and Discharge Requirements and Permitting a Resident to Return to the Facility:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Resident (R) 33 signed out of the facility for an appointment on [DATE]. R33 was later found intoxicated by the local police department. Due to the extent of R33's intoxication, R33 was involuntarily detained at a detox center. R33 requested to return to the facility however, the facility would not permit R33 to return despite R33's desire to remain in the facility. The facility did not have a valid reason for R33's discharge, and did not allow R33 to return despite R33's desire to return to the facility. The facility failed to have a safe discharge plan for R33. R33 arrived at the facility and the facility required R33 to pack his belongings, gave R33 homeless shelter pamphlets, and R33 left the facility without means for medications, food, and shelter.</p> <p>Medically Appropriate Social Services:</p> <p>R33 had a diagnosis of alcohol abuse. The facility was aware R33 was using alcohol while at the facility. R33 admitted to the facility from a homeless situation. The facility did not address R33's alcohol use/abuse, did not assist or inquire if R33 had a desire to stop using alcohol, and did not address his alcohol use while at the facility. R33 left the facility on a day pass, became intoxicated, was involuntarily detained by law enforcement, and the facility discharged the resident without proper discharge planning or assistance. R33 left the facility without medication, food, or shelter.</p> <p>The failure to ensure the governing body implemented policies and procedures related to the management and operation of the facility contributed to multiple care issues identified during this survey and created a finding of immediate jeopardy. The immediate jeopardy was removed on [DATE] when the facility implemented the following:</p> <p>The facility owners will provide cash box on site at facility, for all ancillary and emergency needs, and adequate funding to purchase supplies and food.</p> <p>Validation of ownership through submission of proof:</p> <ul style="list-style-type: none"> *Identified employees selecting life insurance benefits *Confirmation these benefits are valid *Confirmation of payment submission to insurance carrier have been received *Confirmation payment process has been received, reviewed, and is in place <p>Licensed nurses will be scheduled in accordance with the needs from the facility assessment and acuity as determined by the Director of Nursing.</p> <p>Emergency training has included staff to call the Administrator immediately with staffing concerns</p> <p>Training has included review of the Emergency Preparedness Manual.</p> <p>Education provided by administrator and governing body for licensed and unlicensed nursing staff:</p> <ul style="list-style-type: none"> *Guideline: Governing Body Communication Guideline *Cash box on site at facility for all ancillary and emergency needs <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>*Licensed nurses will be scheduled in accordance with the needs from the facility assessment and acuity as determined by the Director of Nursing</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34400</p> <p>Based on interview and record review, the facility did not maintain Medical Records on each resident that are complete, accurately documented, readily accessible, and systematically organized in accordance with accepted professional standards and practices for 1 resident (R6) of 33 sampled residents reviewed.</p> <p>R6's physician orders were not fully transcribed at admission on 8/19/22.</p> <p>This is evidenced by:</p> <p>Upon request the facility was not able to provide a policy on transcription of orders for new admissions. The facility provided a copy of a form Admission Checklist which includes in part: 4. Review and enter orders as indicated on discharge summary, medications, treatments, etc.</p> <p>Findings:</p> <p>R6 was admitted on [DATE] with diagnoses including Acute Respiratory Failure and Venous Stasis Ulcers.</p> <p>On 8/19/22, R6's Discharge Orders from the hospital include in part:</p> <p>-Wound Care: wash wound with each dressing change, Apply Mepilex AG (Sliver) to the open wounds along BLE (bilateral lower extremities), Apply PROFORE vs. COBAN to BLE</p> <p>-For dyspnea (difficulty breathing), Oxygen at 2 Liters/minute per nasal cannula; If this is an acute change for the patient call PCP (Primary Care Provider) with assessment ASAP after oxygen is started. Suction PRN (as needed) to clear airways. 1-4 liter, titrate as needed.</p> <p>Review of R6's 8/22 MAR (Medication Administration Record) or TAR (Treatment Administration Record) shows no evidence these orders were transcribed or implemented until 8/23/22. Surveyor requested a copy of R6's Admission Checklist from 8/19/22 and none was available.</p> <p>On 9/6/22 at 3:00 PM, Surveyor interviewed DON B (Director of Nursing) about the process the facility follows for transcription of orders for new admissions. DON B stated DON B or other nursing management team members will transcribe the medication orders from the resident hospital Discharge summary to the resident MAR, then the staff nurse is supposed to put in the other orders. Surveyor reviewed R6's record with DON B who stated the orders for R6's oxygen and leg treatment should have been transcribed and were not. DON B thought R6 had oxygen at admission however this was not on R6's TAR. The facility did not ensure all physician orders were transcribed upon admission for R6.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>42038</p> <p>Based on observation, interview and record review, the facility did not identify issues to which quality assessment and assurance activities are necessary or develop and implement appropriate plans of actions to correct identified quality deficiencies. This was evidenced by the number and seriousness of citations at this survey, which has the potential to affect all 71 residents who reside in the facility.</p> <p>This is evidenced by the following:</p> <p>Facility policy titled Quality Assurance and Performance Improvement (QAPI) Committee dated 7/2016, states in part: .The primary goals of the QAPI Committee are to: 1. Establish, maintain, and oversee facility systems and processes to support the delivery of quality care and services; .3. Help identify actual and potential negative outcomes relative to resident care and resolve them appropriately; 4. Support the use of root cause analysis to help identify where patterns of negative outcomes point to underlying systematic problems; .6. Coordinate the development, implementation, monitoring, and evaluation of performance improvement projects to achieve specific goals; and 7. Coordinate and facilitate communication regarding the delivery of quality resident care within and among departments and services, and between facility staff, residents, and family members.</p> <p>During the recertification and complaint survey from 7/20/22-7/27/22, three deficiencies were cited at harm or immediate jeopardy level: F580 G, F684 G and F812 J.</p> <p>The facility also received 28 additional deficiencies: F554 D, F584 D, F585 E, F600 D, 607 D, F609 D, F610 D, F655 E, F657 E, F677 E, F678 D, F680 E, F686 D, F692 D, F727 D, F755 E, F760 D, F774 D, F810 F, F802 F, F804 E, F806 E, F835 F, F880 F, F881 E, F882 F, F883 D, F887 E.</p> <p>Additionally, during the facility's complaint and extended survey on 9/3/22-9/22/22, there were eleven deficiencies cited at harm or immediate jeopardy level: F622 J, F626 J, F684 G, F689 G, F692 J, F725 L, F745 J, F801 L, F802 L, F803 L, and F837 L.</p> <p>The facility also received additional 20 deficiencies: F578 D, F580 E, F584 E, F600 D, F609 D, 623 D, F661 D, F677 E, F686 E, F697 D, 698 D, F727 F, F755 E, F760 D, F773 E, F774 D, F804 D, F812 F, F842 D, and F867 F.</p> <p>The facility's Quality Assurance Committee did not identify issues, develop, and implement appropriate measures to correct identified issues as follows:</p> <p>1.Notification of changes</p> <p>Physician and/or Nurse practitioner were not notified of changes in multiple resident's condition in a timely manner.</p> <p>Multiple residents (R118, R45, R46, R20, R23, and R18) had changes in their condition that were not reported to the resident's medical provider.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for notifying of changes.</p> <p>Cross reference F580.</p> <p>2. Transfer and discharge requirements</p> <p>R33 was discharged from the facility without a valid reason for discharge despite R33's desire to return to the facility. The facility failed to assist R33 with a discharge plan, discharge destination, medications, or transportation. The facility did not accept R33 back to the facility after he was discharged from the hospital.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for discharges and readmissions.</p> <p>Cross reference F622, F626, and F745.</p> <p>3. Quality of Care</p> <p>Multiple residents (R117, R118, R45, R14, R16, R22, R7, and R27) were identified for concerns with weights not being obtained and wound care not being completed as ordered.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process regarding resident's quality of care.</p> <p>Cross reference F684.</p> <p>4. Accidents</p> <p>Multiple residents (R9, R24, and R25) were identified for concerns regarding accidents and safety. R9 had a fall without fall interventions in place, R24 wandered in and out of other resident's rooms, and R26 had a change in diet consistency was not provided adequate supervision to prevent choking hazard.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for accident prevention.</p> <p>Cross reference F689.</p> <p>5. Nutrition/ hydration status</p> <p>Multiple residents (R18, R367, and R4) were identified as not having their nutritional need met by the facility.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for ensuring that resident's nutritional needs are being met.</p> <p>Cross reference F692.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2022
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. Sufficient nursing staff</p> <p>The facility failed to have sufficient and competent staffing to ensure resident safety and attain or maintain each resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for obtaining sufficient and competent staff.</p> <p>Cross reference F725.</p> <p>7. Dietary</p> <p>The facility failed to ensure that there was qualified and sufficient staff in the dietary department, as well as ensure that menus were followed and met the needs of the residents.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for ensuring that the dietary department was meeting the resident's nutritional needs.</p> <p>Cross reference F801, F802, F803, and F812.</p> <p>8. Governing Body</p> <p>The governing body failed to implement policies and procedures related to the management and operation of the facility by failing to ensure there were adequate numbers of direct care and dietary staff and staff were sufficiently oriented to the building and trained to meet the needs of the residents.</p> <p>The facility's QAPI program did not identify, develop, and implement an aggressive action plan with measures to improve the process for ensuring that the governing body appropriately oversees and ensures the implementation of policies and procedures.</p> <p>Cross Reference F837</p>		