STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017777	A. BUILDING: _____ B. WING _____	R-C 07/07/2026

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CHARTER SENIOR LIVING-MADISON	5601 BURKE RD MADISON, WI 53718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{U 000}	INITIAL COMMENTS On 07/07/2026, Surveyor conducted a verification visit at Charter Senior Living- Madison, an RCAC located in Madison, WI. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) B33911, dated 08/13/2024, SOD B33912, dated 04/09/2025, SOD B33913, dated 08/20/2025 and SOD 5FIK11, dated 03/23/2026. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 54	{U 000}		
{U 118}	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by:	{U 118}		

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

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{U 118}	Continued From page 1 Based on interview and record review, the provider did not ensure nursing services were provided for 2 of 3 tenants reviewed. Tenant 5's sliding scale insulin administration was not documented. Tenant 5 received his/her insulin 5 times from 06/01/2026 to 07/07/2026 when the insulin should have been held. Tenant 5's record did not have accurate documentation of his/her medication administration. Tenant 1's sliding scale insulin administration was not documented in his/her record. Tenant 1 did not receive all medications as prescribed. Tenant 1's record did not have accurate documentation of his/her medication administration. This is a repeat deficiency - See Statement of Deficiency (SOD) B33911, dated 08/13/2024, SOD B33912, dated 04/09/2025, SOD B33913, dated 08/20/2025 and SOD 5FIK11, dated 03/23/2026. Findings include: On 07/07/2026 at approximately 12:15 p.m., Surveyor reviewed tenant records while conducting a verification visit. The following concerns were identified: Tenant 5: Tenant 5 admitted to the provider's complex on 12/03/2023 with diagnoses including diabetes. INSULIN ADMINISTRATION Tenant 5's physician orders included Insulin Lispro 100 unit/ml (Start Date: 05/21/2026) - Administer 8 units 3 times daily with meals, hold	{U 118}		

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{U 118}	Continued From page 2 for blood sugar (BS) <80. Tenant 5's medication administration record (MAR), dated 06/01/2026 to 07/07/2026, documented the following occurrences when Insulin Lispro 8 units was administered, but should have been held due to a BS <80: - 06/02/2026 4:53 p.m. BS 69 - 06/03/2026 3:40 p.m. BS 66 - 06/21/2026 11:44 a.m. BS 69 - 06/26/2026 7:51 a.m. BS 74 - 07/06/2026 8:31 a.m. BS 67 Tenant 5's physician orders included Insulin Lispro 100 unit/ml (Start Date: 05/21/2026) - Inject 3 times daily per sliding scale 150-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units and 351-400=5 units. Tenant 5's MAR, dated 06/01/2026 to 07/07/2026, did not document the number of sliding scale insulin units administered. BS readings indicated Tenant 5 should have received sliding scale insulin 10 times during mealtimes from 06/01/2026 to 07/07/2026. On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed RN B and requested documentation of Tenant 5's sliding scale insulin administration. RN B stated s/he added blood sugar monitoring to the provider's electronic monitoring system but did not have the system trigger caregivers to document the amount of insulin administered. Surveyor reviewed 5 occurrences when Tenant 5's Insulin Lispro was administered, but should have been held. RN B confirmed Surveyor's concern and stated s/he would provide education. ADMINISTRAITON AND DOCUMENTATION	{U 118}		

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{U 118}	Continued From page 3 Tenant 5's physician orders included Cefpodoxime 200 mg (Start Date: 06/24/2026, End Date: 07/04/2026) - Administer 1 tablet 2 times daily for 10 days for infection. Tenant 5's MAR, dated 06/24/2026 to 07/04/2026, documented 11 administrations rather than 20 administrations. On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed RN B and shared concern that Tenant 5's record did not indicate Tenant 5 had received his/her full course of Cefpodoxime. RN B confirmed Surveyor's observation. RN B stated Tenant 5's punch card indicated Tenant 5 had received all of his/her Cefpodoxime, but caregivers did not always document the administration. RN B stated s/he would educate caregivers. Tenant 1: Tenant 1 admitted to the provider's complex on 08/01/2025 with diagnoses including Parkinson's disease and diabetes. INSULIN ADMINISTRATION Tenant 1's physician orders included Humalog 100 unit/ml (Start Date: 05/12/2026) - Administer 3 times daily with meals per sliding scale <150=0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-400=10 units. Tenant 1's MAR, dated 06/01/2026 to 07/07/2026, did not document the number of sliding scale insulin units administered. Blood sugar readings indicated Tenant 1 should have received sliding scale insulin 86 times during mealtimes from 06/01/2026 to 07/07/2026. Tenant 1's physician orders included Humalog	{U 118}		

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{U 118}	Continued From page 4 100 unit/ml (Start Date: 05/12/2026) - Administer 1 time daily at bedtime per sliding scale <200=0 units, 201-250=2 units, 251-300=4 units, 301-350=6 units, 351-400=8 units. Tenant 1's MAR, dated 06/01/2026 to 07/07/2026, did not document the number of sliding scale insulin units administered. Blood sugar readings indicated Tenant 1 should have received sliding scale insulin 26 times at bedtime from 06/01/2026 to 07/07/2026. On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed RN B and requested documentation of Tenant 1's sliding scale insulin administration. RN B stated s/he added blood sugar monitoring to the provider's electronic monitoring system but did not have the system trigger caregivers to document the amount of insulin administered. MEDICATION ADMINISTRATION DOCUMENTATION Tenant 1's physician orders included Carbidopa Levodopa 25-100 mg (Start Date: 05/12/2026) - Administrator 5 tablets at 10:00 p.m. Tenant 1's MAR, dated 06/01/2026 to 07/07/2026, had blank entries for the 10:00 p.m. Carbidopa Levodopa administration on 06/09/2026 through 06/11/2026, 06/13/2026 through 06/14/2026, 06/17/2026 through 06/19/2026 and 06/28/2026. Tenant 1's physician orders included Carbidopa Levodopa 25-100 mg (Start Date: 05/12/2026) - Administrator 3.5 tablets at 6:00 a.m., 10:00 a.m., 2:00 p.m. and 6:00 p.m. The MAR had blank entries for the 6:00 a.m. administration on 07/03/2026, the 10:00 a.m. administration on 07/08/2026, the 2:00 p.m. administration on 07/15/2026 and 07/22/2026 and the 6:00 p.m.	{U 118}		

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{U 118}	Continued From page 5 administration on 06/16/2026. Tenant 1's physician orders included Cetirizine 10 mg (Start Date: 05/21/2026) - Administer 1 tablet daily. Tenant 1's MAR, dated 06/01/2026 to 07/07/2026, documented the medication as administered on 06/02/2026, 06/04/2026, 06/09/2026, 06/11/2026, 06/13/2026 through 06/19/2026, 06/22/2026 through 07/01/2026 and 07/06/2026 through 07/07/2026. All other entries for the month documented the medication as unavailable. Tenant 1's physician orders included Donepezil 5 mg (Start Date: 05/23/2026) - Administer 1 tablet daily. Tenant 1's MAR documented the medication as administered on 06/04/2026, 06/08/2026, 06/09/2026, 06/11/2026 and 06/13/2026 through 06/30/2026. Six entries (06/03/2026, 06/05/2026, 06/06/2026, 06/07/2026, 06/10/2026 and 06/12/2026) documented the medication as unavailable. On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed RN B. RN B stated s/he confirmed with caregivers and Tenant 1's medication supply that all Carbidopa Levodopa was administered as prescribed, but the administration was not always documented. RN B stated Cetirizine was discontinued on 05/23/2026 and would not have been available for administration, yet caregivers documented the medication as administered. RN B stated Tenant 1's Donepezil was available and administered as prescribed, but not documented as it should have been. MEDICATION AVAILABILITY Tenant 1's physician orders included Mounjaro 15	{U 118}		

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{U 118}	Continued From page 6 mg/.5 (Start Date: 12/25/2025) - Inject 1 time weekly. Tenant 1's MAR, dated 06/01/2026 to 07/07/2026, documented the medication as unavailable on 06/29/2026, leaving Tenant 1 without a Mounjaro injection from 06/22/2026 to 07/06/2026. Tenant 1's physician orders included Famotidine 20 mg (Start Date: 06/26/2026) - Administer 1 tablet daily. Tenant 1's MAR, dated 06/26/2026 to 07/07/2026, documented the medication as unavailable on 07/02/2026, 07/03/2026 and 07/05/2026. All other entries documented the medication as administered. Tenant 1's physician orders included Ferosul 325 mg (Start Date: 05/21/2026) - Administer 1 tablet daily on Monday, Wednesday and Friday. The MAR, dated 06/01/2026 to 07/07/2026, documented the medication as unavailable on 07/03/2026. All other entries documented the medication as administered. On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed RN B and asked about the availability of Tenant 1's Mounjaro. RN B confirmed the provider did not have Mounjaro to administer to Tenant 1 on 06/29/2026 but had since received the medication. RN B stated Tenant 1 did not have Famotidine and Ferosul available for administration at the time (no reason given) and commented that the documentation indicating the medications were administered were incorrect.	{U 118}		
{U 134}	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS.	{U 134}		

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{U 134}	Continued From page 7 Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 caregivers reviewed were trained in safety procedures, including first aid and the facility's emergency plan. Caregiver E had not received training in first aid. Caregiver G had not received training in the facility's emergency plan. This is a repeat deficiency. See Statement of Deficiency (SOD) 5FIK11, dated 03/23/2026. Findings include: On 07/07/2026 at approximately 12:30 p.m., Surveyor reviewed 3 employee records, provided by Business Office Manager F. The following concerns were identified: - Caregiver E was hired on 02/23/2026. Caregiver E's record did not include documentation indicating s/he had received training in first aid. - Caregiver G was hired on 03/02/2026. Caregiver G's record did not include documentation indicating s/he had received training in the facility's emergency plan.	{U 134}		

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{U 134}	Continued From page 8 On 07/07/2026 at approximately 1:00 p.m., Surveyor interviewed Business Office Manager F and asked if Caregiver E had received first aid training and if Caregiver G had received training in the facility's emergency plan. Business Office Manager F confirmed Caregiver E still needed to complete first aid training and Caregiver G still needed to complete training in the facility's emergency plan. Business Office Manager F confirmed both caregivers worked with tenants routinely.	{U 134}		