STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018175	A. BUILDING: _____ B. WING _____	R-C 05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF MADISON	734 MESTA LANE MADISON, WI 53704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 05/22/2025, Surveyors conducted a standard survey and verification visit at Traditions of Madison. Four deficiencies were identified. Two of 4 deficiencies were repeat violations (See Statement of Deficiency (SOD) 6XI912, dated 02/02/2023, SOD 6XI913 dated 09/05/2023 and SOD 6XI915 dated 06/20/2024.) All other violations from SOD 6XI915, dated 06/20/2024 were substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 17	{N 000}		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that employee records for 3 of 3 employees were maintained. There were	N 223		

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

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N 223	Continued From page 1 no documented training records for Caregiver Q, Caregiver R or Caregiver S. Findings include: On 05/22/2025 at 10:30 AM, Surveyor reviewed Caregiver Q's employee file. Caregiver Q was hired 04/17/2024. There were no documented training records in Caregiver Q's file indicating completion of resident rights, client group, challenging behaviors, personal cares or dietary. On 05/22/2025 at 10:30 AM, Surveyor reviewed Caregiver R's employee file. Caregiver R was hired 01/16/2025. There were no documented training records in Caregiver R's file indicating completion of resident rights, client group, challenging behaviors, personal cares or dietary. On 05/22/2025 at 10:30 AM, Surveyor reviewed Caregiver S's employee file. Caregiver S was hired 09/04/2023. There were no documented training records in Caregiver S's file indicating completion of resident rights, client group, challenging behaviors, personal cares or dietary. On 05/22/2055 at 10:45 AM, Surveyor interviewed Administrator N who stated the facility is going through a change in ownership and the previous management group had discontinued user rights to training records for Administrator N. "I don't have access to anything that they had documented. I can call and email them to see if they will get me access or the records you want." Surveyor gave Administrator N until 05/23/2025 at noon to provide further information. As of 05/23/2025 at noon, no further information was provided.	N 223		

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{N 239}	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 employees reviewed had completed Department Approved Training Courses. Caregiver Q did not have documented training in first aid and choking, Caregiver R did not have documented training in fire safety. This is a repeat violation from previous Statement	{N 239}		

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{N 239}	Continued From page 3 of Deficiency (SOD) 6XI913 dated 09/05/2023 and SOD 6XI915 dated 06/20/2024. Findings include: On 05/22/2025 at approximately 10:30 AM, Surveyor requested employee records from Administrator N for Caregiver Q and Caregiver R to verify compliance with Department Approved Training Courses. First Aid and Choking The record for Caregiver Q, hired 04/17/2024, did not contain evidence of training in First Aid and Choking or evidence of meeting an exemption for first aid and choking. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver Q was not listed having completed this training. Caregiver Q is not a Certified Nursing Assistant (CNA). Fire Safety The record for Caregiver R, hired 01/16/2025, did not contain evidence of training in Fire Safety or evidence of meeting an exemption for first aid and choking. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver R was not listed having completed this training. On 05/22/2025 at 11:00 AM, Surveyor interviewed Administrator N, Administrator N confirmed that Caregiver Q assists residents with care and would have to administer first aid if necessary. Administrator N confirmed that Caregiver R works at the facility and would have to respond to fire emergencies.	{N 239}		

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{N 239}	Continued From page 4 On 05/22/2025 at 11:30 AM, Surveyor asked Administrator N if there was any other documentation that indicated Caregiver Q had completed First Aid and Choking training or Caregiver R had completed training in fire safety. Administrator N stated, "No, Caregiver Q was hired before I was hired, and there are no records that I can find. I thought I had another week or 2 to get Caregiver R trained." Surveyor gave Administrator N until 05/23/2025 at noon to provide further documentation. As of 05/23/2025 at noon, no further documentation was provided.	{N 239}		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver S had completed continuing education training. Caregiver S did not have documented completed	N 277		

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N 277	Continued From page 5 continuing education training. Findings include: On 05/22/2025 at 10:30 AM, Surveyor reviewed Caregiver S's employee file. Caregiver S was hired 09/04/2023. There was no documentation in Caregiver S's file that indicated completion of continuing education. On 05/22/2025 at 10:45 AM, Surveyor interviewed Administrator N. Administrator N stated that facility is going through a change in ownership and some files cannot be found. "I do not have anything to show you that Caregiver S has continuing education training." Surveyor gave Administrator N until 05/23/2025 at noon to provide further information. As on 05/23/2025 at noon, no further information was provided.	N 277		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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This Rule is not met as evidenced by:
Based on record review and interview, the individual service plan (ISP) was not updated for 1 of 2 resident records reviewed when there was a change in resident needs and abilities.

Resident 13's ISP was not updated to include interventions for staff to utilize in managing behaviors related to refusing cares (bathing/dressing), smoking in his/her room, and inappropriate sexual tendencies.

This is a repeat violation. See Statement of Deficiency (SOD) 6XI912, dated 02/02/2023 and SOD 6XI915, dated 06/20/2024.

Findings include:

On 05/22/2025, Surveyor reviewed Resident 13's record and identified the following:

Resident 13 was admitted to the facility with relevant diagnoses of stroke. Resident 13 is their own decision maker. Resident 13's most recent ISP dated 04/10/2025 documented: "Showering: Resident refuses to take showers and change [his/her] clothes. Staff will keep reapproaching resident to take [his/her] showers and change [his/her] clothes. History of drug or alcohol abuse: Resident had a history of alcoholism. Resident has drank too much when [s/he] first admitted but will go without any alcohol now. Smoking risk: Does resident smoke? Yes. Agrees with smoking policy. Yes, signed by resident. Demonstrates safe use of cigarettes and no indication of burns on skin, clothing, etc-Blank. History of smoking indoors? Yes, resident was smoking in [his/her]

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room, haven't had any complaints recently, staff will monitor. Cueing, supervision, set up: Resident does not like to shower because [s/he] needs help with changing [his/her] clothes. Staff will keep reapproaching. Resident to let them assist in changing clothes."

Resident 13's progress notes documented:

"-03/06/2025: resident was admitted this afternoon. Resident smokes (cigarettes and lighter kept in med room) likes to drink beer. Resident is an Army veteran ...Resident needs assistance with getting [his/her] shirt on, [his/her] coat, mainly [his/her] upper body, [S/he] may need some assistance in the bathroom, not sure yet, everyone will need to monitor [him/her] and be aware of what [s/he] can and cannot do. Resident will buy beer, [s/he] is aware that we have strict policies about getting drunk and smoking inside building.

-03/10/2025: resident will be given a 30 day notice, due to not following facility policies. Resident is ignoring our smoking policy of going outside after 10pm to 6am, telling staff [s/he] can do what [s/he] wants to do, resident is masturbating in [his/her] room with the door open, and putting [his/her] [explicit] in cups all residents use. Resident is getting other residents to buy [him/her] alcohol for [him/her] ....

-03/11/2025: the resident was smoking cigarettes in the room.

-03/13/2025: resident just came outside directors' office asking why [s/he] is being accused of breaking rules again, per [his/her] [brother/sister], who director keeps in contact with residents behaviors. Director told resident that [s/he] was

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seen drinking in the living room, and having the television up so loud that it woke up other residents and other residents asked this resident to turn it down, (this is in the middle of the night). This resident refused to turn tv down, kicked [his/her] beer all over the floor ....Director was also told from 2 residents that this resident is smoking in [his/her] room and the RA also stated [s/he] saw this resident in [his/her] room with a lit cigarette in [his/her] mouth last night.

-03/15/2025: .....stating that [s/he] can do whatever [s/he] wants as [s/he] also stated that [s/he] was going to smoke in [his/her] room because staff wasn't doing anything.

-03/18/2025: resident is masturbating with [his/her] door open.

-03/29/2025: resident was offered a shower again today but [s/he] refused saying that [s/he] would let staff when [s/he's] ready for a shower in which [s/he] needs one now.

-04/13/2025: resident was offered assistance with a shower yesterday and today and refused both days.

-04/17/2025: this morning when the resident opened the door to [his/her] room [s/he] smelled of pure cigarette as if [s/he] was smoking there inside [his/her] room.

-04/18/2025: resident smokes inside the room. Director spoke to resident and resident showed director [s/he] had a vape that [s/he] is using that smells like a cigar. Director told resident that vapes are not allowed inside either.

-04/29/2025: the resident keeps smoking in the

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room and the residents are complaining about the bad smell coming from in the hallway.

-05/13/2025: resident is still refusing to take a shower or bath, resident states [s/he] does spit baths in [his/her] room. Will continue to ask resident to shower and change [his/her] clothes.

-05/20/2025: resident is still refusing a shower or change [his/her] clothes. Resident has had 1 shower since admission and changes [his/her] clothes about once a month. Resident has very bad body odor, and director has approached resident about it and still keeps saying [s/he] will do it later and it never happens. Our [fe/male] resident assistant talks to [him/her] about it every time [s/he] works that [s/he] will get [him/her] up for a shower and the resident still refuses each time Residents care manager has also been notified of showering and changing clothes issues."

On 05/22/2025 at 1:25 PM, Surveyors interviewed Administrator N and Owner T. Administrator N reported Resident 13 will not accept assistance from staff for bathing and dressing. Administrator N reported Resident 13 had showered 1x since admission and rarely changes his/her clothes. Surveyor expressed concern Resident 13's ISP did not include any updated interventions for staff to utilize, only to keep reapproaching. Administrator N reported when Resident 13 first admitted drinking and smoking in his/her room were big issues. Administrator N reported Resident 13 had since stopped drinking but confirmed Resident 13 continued to smoke in his/her room, now with a vape. Surveyor asked why Resident 13's ISP was not updated after 3 entries were entered into the record for smoking in [his/her room after 4/10 ISP update. Owner T

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{N 389}	Continued From page 10 reported management had not heard any issues for a while, but acknowledged the ISP did not identify Resident 13 was using a vape in his/her room. Surveyor asked why Resident 13's ISP did not identify interventions for staff to utilize in managing his/her inappropriate sexual behavior (masturbating with the door open). Administrator N acknowledged Resident 13's ISP did not identify this and s/he was responsible for updating resident care plans. Administrator N reported the facility was going through a change of ownership and transferring from electronic to paper ISPs. Administrator N stated s/he would continue to update resident ISPs with all behaviors. The ISP did not identify updated interventions or approaches for staff to utilize in managing Resident 13's behaviors: refusing cares (bathing/dressing) evident by receiving 1 shower in 75 days & changing clothes 1x/month, smoking in his/her room evident by 3 additional occurrences after April ISP update, and inappropriate sexual tendencies (masturbating with bedroom door open) never being identified.	{N 389}		