STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015502	A. BUILDING: _____ B. WING _____	C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR SENIOR LIVING	6550 SCHROEDER RD MADISON, WI 53711

(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 06/30/2026, the bureau of assisted living southern regional office conducted 2 complaint investigations at Brightstar Senior Living (AKA Hattie's Glen) a CBRF located in Madison, WI. As a result of this survey, 1 violation of DHS Chapter 83 was issued. One of 2 complaints were substantiated. Census: 24	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure resident individual service plans (ISPs) were updated when there was a change in the resident's needs, abilities, physical or mental condition. Resident 1 and Resident 2 had a history of falls.	N 389		

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

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N 389	Continued From page 1 Resident 1 nor Resident 2's ISP had fall risk management plans documented. This is a repeat of previous statement of deficiency Y8GO11 dated 06/07/2022, Y8GO12 dated 02/01/2023 and H17U11 dated 11/04/2025. FINDINGS INCLUDE: On 06/24/2026, the Department received a complaint with allegations of inadequate personal care provided by facility. On 06/30/2026, Surveyor arrived at the facility for a complaint investigation. EXAMPLE 1: Resident 1 OBSERVATION & INTERVIEW: On 06/30/2026 at approximately 10:30 AM, Surveyor interviewed Resident 1's room. Resident 1 described staff as quick to answer his/her call light and felt staff provided him/her with good care. Surveyor observed Resident 1 had 2 quarter side rails attached to his/her bed, the 2 quarter side rails were up, Resident 1 stated the side rails keep him/her from falling out of bed. Surveyor observed a blue foam mat folded up and placed against the wall. Resident 1 stated staff usually placed the blue foam mat on the floor when s/he was in bed. Resident 1 described staff transferring him/her out of bed to wheelchair with a Hoyer lift. On 06/30/2026 at approximately 10:40 AM, Caregiver B entered Resident 1's room. Surveyor pointed at the blue foam mat up against the wall and asked if the floor mat should be on the floor next to the bed. Caregiver B stated the blue foam	N 389		

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mat should be on the floor next to Resident 1's bed when s/he is in bed. Caregiver B promptly put the blue foam mat on the floor.

On 06/30/3036 at 11:00 AM, Surveyor discussed the above observations with Administrator A. Administrator A reported Resident 1 had a history of falling out of bed and so the 2 quarter sides rails and fall mat (blue foam mat) had been ordered as fall risk interventions. Administrator stated staff had been told by Resident 1's doctor to use a Hoyer lift for transfers.

RECORD REVIEW:

On 06/30/2026, Surveyor reviewed Resident 1's facility facesheet. Resident 1 was admitted to the facility on 06/17/2025. Resident 1 had an activated power of attorney. Resident 1 was diagnosed with but not limited to: osteoporosis, left artificial knee, right hand pain and hypertension.

On 06/30/2026, Surveyor reviewed Resident 1's observation notes:
1.) On 05/03/2026 at 6:02 AM, Caregiver C documented the following, " ...Upon start of shift, incoming staff arrived and placed their belongings down. Outgoing PM staff left without completing rounds. At approximately 10:30 P.M., staff began rounds and discovered the resident lying face down on the floor mat bedside the bed. The bed was observed to be left in the highest position upon staff arrival. The resident was assessed immediately, showing no signs of injury other than a minor carpet burn ..."

2.) On 05/11/2026 at 2:30 PM, Administrator A documented the following, " ...Writer spoke with [Clinical Nurse D] at PCP (primary care provider)

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office requesting a side rail order for [Resident 1's] new hospital bed with side rails ..."

3.) On 05/14/2026 at 5:58 AM, Caregiver E documented the following, " ...resident needs to be placed higher in bed when first laid down. Upper body should be up by the rails ..."

4.) On 05/31/2026 at 1:30 PM, Caregiver F documented the following, " ...When staff attempted to shower resident, [s/he] refused. Staff provided a bed bath instead, as the previous shift reported they had showered and washed [Resident 1's] hair the nights prior (5/30) ...."

On 06/30/2026, Surveyor reviewed Resident 1's June 2026 medication administration record. The following orders were documented:
1.) "Coccyx ...Instructions: Apply zinc oxide daily to coccyx with peri cares ..."

2.) "Clotrimazole 1% cream ...Instructions: APPLY TOPICALLY TO BILATERAL BUTTOCKS ... GROIN TWICE DAILY, OK FOR ZINC OXIDE TO BE APPLIED AFTER CLOTRIMAZOLE ..."

3.) "ZINC OXIDE 40% OINTMENT ...Instructions: APPLY TOPICALLY AS DIRECTED TO COCCYX; ALSO APPLY AS NEEDED WITH PERI CARES ..."

On 06/30/2026, Surveyor reviewed Resident 1's individualized service plan (ISP) signed on 06/15/2026. The subsection titled, "Assistive/Adaptive Devices," documented a sit to stand lift and wheelchair. The ISP did not document the following adaptive devices observed by Surveyor: 2 quarter length side rails, fall mat or the hospital bed. The ISP did not document Resident 1 as a fall risk or the following

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interventions observed by Surveyor: position hospital bed to lowest position while Resident 1 was in bed, keeping a fall mat on the floor beside the bed while Resident 1 was in bed, or putting both side rails in the up position when Resident 1 was in bed. The ISP didn't document Resident 1's need for prescription Clotrimazole cream and Zinc oxide cream to be applied with peri cares. The ISP didn't document Resident 1 accepting bed bath after refusing a regular shower.

EXAMPLE 2: Resident 2

On 06/30/2026, Surveyor reviewed Resident 2 facility facesheet. Resident 2 was admitted to the facility on 1/13/2026. Resident 2 was diagnosed with but not limited to: history of fall and history of alcohol abuse.

On 06/30/2026, Surveyor reviewed a self-report dated 05/21/2026. Administrator A documented the following, " ...[Resident 2] had a fall on 5/19/26 at 1119 pm in [his/her] room. [Resident 2] was sitting in [his/her] motorized wheelchair in [his/her] living room. [Resident 2] had both armrests of [his/her] wheelchair up as [s/he] was doing [his/her] arm and hand exercises in [his/her] wheelchair ...[Resident 2] told [Administrator A] s/he had no pain after the fall, but woke up with a stiff neck ...[Resident 2] was transported to the [Name of Hospital] ...." Administrator A documented that Resident 2 returned to the facility the same day with order to wear c-collar when not in bed.

On 06/30/2026, Surveyor reviewed Resident 2's ISP dated 06/01/2026. The ISP documented Resident 2 was non-ambulatory and required a power wheelchair for ambulation. The ISP did not document Resident 2 as a fall risk, or his/her

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N 389	Continued From page 5 fall/hospitalization on 05/21/2026. The ISP did not document how staff managed Resident 2's c-collar post hospitalization. EXIT INTERVIEW: On 06/30/2026 at 1:00 PM, Surveyor discussed the above concerns with Administrator A and Executive H. Administrator A acknowledged Resident 1 and Resident 2 had a history of falls. Administrator A reviewed Resident 1 and Resident 2's ISPs and acknowledged fall risk and fall prevention measures were not documented in Resident 1or Resident 2's ISP. Administrator A was able to show that Surveyor s/he had completed comprehensive assessments after the residents fall mentioned above. Administrator A disclosed the new electronic health record (EHR) system had promised comprehensive assessments would automatically be updated to the ISP. Administrator A acknowledged his/her post-fall assessments had not been automatically updated to the ISPs.	N 389		