

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 12/15/2025
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</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 12/15/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not ensure that every resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility for 1 (R4) of 6 sampled residents. R4 prefers staff to wear a mask when entering his room. Surveyor observed staff entering R4's room without a mask. Evidenced by: The facility's Resident Rights admission Document states, in part: . Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. 2. Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including: . b. The right to participate in the development and implementation of his or her person-centered care plan, including but not limited to: 4. Respect and dignity.c. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. 5. Self-determination.b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. R4 admitted to the facility on [DATE] and has diagnoses that include pneumonitis due to inhalation of food and vomit (inflammation of the lung tissue leading to symptoms like shortness of breath, dry cough, fatigue, and fever) and chronic kidney disease stage 3 (kidneys have moderate damage with a glomerular filtration rate between 30-59 mL/min where waste and extra fluid buildup causes fatigue, swelling, and potential issues like high blood pressure or anemia). R4's Minimum Data Set (MDS) Quarterly Assessment, dated 12/10/25, shows R4 has a Brief Interview of Mental Status (BIMS) score of 14 indicating R4 is cognitively intact. On 12/15/25 at 10:15AM, Surveyor observed a sign on R4's door stating, Please wear a mask when you enter. Surveyor observed a dry erase board on the railing next to door to R4's room stating, R4 wants staff to wear a mask to enter his room. On 12/15/25 at 10:20AM, Surveyor observed CNA D (certified nursing assistant) enter R4's room without a mask. CNA D did not ask R4 when entering R4's room if he would like her to have a mask on. On 12/15/25 at 10:26 AM, Surveyor interviewed CNA E outside of R4's room. Surveyor asked CNA E what the sign on the door and next to the door meant. CNA E indicated the signs were from COVID in the past and were R4's preference for staff to wear a mask at that time. Surveyor asked CNA E if staff follow the sign. CNA E indicated it does not bother R4 if staff go in without a mask. CNA E indicated staff just go in R4's room without a mask. On 12/15/25 at 10:35AM, Surveyor observed CNA E enter R4's room without a mask or without asking R4 if she could enter without a mask. On 12/15/25 at 10:40AM, Surveyor interviewed R4 and asked R4 about the sign on his door. R4 indicated it is his preference staff do not enter his room without a mask. Surveyor asked R4 when staff come in without a mask does it upset him. R4 indicated yes, it does a little bit. Surveyor asked R4 if he prefers staff do wear a mask and R4 indicated yes. On 12/15/25 at 2:52 PM, Surveyor interviewed DON B (director of nursing). Surveyor asked if she would expect residents' preferences and choices to be respected. DON B indicated yes. Surveyor asked if residents' preferences and choices should be care planned, and DON B indicated yes. Surveyor informed DON B of observation of R4's sign on the door and staff entering room without a mask. DON B indicated she had just become aware of the sign a week ago. DON B indicated R4 did inform her R4 would like staff to wear a mask when in his room. DON B indicated R4 was ok with some staff not wearing a mask. DON B indicated she would expect staff to ask R4 if it was ok to enter without a mask before entering his room. UM F (unit manager) indicated she would add it to care plan right away as it was not in there.</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 12/15/2025
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 - Few</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** Based on observation, interview, and record review, the facility did not ensure that each resident has a safe, clean, comfortable and homelike environment for daily living for 1 of 6 sampled Residents (R2). Surveyor observed a commode in R2's room with a brown substance on the seat and arm. Findings Include: The facility policy, Safe and Homelike Environment, revised 7/1/25, indicates, in part: Guideline: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment. Definitions: . Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in completion of the activities of daily living. R2 was admitted on [DATE]. R2's most recent MDS (Minimum Data Set), dated 11/13/25, documents a BIMS (Brief Interview for Mental Status) of 00, indicating R2 is severely cognitively impaired. On 12/15/25 at 10:13AM, during general observations of the facility, Surveyors noted a commode in R2's room with a brown substance on the seat and the arm of the commode. On 12/15/25 at 11:20AM Surveyors noted the brown substance still present on R2's commode and interviewed LPN C (Licensed Practical Nurse) in R2's room regarding this. During the interview LPN C indicated that the commode was not clean and that she felt the brown substance was stool. LPN C indicated that R2 requires assistance to the commode and that whoever assisted him should have ensured the commode had been cleaned afterwards. LPN C indicated she would clean it. On 12/15/25 at 3:06 PM Surveyors interviewed DON B (Director of Nursing). During the interview DON B indicated she would expect staff to clean and empty the commode after resident use. Surveyors reviewed the above observation with DON B who indicated the commode should have been cleaned after use.</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 12/15/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to ensure the results of all investigations of alleged violations were reported to the resident or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident for 1 of 2 Facility Reported Incidents reviewed. An initial Facility Reported Incident alleging possible misappropriation of property was submitted to the State Agency on 12/7/25. The facility submitted the results of their internal investigation to the State Agency on 12/15/25, which is outside of the required timeframe of 5 working days. This is evidenced by: The facility policy entitled Abuse, Neglect, and Exploitation with a review date of 5/25 states in part: .It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Reporting/Response. B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies . On 12/7/25 at 3:30 PM, the facility was made aware of an allegation regarding R3 missing \$160.00. The facility immediately started an investigation and submitted a report to the State Agency at 12/7/25 at 4:19 PM. On 12/15/25, Surveyor reviewed the facility's investigation regarding the misappropriation of money for R3. Surveyor noted the facility submitted the results of their internal investigation on 12/15/25. Surveyor noted this is 6 working/business days or 8 calendar days since the incident was initially reported. (12/12/25 would have been 5 working days since the incident was reported). On 12/15/25 at 3:45 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A when results of internal investigations from Facility Reported Incidents should be reported to the State Agency; NHA A stated 5 business days. NHA A added the results from this particular investigation were reported late due to waiting for a response from R3's daughter to see if she has the money. NHA A told Surveyor the investigation results should have been reported within 5 business days.</p>		