STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012409	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL SAINTS ASSISTED LIVING AND MEMORY CARE	8210 HIGHVIEW DRIVE MADISON, WI 53719

(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 10/07/2025, Surveyor conducted a standard survey at All Saints Assisted Living and Memory Care, a CBRF in Madison. One deficiency was identified. Census: 37	N 000		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.	N 383		

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 383	Continued From page 1	N 383		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure a safety assessment was completed for Resident 1 and Resident 2 for the use of bed rails.

Findings include:

On 10/07/2025, Surveyor conducted a standard survey. Surveyor requested Resident 1 and Resident 2's records, including the most current Individual Service Plan (ISP). Surveyor noted the following in the ISP:

Resident 1 was admitted to the facility 08/02/2022 and had a diagnosis including polyosteoarthritis, and presence of artificial knee. Resident 1's Individual Service Plan (ISP), dated 10/07/2025 (date of survey), documented: "Bed Mobility: Requires setup/verbal cues for bed mobility. Bed rail added to the right side of bed to assist with transfers."

Resident 2 was admitted to the facility on 02/06/2025. Resident 2 had a diagnosis including rheumatoid arthritis and epilepsy. Resident 2's ISP, dated 10/07/2025 (date of survey), stated that "Resident 2 requires extensive assistance with bed mobility. Resident to enter from the left side. Upper rails to assist with turning/repositioning."

On 10/07/2025 at approximately 11:45 a.m., Surveyor interviewed LPN A reagrding the ISP's dcocumented use of bed rails for Resident 1 and

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N 383	Continued From page 2 Resident 2 . LPN A stated that the facility "does not complete bed rail assessments like a skilled nursing facility." LPN A stated that Resident 1 had bed rails added to his/her bed after a hip fracture to assist with mobility. LPN A stated that Resident 2 had his/her bed downsized from a queen to a single after an elbow injury. LPN A said the bed rail was added to his/her bed to assist with mobility. LPN A stated that after Resident 2's elbow is healed, s/he will be moved back to the queen-sized bed. On 10/07/2025 at approximately 12:15 p.m., Surveyor toured the facility with LPN A. Surveyor observed bed rails on Resident 1 and Resident 2's beds. On 10/17/2025 at approximately 1:35 p.m., Surveyor shared concern with RN B regarding no safety assessment for the bed rails in Resident 1 and Resident 2's record. RN B acknowledged that the facility had not completed bed rail assessments for Resident 1 and Resident 2. RN B stated that s/he would review the records for Resident 1 and Resident 2 and would complete bed rail assessments.	N 383		