STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 02/14/2024, Surveyor conducted a verification visit at The Ridge at Madison, an RCAC located in Madison, WI. As a result of the survey, 2 violations of Chapter DHS 89 were issued. Two violations are repeat violations from previous Statement of Deficiency (SOD) I01U11 dated 06/15/2023 and SOD E62914 dated 09/06/2023 One violation from previous SOD E62914 was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 49	U 000		
U 116	89.23(2)(a)2.a 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: a. Supportive services: meals, housekeeping in tenants' apartments, laundry service and arranging access to medical services. In this subparagraph, "access" means arranging for medical services and transportation to medical services.	U 116		

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
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 116	Continued From page 1	U 116		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the facility provided meals and housekeeping services as contracted.

This is a repeat violation from previous Statement of Deficiency (SOD) E62914 dated 09/06/2023.

Findings include:

On 02/14/2024 at approximately 9:30 AM, Surveyor toured the facility and observed the following:

Example 1 - Refrigerators:

On 02/14/2024 at approximately 9:30 AM, Surveyor toured the provider's kitchen with Administrator F. Surveyor observed that the walk-in cooler, containing fruit, vegetables, turkey and cheese, had a temperature of 44.0 degrees F. The refrigerator door had been closed and not used prior to Surveyor opening the door. Administrator F stated it was his/her understanding that the walk in cooler had been in working order since last survey. There was an empty freezer in the kitchen that did not appear to have been in use recently.

On 02/14/2024 at 9:45 AM, Surveyor checked the temperature of the walk-in cooler and the temperature measured 44.0 degrees F.

On 02/14/2024 at 10:00 AM, Surveyor interviewed Administrator F. Administrator F acknowledged that the temperature of walk in coolers and refrigerators is required to be at or below 40 degrees Fahrenheit. Administrator F

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 116	Continued From page 2 acknowledged that temperatures above 40 degrees Fahrenheit allow bacteria to possibly contaminate the food supply. Administrator F stated that the empty freezer was no longer in use, but needed to be monitored in case any food was put in it. Administrator F stated that the facility had price quotes to replace the freezer but no purchase had been made to date. Example 2 - Floors: On 09/05/2023 at approximately 10:00 a.m., Surveyor toured Tenant 7's room. Surveyor observed Tenant 7's living room carpet was heavily soiled and ripping at the entrance of his/her apartment (Photo 1, Photo 2, Photo 3). Surveyor asked Tenant 7 if the apartment complex assisted with housekeeping tasks. Tenant 7 replied, "Yes," but was unable to recall the last time his/her carpet had been cleaned. On 02/14/2024 at 10:15 AM, Surveyor observed Tenant 7's room. The carpet had been shampooed, but there were still large dark stains (approximately 2 feet by 6 feet). The carpet had not been replaced, and there were still rips in the carpeting at the entrance of the apartment. On 09/05/2023 at approximately 10:30 AM, Surveyor discussed the above concern with Administrator F that Tenant 7's carpeting was heavily soiled and showed Administrator F the carpeting. Administrator F stated that room had been shampooed, but acknowledged that stains and rips in carpeting were still in place. Administrator F acknowledged that the carpeting should be cleaned or replaced	U 116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 268}	Continued From page 3	{U 268}		
{U 268}	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment appropriate for tenant needs. There was still a large crack in Tenant 8's bedroom ceiling that leaked water from the roof and several uneven spots in the hallway flooring creating a trip/fall hazard. This is a repeat violation from previous Statement of Deficiency (SOD) I01U11, dated 06/15/2023 and SOD E62914 dated 09/06/2023, Findings include: On 02/14/2024 at 9:45 AM, Surveyor observed the physical environment. Administrator F stated, "Just to let you know, none of the environment issues have been addressed to date." OBSERVATIONS: The flooring directly in front of the elevator on the first floor was still very uneven creating a trip/fall hazard. The flooring beneath the carpet seemed	{U 268}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 268}	Continued From page 4	{U 268}		

to have loosened creating the uneven surface. Administrator F acknowledged that the flooring had not been repaired.

The flooring directly in front of the elevator on the second floor was still uneven creating a trip/fall hazard. The flooring beneath the carpet seemed to be tiles that had broken creating the uneven surface. Administrator F acknowledged that the flooring had not been repaired.

The flooring directly in front of the elevator on the third floor was still uneven creating a trip/fall hazard. The flooring beneath the carpet seemed to have loosened creating the uneven surface. Administrator F acknowledged that the flooring had not been repaired.

There was still a large crack in the flooring of the third floor laundry room. There were 2 impressions in the flooring (6 inches by 3.5 inches each) directly in front of the washing machine and clothes dryers. Administrator F confirmed that some tenants do their own laundry. Administrator F acknowledged that the flooring was a concern during last survey and has not been repaired.

The community room in the basement had extensive water damage to the ceiling tiles. .

On 06/15/2023 at 12:30 PM during previous SOD I01U11, DHS Engineer H observed the roof directly over Tenant 8's apartment. DHS Engineer H stated that there were approximately 5-6 shingles missing which exposed the roof to leaks during precipitation events. DHS Engineer H stated that the area on the roof where shingles were missing was directly above Tenant 8's apartment and in line with the crack in his/her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018963	A. BUILDING: _____ B. WING _____	R-C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	2879 FISH HATCHERY ROAD FITCHBURG, WI 53713

(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 268}	Continued From page 5 ceiling. On 02/14/2024 at 10:30 AM, Surveyor observed that there was still a large crack in Tenant 8's bedroom ceiling above the kitchen area. The crack was approximately 4 feet in length and less than an inch wide. Administrator F acknowledged that the leak in the roof nor the crack in Tenant 8's ceiling had not been repaired which makes the bedroom prone to leaks. Administrator F stated, "We have not engaged in a contract with a vendor that will fix these concerns due to the past history of the former owners. Vendors do not want to work with us despite new ownership."	{U 268}		