STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	190013	A. BUILDING: _____ B. WING _____	C 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM BRADFORD	22 BRADFORD LN MADISON, WI 53714

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M 000	INITIAL COMMENTS From 01/20/2026 to 02/05/2026, Surveyor conducted a complaint investigation at REM Bradford, an AFH in Madison. Three deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) L2MT11, dated 07/27/2021 and SOD L2MT12, dated 01/28/2022. The complaint was unsubstantiated. Census: 4	M 000		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 4 of 4 residents reviewed was observed and changes documented. Resident 4 was observed with injuries that were not monitored. Resident 4's oral intake was not monitored and documented as requested by his/her registered dietician. Resident 4, Resident 1, Resident 2 and Resident 3 had injuries to their bodies that were not monitored. This is a repeat deficiency. See Statement of	M 448		

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

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M 448	Continued From page 1 Deficiency (SOD) L2MT11, dated 07/27/2021 and SOD L2MT12, dated 01/28/2022. Findings include: From 01/20/2026 to 02/05/2026, Surveyor conducted a complaint investigation alleging safety concerns at the provider's home. Surveyor identified the following health monitoring concerns: Example 1 - Resident 4's Oral Intake Monitoring Resident 4 was admitted to the provider's home on 10/21/1996 with diagnoses including intellectual disability and phenylketonuria (PKU). On 02/04/2026 at approximately 8:00 a.m., Surveyor reviewed documentation from Registered Dietician F to the provider, dated 10/15/2025. The documentation stated Resident 4's weight was ~117 lbs. and the ideal range was 130 to 140 lbs. The documentation stated Registered Dietician F would be happy to review the provider's menu to help determine what foods were appropriate for Resident 4. The documentation requested food records to include serving size, brand of food, preparation method, documenting any add ins such as butter, and indicating what percentage of the serving Resident 4 ate. On 02/04/2026 at approximately 9:00 a.m., Surveyor reviewed a document titled "Food Log Nov 25 - Jan 26." Surveyor noted the entries rarely documented the brand of food, serving size, preparation method, add ins or percentage ate. Examples of entries for 01/13/2026 through 01/15/2026 were as follows:	M 448		

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- 01/13/2026 Breakfast: Cereal, PKU and water
- 01/13/2026 Dinner: Ravioli & [not legible], PKU, juice and water
- 01/14/2026 Breakfast: 1 pack oatmeal plus banana, PKU and water
- 01/14/2026 Snacks: [Not legible] pack pudding and 1 cup water
- 01/14/2026 Dinner: Mashed fruits and veggies, PKU and water
- 01/15/2026 Breakfast: 1 pack of oatmeal, half banana, PKU and water
- 01/15/2026 Lunch: Mashed potatoes 100%, tomato soup, PKU and water
- 01/15/2026 Dinner: Chicken noodle & [not legible], PKU and water.
- 01/15/2026 Snack: Good Thins, PKU and water

On 02/04/2026 at 9:45 a.m., Surveyor interviewed Registered Dietician F regarding Resident 4's food monitoring. Registered Dietician F stated s/he had requested food logs and menus from the provider, but they were always difficult to obtain. Registered Dietician F stated food logs didn't document brands or portions consumed making it difficult for Registered Dietician F to know Resident 4's current state and adjust dietary recommendations.

On 02/05/2026 at 2:00 p.m., Surveyor discussed concern with Area Director C that Resident 4's food logs did not provide all information requested by Registered Dietician F. Area Director C stated s/he would follow up with staff.

Example 2 - Monitoring of Injuries

RESIDENT 4

On 01/20/2026 at approximately 5:00 p.m.,

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Surveyor reviewed Resident 4's record. Surveyor reviewed a body chart, dated 10/15/2025, that documented a bruise to Resident 4's right elbow. The chart documented 15 days of observations until the bruise was documented as resolved on 10/31/2025. Surveyor noted that 2 dates were left entirely blank with no monitoring documented and 11 of the dates did not reference the size of the bruise to determine if the bruise was improved, the same or worsening. A RN progress note, dated 10/17/2025, documented the bruise as an approximate orange size. The 10/17/2025 entry on the body chart documented "Q" as the size that day with no ID key to determine what "Q" referenced.

RESIDENT 1

On 01/20/2026 at approximately 4:00 p.m., Surveyor reviewed Resident 1's record. Resident 1's admitted to the provider's home on 01/01/1987 with diagnoses included intellectual disability, seizure disorder and brain injury. Surveyor reviewed the provider's record of body chart checks, progress notes and incident reports.

On 01/20/2026 at approximately 6:00 p.m., Surveyor reviewed physician records, obtained by Surveyor. Follow up of a physician visit, dated 11/06/2025, documented left-hand pain and bruising to Resident 1's right side of abdomen and right thigh.

On 01/22/2026 at 8:15 a.m., Surveyor requested follow-up from Area Director C regarding Resident 1's injuries documented on 11/06/2025.

On 01/23/2026 at 4:10 p.m., Area Director C

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responded to Surveyor with a body chart, dated 11/11/2025 that identified a scape to the left buttock and bruise to right arm. The document identified the origin as a rash. Surveyor noted the body chart was completed 5 days after the initial observance of the injuries on 11/06/2025 and that the origin of rash did not correspond with a scrape or bruise.

RESIDENT 2

On 01/20/2026 at approximately 4:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 07/01/1996 with diagnoses including autism and intellectual disability. Surveyor reviewed the provider's record of body chart checks, progress notes and incident reports and identified the following concerns:

- Body Chart, dated 05/24/2025, documented yellow/dark purple injuries to the right shoulder blade, left upper arm, left lower back and left buttock. The body chart documented monitoring 06/01/2025 through 06/08/2025, with 1 date entirely blank and other entries had no documentation of the size of the injuries to determine if the injuries were improved, the same or worsening. Surveyor also noted each daily entry did not specify which injury was monitored.
- Body Chart, dated 05/27/2025, documented a bruise to the left buttock. The body chart documented monitoring 05/27/2025 through 05/30/2025. Surveyor noted the entry for 05/29/2025 was entirely blank other entries had no documentation of the size of the injury to determine if the injury was improved, the same or worsening.
- Body Chart, dated 07/07/2025, documented open

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skin on the left chest. The body chart documented monitoring on 07/07/2025 and 07/08/2025 with no measurements documented and no additional observations after 07/08/2025.
- Body chart, dated 07/08/2025, documented a large injury to the left side of Resident 2's neck. A progress note, dated 07/08/2025, stated there was a large opening on the side of Resident 2's neck. Records did not include any additional monitoring.
- Body Chart, dated 01/05/2026, documented redness to the right lower leg and bilateral feet. The record did not include measurements or additional monitoring.

On 01/28/2026 at approximately 8:00 a.m., Surveyor reviewed a hospital discharge summary, dated 01/12/2026. The discharge summary documented Resident 2 was found with bruising on his/her left and right hip, as well as left upper extremity all concerning for possible mistreatment. Documentation stated bruising on the right hip did not seem to be consistent with timing of a recent surgery. Surveyor noted the provider's body charts did not include the injuries observed by hospital staff.

RESIDENT 3

Resident 3 admitted to the provider's facility on 10/20/2025. Surveyor reviewed the provider's record of body chart checks, progress notes and incident reports and identified the following concerns:

- Body chart, dated 11/01/2025, documented a bruise on the left thigh and marks to the upper back. The body chart documented monitoring from 11/01/2025 through 11/07/2025 with no

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M 448	Continued From page 6 documentation of measurements. On 02/08/2026 at 2:00 p.m., Surveyor discussed concern with Area Director C that 4 of 4 residents reviewed had several injuries that did not have documentation of monitoring. Area Director C stated it would be the manager's responsibility to ensure all documentation was being completed and that there was a recent change in manager at the home. Area Director C stated investigations had ruled out concerns for mistreatment, stating the bruises found during a hospital visit were likely due to blood draws and an immunization shot. Area Director C added that education with caregivers was also needed because a caregiver recently stated a resident had a bruise, but when the RN assessed the "bruise" it was determined to be a pimple.	M 448		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure food was stored and prepared in a sanitary way. Findings include: On 01/20/2026 at approximately 3:00 p.m., Surveyor toured the provider's home. Surveyor	M 474		

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M 474	Continued From page 7 observed what appeared to be dead bugs in a cabinet under the kitchen sink. Surveyor asked Program Director A what s/he was seeing. Program Director A stated it could be dead bugs. Surveyor asked Caregiver B if the home had a history of bugs in the kitchen. Caregiver B stated the home had cockroaches, which could be seen particularly at night. Caregiver B stated the home had been keeping food stored in totes in a separate room for approximately a year. Surveyor observed totes of food stored in a room off the dining room. Surveyor requested documentation of pest control treatments over the past year from Program Director A. On 01/21/2026 at 1:24 p.m., Surveyor received documentation from Area Director C indicating the home received pest treatments in 2024 and then not again until 01/16/2026. On 02/05/2026 at 2:00 p.m., Surveyor discussed pest concern with Area Director C. Area Director C stated pest treatments had been completed in 2025, but s/he was unable to locate invoices. Area Director C stated s/he has since switched treatment companies since Surveyor's onsite visit.	M 474		
M 478	88.07(4)(e) SPECIAL DIETS Meals prepared by the licensee shall take into account special physical and religious dietary needs of the residents. A special diet shall be served to a resident if prescribed by the resident's physician.	M 478		

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M 478	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure meals prepared by the licensee took into account the special dietary needs of 1 of 4 residents. The provider did not ensure Resident 4's meals were pureed as ordered. Findings include: On 01/27/2026 at 12:30 p.m., Surveyor interviewed Day Center Staff D, who worked with Resident 4. Day Center Staff D stated the provider's staff was responsible for sending food with Resident 4 for day program and the food would not be completely pureed as ordered. On 02/04/2026 at 8:00 a.m., Surveyor reviewed a hospital discharge summary, dated 07/30/2025. The summary stated Resident 4 was a high risk for aspiration secondary to delayed oral phase and a hiatal hernia. The discharge summary stated Resident 4 was to have a pureed diet with thin liquids. Hospital records documented Resident 4 was diagnosed with pneumonia on 07/30/2025, a respiratory illness on 10/10/2025 and aspiration pneumonia on 12/16/2025. On 02/04/2026 at 8:00 a.m., Surveyor reviewed email correspondence between the provider and Occupational Therapist E, who worked with Resident 4. The email stated, "Food has not been fully pureed the last few times I have seen [Resident 4]. As a reminder, pureed food should be completely smooth without any lumps or chunks, similar to pudding. Today [his/her] meal had several large chunks that I pulled out, but also	M 478		

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M 478	Continued From page 9 small lumps throughout the food so it needed to be blended again." On 02/05/2026 at 2:00 p.m., Surveyor discussed concern with Area Director C that Resident 4's food was not fully pureed as ordered. Area Director C stated s/he was aware of the concern. Area Director C stated the provider purchased a new blender and provided staff education to ensure food was completely pureed. The provider did not ensure Resident 4 received a pureed diet as ordered on 07/30/2025.	M 478		