

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3340	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/19/2023
NAME OF PROVIDER OR SUPPLIER SBH MADISON LLC DBA MIRAMONT BEHAV HLTH		STREET ADDRESS, CITY, STATE, ZIP CODE 3169 DEMING WAY MIDDLETON, WI 53562		
(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
X 000	<p>INITIAL COMMENTS</p> <p>On 06/19/2023, an unannounced on-site complaint investigation (complaints #WI00049482, #WI00049517, #WI00049671, and #WI00049792) was conducted at SBH Madison LLC DBA Miramont Behavioral Health.</p> <p>The program is certified under Wisconsin Administrative Code(s): DHS 61.71, 61.75, and 61.79.</p> <p>Five client records and no staff records were reviewed.</p> <p>Complaint #WI00049482 was unsubstantiated. Complaint #WI00049517 was unsubstantiated. Complaint #WI00049671 was substantiated. Complaint #WI00049792 was substantiated.</p> <p>One deficiencies was identified.</p>	X 000		
X9416	<p>DHS 94.08 PATIENT RIGHTS PROMPT AND ADEQUATE TREATMENT</p> <p>All patients shall be provided prompt and adequate treatment, habilitation or rehabilitation, supports, community services and educational services as required under s. 51.61(1)(f), Stats., and copies of applicable licensing and certification rules and program manuals and guidelines.</p> <p>Note: Educational requirements for school-age patients in inpatient facilities can be found under chs. 115 and 118, Stats.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the DHS</p>	X9416		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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X9416	<p>Continued From page 1</p> <p>61.71 program did not ensure all patients shall be provided prompt and adequate treatment. This occurred for one of three adults (Patient 1) whose record was reviewed.</p> <p>Findings Include:</p> <p>On 06/19/2023 at 2:25 p.m., Surveyor reviewed Patient 1's electronic record with Director of Quality and Risk Management (DOQR) A. The patient was admitted to the DHS 61.71 unit, on 05/31/2023.</p> <p>The record identifies the patient had a stroke two years prior to the patient's admission to the inpatient unit, and has left-sided deficit due to the stroke. The record also identifies Patient 1 takes scheduled medication to prevent seizures.</p> <p>Surveyor reviewed Patient 1's progress notes. The progress notes identify, on 06/02/2023, the patient had an unwitnessed fall in their room during the night shift. When the nurses completed an assessment on the patient, Patient 1 stated they hit their head and had pain in their shoulder after the fall, which Patient 1 rated a 06 out of a 10 scale. At this time (06/03/2023 at 3:15 a.m.), the patient requested to have an X-Ray of their shoulder, since the patient has no feeling in their arm. The progress note does not identify which arm (left or right) the patient had the shoulder pain.</p> <p>There is no documentation if the nurse, or another staff member, called a physician and notified a physician on the patient's fall, the patient hitting their head, the patient having shoulder pain, or the patient requesting an X-Ray of their shoulder.</p>	X9416		

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X9416	Continued From page 2 On 06/19/2023, Surveyor interviewed DOQRM A, and Patient 1's fall was discussed. DOQRM A stated they could not find any progress notes or documentation indicating the staff member notified a physician regarding the patient's fall, or requesting an X-Ray. Surveyor asked if the physician should have been notified after Patient 1 fell, and DOQRM A stated their expectation was a physician should have been notified.	X9416			