STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110366	A. BUILDING: _____ B. WING _____	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN CRAWFORD HOUSE	4326 CRAWFORD DR MADISON, WI 53711

(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 04/17/2024, Surveyor conducted a standard licensing survey at Tellurian Crawford House, a CBRF located in Madison, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) dated 02/20/2020. Census: 6	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed were screened for communicable disease including tuberculosis. Resident 1 and Resident 2 did not have documented	N 302		

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

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N 302	Continued From page 1 communicable disease screens. Findings include: On 04/17/2024, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 10/16/2023. There was no documented communicable disease screen in Resident 1's medical record. On 04/17/2024, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 10/11/2020. There was no documented communicable disease screen in Resident 2's medical record. On 04/17/2024 at 12:15 PM, Surveyor interviewed Program Supervisor A. Program Supervisor A stated that s/he could not find a documented communicable disease screen for either Resident 1 or Resident 2.	N 302		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment appropriate for residents. This is a repeat violation from previous Statement	N 481		

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N 481	Continued From page 2 of Deficiency (SOD) ZW8311, dated 02/20/2020 Findings include: On 04/17/2024 at 9:30 AM, Surveyor observed the environment. OBSERVATIONS: / There was a hole approximately 2 inches by 2 inches in Resident 1's door. Program Supervisor A stated s/he did not know about the hole in the door. Regional Director B stated via email dated 04/18/2024 that the hole in the door occurred about 2 weeks prior. The vanity in the common bathroom used by residents was damaged. Regional Director B stated via email dated 04/18/2024, that the bathroom vanity is outdated and the bathroom is scheduled for remodel during the summer of 2024. There were combustibles within 3 feet of the furnace and water heater (cardboard furnace filters and plastic garbage can). On 04/17/2024 at 12:00 PM, Surveyor discussed the above concern with Program Supervisor A. Program Supervisor acknowledged that Resident 1's door should be fixed/replaced and the vanity should be fixed. Program Supervisor A stated s/he would make sure that no combustibles would be within 3 feet of the furnace ongoing.	N 481		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills	N 526		

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N 526	Continued From page 3 shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that evacuation drills (tornado, flooding, disaster) were conducted at least semi-annually. The provider had 1 documented evacuation drill for calendar year 2023. Findings include: On 04/17/2024, Surveyor reviewed the facility evacuation drills. The provider had 1 documented evacuation drill completed dated 02/08/2023. On 04/17/2024 at 12:15 PM, Surveyor interviewed Program Supervisor A. Program Supervisor A acknowledged that evacuation drills are required to be conducted at least semi-annually. Program Supervisor A acknowledged that the facility had conducted 1 evacuation drill for calendar year 2023.	N 526		