

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Madison Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Belmont Rd. Madison, WI 53714	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility did not Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This has the potential to affect all 67 residents. Surveyor observed open food in the refrigerator, undated and unlabeled food in the freezer, staff food and beverages stored in the same cooler as resident food, ice accumulation in the freezer, and a freezer temperature of positive 8 degrees. Evidenced by: Facility policy, titled Food Safety Requirements, dated 3/26/25, includes the following, in part: Guideline: . Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety. Definitions: . Food service safety refers to handling, preparing, and storing food in ways that prevent foodborne illness. Explanation and Compliance Guidelines: 1. Food safety practices shall be followed throughout the facility's entire food handling process. Elements of the process include the following: b. Storage of food in a manner that helps prevent deterioration or contamination of the food including from growth of microorganisms. Staff and residents shall follow facility policy regarding personal foods. c. Practices to maintain safe refrigerated storage include: i. Monitoring food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation. iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by-date, or frozen (where applicable) discarded; and v. Keeping foods covered or in tight containers. Facility policy, titled, Food Storage: Cold Foods, dated 5/2014, with last revision date of 2/2023, includes the following, in part: Policy Statement: All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with the guidelines of the FDA Food Code. Procedures: 3. Freezer temperatures will be maintained at a temperature of 0 degrees F (Fahrenheit) or below. On 7/20/26 at 9:58 AM, Surveyor completed a kitchen tour with KAM E (Kitchen Account Manager) and observed uncovered peach cups in the walk-in cooler. KAM E indicated that those were going to be served today at lunch, and they should be covered. Surveyor observed an undated and unlabeled Ziploc bag that appeared to be spaghetti and sauce in the walk-in freezer. KAM E stated that it should be dated and indicated that he would throw that bag away. Surveyor observed that the outside freezer temperature fluctuated between positive 1 and 20 degrees. Surveyor observed a large amount of ice accumulation along the right-hand side of the walk-in freezer near the door, and also on the floor in front of the freezer door. KAM E indicated that the ice buildup has been happening a lot, and that he has to defrost the freezer weekly to make sure that the freezer door will close. Surveyor observed a bin on the bottom shelf of the kitchen deli cooler that was labeled Staff and had food and beverages that belonged to staff. On 7/20/26 at 1:23 PM, Surveyor observed the kitchen again with KAM E and asked if there was an internal thermometer for the freezer. KAM E showed Surveyor that the internal temperature of the walk-in freezer was registering as positive 8 degrees. KAM E indicated that the temperature should (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	always be below zero for the freezer and indicated that the door doesn't always like to shut tight, and that they currently have a problem with the freezer buildup. Surveyor asked KAM E if he had told anyone in management or notified maintenance of the improper door seal or ice buildup. KAM E indicated that he had not, and that he wanted to defrost the freezer one more time and then he would let maintenance know. Surveyor observed the deli cooler again along with KAM E and noted a McDonald's drink cup on the top shelf, not in the bin labeled Staff on the bottom shelf. KAM E indicated that the refrigerator was used for deli items used to make the resident sandwiches, such as meat, lettuce, and mayonnaise. Surveyor asked KAM E if there could be a risk of cross contamination if there were staff food and beverages stored in the same refrigerator as resident food. KAM E stated that his district manager had told him it was okay to do this if the staff items were in a separate bin. On 7/22/26 at 9:28 AM, Surveyor interviewed NHA A (Nursing Home Administrator) and shared her concerns about the food storage in the kitchen. NHA A stated that KAM E had made her aware of the food storage items that had been discussed. NHA A indicated that she informed KAM E that staff have their own refrigerator in the basement that they should be using, and that he should talk to MS G (Maintenance Supervisor) about the ice buildup in the walk-in freezer. NHA A indicated that the freezer temperature could be higher than zero degrees currently because the heat has been so bad and the door gets opened and closed frequently, letting hot air in, but she would check on that. The facility did not ensure that food was stored in a safe manner according to professional standards of food safety.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interviews, the facility did not ensure each resident had a safe, clean, comfortable, and homelike environment or ensure housekeeping provided necessary services to maintain a sanitary, orderly, and comfortable area for 4 of 6 shower rooms and 1 (R6) of 9 residents rooms reviewed for cleanliness of a total sample of 67 residents. R6 voiced concerns related to the cleanliness of their room. Surveyor observed brown smears on the floor, dirt and grime crusted in the corners, sticky floors, accumulated soap/shampoo scum on the wall, and overflowing waste baskets and linens carts in the shower rooms. Evidenced by: Facility Housekeeping Schedule indicates that public bath and shower rooms need to be deep cleaned on the weekends. The facility did not provide a policy and procedure related to how often they clean, what the cleaning entails, or who is responsible for the cleaning of the resident rooms or shower rooms. Example 1 R6 was admitted to the facility on [DATE]. Their most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/8/26 indicates R6's cognition is intact with a Brief Interview for Mental Status (BIMS) score of 13 out of 15. On 7/20/26 at 5:05 PM, Surveyor observed debris on the floor of R6's room, accumulated grime in the corners of the bathroom, and a ring around the toilet bowl. FM L (Family Member) who was visiting R6 at the time of the observation indicated that she had cleaned the floor and dusted the cobwebs from R6's room herself yesterday, as it appeared the room had not been cleaned in some time. Example 2 On 7/20/26 at 10:32 AM, Surveyor observed the shower rooms along with LPN C (Licensed Practical Nurse). Surveyor observed accumulated soap/shampoo drips down the wall, an overflowing garbage can and overflowing linen cart, and a strong odor in the Cedar shower room. Surveyor observed brown smears on the floor and a strong odor in the [NAME] shower room. Surveyor observed accumulated hair, dust, and grime in the corners, and brown smears on the floor in the Pine shower room. Surveyor observed overflowing garbage and bagged linens on the floor, a dirty washcloth on the floor, and inadequate lighting in the Elm shower room. On 7/20/26 at 10:57 AM, Surveyor interviewed HK F (Housekeeper) who stated that the resident rooms are cleaned daily, but that someone else cleans the shower rooms. On 7/21/26 at 11:11 AM, Surveyor observed the shower rooms along with HS I (Housekeeping Supervisor) who stated that the housekeeping staff is responsible for cleaning the shower rooms, and that sometimes she does it herself. HS I indicated that the shower rooms are cleaned every other day. HS I stated that the Cedar shower room had been cleaned two days ago, that the [NAME] shower room had been cleaned yesterday, and that the Pine and Elm shower rooms were going to be cleaned today. HS I admitted that the shower rooms should be cleaned better. On 7/22/26 at 9:28 AM, Surveyor interviewed NHA A (Nursing Home Administrator) and shared her concern about the cleanliness of the resident rooms and shower rooms. NHA A indicated that housekeeping is discussed every morning meeting, and she provides a list of rooms to clean and which shower rooms are to be cleaned each day. NHA A stated that the Cedar, Elm, Pine, and [NAME] shower rooms were probably getting overloaded with extra showers since the Aspen and Birch shower rooms were currently out of order. NHA A stated that the shower rooms could require more attention from housekeeping due to this. The facility did not ensure that each resident had a sanitary environment.		

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that all residents are clinically appropriate to self-administer medications for 1 of 1 residents (R6) observed with medications at bedside out of 9 sampled residents. R6 was observed to have medications left on her bedside table for her to take independently. R6 does not have an assessment for self-administration of medications indicating that she is safe to administer medications independently. This is evidenced by: The facility's policy Medication Administration, dated 4/9/25, includes: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. 18. Observe resident consumption of medication. The facility's policy Resident Self-Administration of Medication, dated 1/9/26, includes: A resident may only self-administer medications after the facility's interdisciplinary team has determined which medications may be self-administered safely. 4. The results of the interdisciplinary team assessment are recorded on the Medication Self-Administration Assessment Form, which is placed in the resident's medical record. 13. The care plan must reflect resident self-administration. R6 was admitted to the facility on [DATE]. R6's BIMS (Brief Interview for Mental Status), dated 5/8/26, has a score of 13, indicating R6 is cognitively intact. R6's physician orders, printed 7/22/26, include: Mirtazapine 7.5 mg Give 1 tablet by mouth one time a day every Tue, Thu, Sat for Major Depressive Disorder. Of note, R6 does not have a physician's order to self-administer medications. R6's medical records do not include a Medication Self-Administration Assessment Form. R6's comprehensive care plan, printed 7/22/26, does not include anything regarding self-administration of medications. On 7/22/26 at 8:40 AM, Surveyor interviewed R6 in her room. Surveyor observed a white, oval pill on R6's bedside table. R6 indicated she was not sure what the medication was but thought it might be her Seroquel (Antipsychotic medication). On 7/22/26 at 8:46 AM, Surveyor interviewed RN O (Registered Nurse). RN O indicated she was R6's nurse. RN O indicated R6 is not able to self-administer medications. RN O stated we have to watch her take her medications. RN O indicated a resident has to have a physician's order to self-administer medications. RN O and surveyor went to R6's room to retrieve the medication left at bedside. RN O matched the pill to R6's medications and noted it to be R6's Mirtazapine. On 7/22/26 at 9:30 AM, Surveyor interviewed NP P (Nurse Practitioner). NP P indicated that R6 is not safe to self-administer medications and should be observed while taking medications. On 7/22/26 at 11:18 AM, Surveyor interviewed DON B (Director of Nursing) regarding R6. DON B indicated that medications should not be left at bedside. DON B indicated staff should be monitoring R6 when she is taking her medications.		

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F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident's right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed for 1 of 3 residents reviewed for room changes (R8) out of a sample of 9. R8 was moved to another room without notice and without reason for the change. Findings include The facility's Resident Rights policy states, The resident has a right to be treated with respect and dignity, including: The right to receive written notice, including the reason for the change, before the residence room or roommate in the facility is changed. The right to refuse to transfer to another room in the facility, if the purpose of the transfer is: To relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF. R8 was admitted to the facility on [DATE]. Her most recent MDS (Minimum Data Set), dated 6/23/26, includes a BIMS (Brief Interview for Mental Status) score of 14, indicating R8 is cognitively intact. On 6/26/26, the facility moved R8 from her room on one side of the building to the other side of the building. On 7/21/26 at 12:10 PM, Surveyor interviewed SW K (Social Worker) who indicated that she had followed up with R8 after the move but did not give any written notice or advance notice to R8 regarding her room change. SW K indicated that she verbally speaks with the residents but does not have any documentation that advance notice was given or an explanation as to why the room change was occurring. On 7/21/26 at 1:10 PM, Surveyor interviewed R8 who stated that she was not given any prior notice as to the room change. R8 stated that one day staff came into her room and just started packing up her stuff. R8 stated that she was given no reason as to why they were moving her. The facility was unable to provide any documentation regarding preparation or any written communication with R8 that she was being moved. On 7/22/26 at 9:30 AM, Surveyor interviewed NHA A (Nursing Home Administrator) who indicated that the facility does not provide any written notice to residents before changing rooms, but indicated that this needed to be done. NHA A stated that the facility actually has a document that clearly presents information to the resident regarding room changes and what reason they are being done, giving a reason for the move. However, NHA A stated this form was not currently being used. NHA A stated she would give SW K this document and, moving forward, written communication regarding room changes and the reason for those changes would be given and explained to residents.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not complete the Preadmission Screening and Resident Review (PASARR) Level II when it was realized that a resident would reside in the facility for more than 30 days for 1 of 1 resident (R6) reviewed for PASARR out of 9 sampled residents. R6 resided in the facility for longer than 30 days and required a PASARR Level II screen, but the facility failed to complete the screening. This is evidenced by: The facility's policy, Resident Assessment - Coordination with PASARR Program, dated 1/9/26, includes: If a resident who was not screened due to an exception above and the resident remains in the facility longer than 30 days: a. The facility must screen the individual using the State's Level I screening process and refer any resident who has or may have MD (Mental Disorder), ID (Intellectual Disability) or a related condition to the appropriate state-designated authority for Level II PASARR evaluation and determination. b. The Level II resident review must be completed within 40 calendar days of admission. R6 was admitted to the facility on [DATE] with diagnoses including depression and post-traumatic stress disorder. R6's BIMS (Brief Interview for Mental Status), dated 5/8/26, has a score of 13, indicating R6 is cognitively intact. R6's Level I PASARR screen includes: Does the person have a major mental disorder? YESHas this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder? YESHospital discharge exemption - 30 days Maximum YES On 7/21/26 at 3:40 PM, Surveyor requested R6's Level II PASARR from SW K (Social Worker). SW K was unable to produce R6's Level II PASARR. On 7/22/26 at 1:39 PM, Surveyor interviewed NHA A (Nursing Home Administrator) regarding R6's Level II PASARR. NHA A indicated R6's Level II PASARR should have been completed but had not been done.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident receives adequate supervision to prevent accidents and hazards for 1 of 1 residents (R6) reviewed for smoking out of 9 sampled residents. R6 was observed smoking in her room after she was deemed safe to have her smoking materials in her possession. R6 was not reassessed timely for safety after being observed smoking in her room. R6 was reassessed to be a supervised smoker and continued to have smoking materials in her possession without safety interventions being put in place. This is evidenced by: The facility's policy Resident Smoking, dated 12/1/23, includes: 1. Smoking is prohibited in all areas except the designated smoking areas. 4. Residents and resident representatives will be notified of this policy during the admission process and as needed. Residents who smoke will be further evaluated using the Smoking Evaluation: to determine supervision need and intervention. 9. If a resident who smokes experiences any decline in condition or cognition, he/she will be reevaluated for ability to smoke independently and/or to evaluate whether any additional safety measures are indicated. 10. All safe smoking measures will be documented on the care plan and communicated to all staff. 12. If a resident or resident representative does not abide by the smoking policy or care plan (e.g., smoking in non-smoking areas.) the plan of care may be revised to include additional safety measures. 13. Smoking materials of residents requiring supervision with smoking will be maintained by the facility staff. R6 was admitted to the facility on [DATE]. R6's BIMS (Brief Interview for Mental Status), dated 5/8/26, has a score of 13, indicating R6 is cognitively intact. R6's 5/6/26 Smoking Evaluation includes: 8. Does resident need facility to store lighter and cigarettes? No. 9. Plan of care is used to assure resident is safe while smoking? Yes. 10. Has resident been educated on facility smoking procedures? Yes. 11. Is the resident a supervised or unsupervised smoker? Unsupervised. R6's physician orders, printed on 7/22/26, include Resident Smokes: Resident assessed as a [sic] unsupervised smoker observe smoking safety, to include; no smoking materials on person if supervised smoker, no smoking within facility (only in designated smoking areas), no smoking while oxygen is present. Intervene immediately and notify management, every shift R6's comprehensive care plan, printed on 7/22/26, includes .uses smoking tobacco. R6 can smoke and/or use smokeless tobacco unsupervised. Date initiated 5/5/26. Revision on 5/8/26. On 5/17/26 at 12:02 PM, R6's progress note states: This writer went into resident's room for noon med pass and witnessed resident was smoking in the room. Resident was asked to turn the cigarette off, resident turned it off to the back of her soda can. Education was given to the resident of smoking policy and safety [sic]. Resident apologized and told this writer that she would not do it again. On 5/18/26 at 2:07 PM, R6's progress note states Resident smoking in the room was notified to UM (Unit Manager) and Administrator. R6 went to the hospital on 5/28/26 and readmitted to the facility on [DATE]. R6's Admission/Readmission/Routine Head-to-toe Evaluation, dated 6/1/26, includes: 69. Smoking Evaluation. Does resident need facility to store lighter and cigarettes? Yes. Plan of care is used to assure resident is safe while smoking? No. Has the resident been educated on facility smoking procedures? [NAME]. Is the resident a supervised or unsupervised smoker? Supervised. Of note, R6's physician order and comprehensive care plan were not updated to reflect the change from an unsupervised smoker to a supervised smoker after this smoking evaluation was completed. On 7/21/26 at 3:40 PM, Surveyor interviewed SW K (Social Worker) regarding the process if a resident was found to be smoking in the facility. SW K indicated that the facility would complete a new (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	smoking evaluation, and the facility would store the resident's smoking materials. SW K indicated that if a resident smokes in their room, they are not allowed to keep their smoking materials. On 7/22/26 at 10:53 AM, Surveyor interviewed LPN M (Licensed Practical Nurse). LPN M indicated residents are evaluated for their smoking ability as supervised or unsupervised based on the smoking evaluation. LPN M indicated the resident's care plan and physician orders should reflect the resident's smoking evaluation. LPN M indicated if a resident is considered to need supervision while smoking, the facility stores the residents' smoking materials. Surveyor and LPN M reviewed R6's most recent smoking evaluation. LPN M indicated that based on R6's 6/1/26 smoking evaluation, R6 would be considered a supervised smoker. LPN M indicated the facility has not been storing R6's smoking materials. LPN M indicated R6's physician orders and care plan should reflect R6's smoking evaluation. On 7/22/26 at 11:18 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated upon admission to the facility; all residents are screened for smoking. DON B indicated if a resident indicates they want to smoke while at the facility, a smoking evaluation is completed to determine if the resident is a supervised or unsupervised smoker. DON B indicated if a resident is observed doing something unsafe, a new smoking evaluation can be done. DON B indicated that if a resident is smoking in their room, that is considered unsafe smoking behavior. DON B indicated it is unsafe behavior to have access to cigarettes and a lighter after being found smoking in the facility. DON B indicated the facility attempted to store R6's smoking materials, but R6 refused. DON B indicated there are no new interventions or safety precautions put in place for R6's unsafe smoking behavior.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide the necessary respiratory care and services 1 of 1 (R6) reviewed for CPAP (Continuous Positive Airway Pressure) usage out of 9 sampled residents. R6 stated she cannot use her CPAP machine because the mask was missing. This is evidenced by: The facility's policy Noninvasive Ventilation (CPAP, BiPAP, AVAPS, Trilogy), dated 1/9/26, includes: It is the policy of this facility to provide noninvasive ventilation as per physician's orders and current standards of practice. CPAP, or continuous positive airway pressure, is a respiratory therapy intervention used to provide a patent airway during periods of sleep apnea. It uses air pressure generated by a machine, delivered through a tube into a mask that fits over the nose or mouth. 3. The CPAP. device must be set up and maintained. 5. The facility will follow the manufacturer's instruction for use of the machine. 9. Replace equipment immediately when it is broken or malfunctions, or if visible soiling remains after cleaning. R6 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, morbid obesity, asthma, and obstructive sleep apnea. R6's BIMS (Brief Interview for Mental Status), dated 5/8/26, has a score of 13, indicating R6 is cognitively intact. R6's physician orders, printed on 7/22/26, include CPAP at night while sleeping or napping. for sleep apnea related to obstructive sleep apnea. R6's comprehensive care plan, printed on 7/22/26, includes .has altered respiratory status/difficulty breathing r/t (Related To) OSA (Obstructive Sleep Apnea), uses CPAP at noc (Night) On 7/22/26 at 8:35 AM, Surveyor and LPN M (Licensed Practical Nurse) interviewed R6. R6 indicated she has not had a mask for approximately one month for her CPAP machine. Surveyor and LPN M observed R6's CPAP machine with no mask. On 7/22/26 at 8:40 AM, Surveyor interviewed LPN M. LPN M indicated R6 should have a mask for her CPAP. LPN M indicated staff should have reported R6 does not have a mask so one could have been ordered. On 7/22/26 at 9:30 AM, Surveyor interviewed NP P (Nurse Practitioner). NP P indicated R6 should be wearing her CPAP as ordered. NP P indicated she expected staff to ensure R6 had a mask for her CPAP. On 7/22/26 at 11:18 AM, Surveyor interviewed DON B (Director of Nursing). DON B indicated she was not aware R6 was not using her CPAP. DON B indicated she expected staff to ensure R6 had a mask for her CPAP. On 7/22/26 at 1:34 PM, Surveyor and NHA A (Nursing Home Administrator) interviewed R6. NHA A asked R6 if she uses her CPAP. R6 stated she is not able to use her CPAP because when staff were cleaning her room, they swept up the mask and threw it away. R6 indicated she had told a CNA (Certified Nursing Assistant) and a nurse. R6 indicated it has been about one month. R6 stated she would use her CPAP if it had a mask. NHA A indicated staff should have ordered a mask for R6 so she could use her CPAP machine.		