

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 02/19/2026
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)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not follow through on a recommendation from the Audiologist for hearing aides/amplification for a resident who expressed not being able to hear for 1 (R60) of 24 residents reviewed for hearing. R60 received an order for hearing aids, and this order was not fulfilled. This is evidenced by: Facility policy: Hearing and Vision Services, revised 3/2025 states in part: . Guideline: It is the guideline of the facility to ensure all residents have access to hearing services and receive adaptive equipment as indicated. R60 was admitted to the facility on [DATE] and has diagnoses that include Type II Diabetes Mellitus, Schizophrenia, and Major Depressive Disorder. R60's Minimum Data Set (MDS) assessment, dated 8/26/2025, indicated that resident has a BIMS (Brief Interview for Mental Status) of 14, which indicates the resident's cognition is intact. R60 does not have a care plan related to hearing loss. On 02/16/2026 at 3:26 PM Surveyor interviewed R60 during initial screening. R60 reported that a lady came here to test my hearing, said I needed hearing aides, but then never brought them to me. On 02/17/2026 at 2:32 PM during record review surveyor found that R60 had a Health Direct Audiology appt (appointment) on 9/10/25. Recommendations from this appt are as follows: Otoscopy Right Ear Non-Occluded. Audiological Right Ear Mild to Severe Sensorineural Hearing Loss Findings Left Ear Mild to Severe Sensorineural Hearing Loss Hearing Aid Recommendations: Binaural Make/Model: [NAME] Laboratories, Inc. /[NAME] Genesis AI 12 ITER Half [NAME] or Comparable Benefits of Amplification: Patient is eager for amplification to improve hearing in all situations. On 2/17/2026 at 3:08 PM Surveyor interviewed SW G (Social Worker). SW G reports that she has only been here three months, and she believes that NHA A was filling the role until the position was filled. Surveyor asked SW G what the process is after a resident sees Health Direct for Audiology. SW G reported that the audiologist sends a summary via email, to a group of people SW G, NHA A (Nursing Home Administrator), and DON B (Director of Nursing). If there are any follow-up orders, they should be placed and then they are seen every 90 days by the Audiologist. Surveyor asked SW G who gives the nurse the order to put into the system. SW G indicated that the forms come from Health Drive to SW G and then she is responsible for giving them to the RN (Registered Nurse) on the floor, and then they go to Medical Records. Surveyor asked SW G if the resident has orders to obtain a hearing aid what is the process you follow. SW G stated that nursing follows up with the order and SW follows up with the resident about getting the hearing aide. On 2/18/2026 at 9:07 AM Surveyor spoke with NHA A (Nursing Home Administrator). Surveyor asked what the process was when a resident saw Health Drive. NHA A reports that if the resident has orders from the MD they will talk with the nurse on the floor. If there are no orders, the summary and recommendations, if any, will be emailed to SW G, DON B, and NHA A. NHA A stated that herself and DON B just started getting the emails. SW G will pull anything that needs to be addressed. When residents decide to follow recommendations (i.e.: hearing aide) then SW G is responsible for working with resident and get consent, discuss with family, and financial paperwork or prior</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 525074	If continuation sheet Page 1 of 5

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>authorization. NHA A stated that she knew this situation was about R60. NHA A stated that the recommendation was for amplification, which she said she provided to R60. Surveyor had NHA A look at R60's after visiting communication from Health Drive. Surveyor asked NHA A if she saw that the first recommendation was for [NAME] Genesis A1 12ITER Half [NAME] hearing aids. NHA A replied yes. NHA A reported that she will need to find out what happened to the order. On 2/18/2026 at 9:14 AM Surveyor asked R60 if anyone had ever brought her an amplification device. R60 stated I wish someone would bring me something so I can hear. A couple of weeks after I saw the Audiologist they (staff, doesn't remember who) were going to bring something down to me but they never did. On 2/18/2026 at 9:55 AM Surveyor interviewed NHA A. Surveyor asked when R60 had been given the amplifiers, as R60 stated she never received them. NHA A said she had just bought them last night and was going down to give R60 the amplifier today. On 2/19/2026 at 9:56 AM Surveyor interviewed NHA A. Surveyor asked if NHA A had any other information regarding R60. NHA A stated no. Surveyor asked NHA what the process should be when a resident sees Health Drive. NHA A stated that once the resident is seen, whatever provider is in the building should exit with SW G. Once Health Drive finishes the paperwork it is emailed to SW G, NHA A, and DON B and SW G is responsible for getting orders and giving to nursing. Once the order is in, the social worker needs to get consent from the POA and talk to the resident and lastly follow up to see if the resident received what was ordered. Surveyor asked NHA if she would expect that this process should be followed with all Health Direct orders. NHA replied yes.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 the census of 63. DA D (Dietary Aide) was observed stacking wet dishes without allowing them ample time to dry. Evidenced by: Facility policy entitled Warewashing, states in part: .All dishware, serviceware, and utensils will be cleaned and sanitized after each use. Procedures 1. The dining services staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine, and proper handling of sanitized dishware .4. All dishware will be air dried and properly stored. On 2/16/2026 at 1:03 PM, Surveyor observed dishwashing. Surveyor observed DA D (Dietary Aide) remove 10 glass plates, 9 metal plate warmers, and 5 bottom lids for the plate warming system, from the dishwashing rack while still wet from being washed. Surveyor observed DA D stack them on a black cart face up into a stack of plates, a stack of metal plates, and a stack of bottom lids. At 1:07 PM, DA D placed more wet plates, metal inserts and bottom lids on top of the current stacks on the black cart while still visibly wet. Surveyor asked DM E (Dietary Manager) if wet stacking was occurring. DM E indicated the items should be dry before putting them into the warmer. DA D started to bring the black cart with the wet stacked dishes out of the dishwashing room. DM E asked DA D what he was planning to do with the dishes. DA D indicated he was going to put the items into the plate warmer. (Of note, dishes were still visibly wet.) DA D was instructed by DM E to let the dishes dry before putting them into the heated plate warmers. DA D placed the glass plates, metal plate warmers, and lids onto a drying rack facing upside down, while still stacked together. Surveyor asked DM E how bacteria grow, DM E indicated bacteria can grow in water and heat. On 2/16/2026 at 1:57 PM, Surveyor asked KM F (Kitchen Manager) to separate the stacked plates to see if they were dry. KM F removed a section of glass plates that were previously wet stacked, and both surveyor and KM F noticed condensation was still visible on the plates. Surveyor asked KM F are the dishes able to dry by air flow when they are stacked, KM F stated No. KM F then began putting the plates in trays to air dry them. On 2/16/26 at 3:30 PM, KM F came to Surveyor and indicated DA D was newer and was not trained correctly. KM F indicated that wet stacking should not occur.</p>

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement for 2 of 2 Residents (R2 and R72) reviewed for arbitration agreements. R2 indicated the arbitration agreement was not fully explained and he/she would not have signed if he/she knew there would no longer be the right to use the judicial system to resolve a dispute with the facility. R72 indicated the arbitration agreement was not fully explained and he/she would not have signed if he/she knew there would no longer be the right to use the judicial system to resolve a dispute with the facility. Evidenced by: The facility's Binding Arbitration Agreements policy, dated 12/12/24, states, in part: This facility asks all residents to enter into an agreement for binding arbitration. We do not require binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, this facility. Definition: Arbitration is a private process where disputing parties agree that one or several other individuals can make a decision about the dispute after receiving evidence and hearing arguments. Arbitrator is an independent person or body officially appointed to settle a dispute. When explaining the arbitration agreement, the facility shall: .b. Explain to the resident and his or her representative in a form and manner that he or she understands. Example 1R2 was re-admitted to the facility on [DATE]. R2's MDS (Minimum Data Set), dated 1/23/26, indicates a BIMS (Brief Interview for Mental Status) score of 15, indicating the resident is cognitively intact. R2's Arbitration Agreement, signed and dated 1/22/26, states, in part: It is understood and agreed by facility and R2 that any legal dispute, controversy, demand, or claim, unless specifically excluded below, that arises out of or relates to the Resident admission Agreement or any service or health care provided by the Facility to the Resident shall be resolved exclusively by binding arbitration and not by a lawsuit or resort to judicial process. On 2/17/26 at 1:54 PM, Surveyor asked R2 about binding arbitration. R2 stated R2 did not recall any conversation with the facility about binding arbitration. Surveyor reviewed R2's signed Arbitration Agreement form with R2. R2 stated no, I wouldn't want that. Example 2R72 admitted to the facility on [DATE]. R72's MDS (Minimum Data Set), dated 2/3/26, indicates a BIMS (Brief Interview for Mental Status) score of 15, indicating the resident is cognitively intact. R72's Arbitration Agreement, signed and dated 2/5/26, states, in part: It is understood and agreed by facility and R72 that any legal dispute, controversy, demand, or claim, unless specifically excluded below, that arises out of or relates to the Resident admission Agreement or any service or health care provided by the Facility to the Resident shall be resolved exclusively by binding arbitration and not by a lawsuit or resort to judicial process. On 2/17/26 at 2:26 PM, Surveyor interviewed R72 and asked about binding arbitration. R72 stated, yes there was a form, if I wanted to have that option, that I could sign, and then I would be allowed to dispute something. I signed it just in case; you want to be allowed to do that, dispute something. Surveyor reviewed the agreement with R72 and explained that a dispute would be resolved using an appointed third party (arbitrator) and would not use the judicial system. R72 stated, I don't think it was explained to me like that. Surveyor asked if R72 had been given this explanation if R72 would have signed the form. R72 said no. On 2/17/2026 at 2:29 PM, Surveyor interviewed BOM C (Business Office Manager) and asked about the process for binding arbitration agreements. BOM C stated I go over it with admission documentation, let them know what it is, and that they have 30 days to change their mind. They don't need to sign if they don't wish. Surveyor asked how it is explained</p> <p>(continued on next page)</p>		

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