

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51014</p> <p>Based on record reviews and interviews, the Facility did not implement their policies and procedures for reporting allegations of abuse, neglect or injuries of unknown origin for 1 (R1) of 1 residents reviewed with allegations of abuse.</p> <p>R 1 complained of 10/10 left knee pain following a pivot transfer with assist of 1 the evening of 2/7/25. R1 was assessed to require an EZ stand and assist of 1 for transfers. R1 informed Facility staff in the early morning hours of 2/8/25 the 10/10 left knee pain began after the incorrect transfer method was used on 2/7/25. It was later determined R1 sustained a left distal femur fracture. The Facility did not implement their Abuse Prevention policy and procedure as evidenced by not reporting the incorrect transfer resulting in, significant pain, bruising, and swelling to the Nursing Home Administrator or the State Agency. The Facility did not report R1's major injury of the left distal femur fracture following an incorrect transfer and not following R1's care plan to the State Agency.</p> <p>Findings include:</p> <p>The Facility policy entitled, Abuse Policy, dated 9/20, documents, in part, . Policy: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. The facility will report reasonable suspicion of a crime. This facility therefore prohibits mistreatment, neglect or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. This will be done by: . Identifying occurrences and patterns of potential mistreatment; Immediately protecting residents involved in identifying reports of possible abuse: Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively and making the necessary changes to prevent future occurrences; Filing accurate and timely investigative reports. Neglect is the failure of the facility, its employees, or service providers to provide good and services necessary to avoid physical harm, pain, mental anguish, or emotional distress. Serious Bodily Injury is an injury involving extreme physical pain, involving substantial risk of death: involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty: or requiring medical intervention such as surgery, hospitalization , or physical rehabilitation.</p> <p>3. Prevention: This facility desires to prevent abuse, neglect and theft by establishing a resident sensitive and resident secure environment. a. Resident and family concerns will be recorded, reviewed, addressed and responded to using the facility's concern/ grievance procedure.</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: 525271
		If continuation sheet Page 1 of 38

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Identification: Employees are required to report any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor or administrator. The nursing staff is additionally responsible for reporting on a facility incident report the appearance of bruising or unknown origin, lacerations or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or designee. If the resident complains of physical injuries or if resident harm is suspected, the resident physician will be contacted for further instruction.</p> <p>6. The final investigation report will be completed within five working days of the reported incident. The final report shall include facts determined during the process of the investigation, review of medical records, personnel files and interview of witnesses. The final investigation shall also include a conclusion of the investigation based on known facts.</p> <p>7. Initial reporting of allegations are reported immediately. Centers for Medicare and Medicaid Services (CMS), defines immediately as not later than 2 hours after forming the suspicion of abuse which results in serious body injury or not later than 24 hours if no serious bodily injury. A written report shall be sent to the Wisconsin Division of Quality Assurance (DQA). Please see policy regarding local law enforcement agency. a. The administrator or designee will also inform the resident's representative of the report of an occurrence of potential mistreatment and that an investigation is being conducted. b. If there is a finding of abuse by a certified nurse's aide or licensed staff, the Wisconsin Division of Quality Assurance will notify the Nurse Aide Registry or the Department of Professional Regulations. the Wisconsin Division of Quality Assurance will also notify the State Police, for further investigation of the employee. c. Five Day Final Investigation Report. Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation will be sent to the Wisconsin Division of Quality Assurance. d. Informing the resident's representative. The administrator or designee will inform the resident or resident's representative of the conclusion of the investigation. e. Report to the state nurse aide registry or licensing authorities regarding any allegations of abuse. f. report to the Social Security Administration (SSA) and Local Law Enforcement Agency. g. Review findings to determine if further training or other corrective action is needed to prevent future occurrences. h. If the events that cause the reasonable suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion (but no later than two hours after forming the suspicion). Otherwise, the report must be made not later than 24 hours after forming suspicion.</p> <p>R1 was admitted to the facility on [DATE], with diagnoses that include, Parkinson's Disease (A disorder of the central nervous system that affects movement, often including tremors.), and Old Myocardial Infarction (heart attack).</p> <p>R1's Minimum Data Set (MDS) quarterly assessment, dated 2/4/25, documents R1 has a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition, a Patient Health Questionnaire (PHQ-9) score of 0, indicating no depressive symptoms, and no indicators of psychosis including no hallucinations or delusions.</p> <p>R1's Care Plan, dated 6/13/23, documents in part, Focus: R1 has an ADL (Assistance with Daily Living) Self Care Performance Deficit r/t (related to) Parkinson's, weakness and the need for staff to assist with ADL's. Interventions/Tasks: . Transfers: EZ stand, 1 assist, all with date initiated of 6/12/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Facility Incident Report dated 2/8/25, at 3:40 am documents, in part, .Nursing Description: Certified Nursing Assistant (CNA) called nurse into room d/t (due to) resident complaining of left knee pain. R1 was laying (sic) in bed with a pillow under her knees. Resident Description: Resident stated that the CNA on PMs (evening shift) did not use the EZ stand (sit to stand) to transfer her to bed and that her left knee is now hurting. When asked if she fell stated she had not and when asked if she had hit her knee on anything she again stated she had not.</p> <p>R1's Facility Nurses Note dated 2/8/25, at 4:19 am, Registered Nurse (RN-G) documents, TEH (Telehealth) consulted for evaluation of pain to left knee and swelling-new onset, pain rated 10/10. she is on tramadol 50 mg (milligrams) po (by mouth) q (every) 6 hours PRN, she has tylenol scheduled. R1 uses easy stand, noted to be x 1 (assist 1) transfer last evening. No falls or injury known, but she does have left lateral knee ecchymosis blue-ish discoloration. R1 has restriction in her mobility and flexion in her left knee. R1 states pain started post transfer last night. Review of Systems: ROS (Review of Systems) as per HPI (History of Present Illness), all other systems reviewed and are negative PMH (Past Medical History) and SH (Social History). Reviewed PMH and SH and Medications Source. Vital Signs: T (Temperature): 98.4 F (degree Fahrenheit), HR (Heart Rate): 68 BP Sys (Blood Pressure Systolic): 167 mm/Hg (millimeters of mercury)/ bmp (beats per minute), / (over) D (Diastolic): 85 mm/Hg, RR (Rate Respirations): 20 rpm (rate per minute), O2 (Oxygen): 94%.</p> <p>On 3/31/25, at 8:05 am, Surveyor requested to view the Facility Grievance log and any Facility Reported Incidents (FRI) submitted over the last 3 months. Surveyor noted the FRIs provided do not include concerns related to the care and treatment of R1.</p> <p>On 3/31/25, at 1:00 pm, Surveyor interviewed Medical Examiner (ME)-U, who states, she typically does not order autopsy's except if abuse, neglect or injury is suspected. She ordered an autopsy for R1. ME-U states she had a phone conversation with NHA-A and DON-B on 2/12/25 which revealed the following: NHA-A states R1 was transferred from chair to bed via pivoting and not EZ stand. ME-U states the preliminary results of the autopsy on 2/14/25, reveal the primary reason for R1's death is Fracture of the Distal Left Femur, and the secondary reason is natural occurring diseases. ME-U asked the physician who completed the autopsy, Medical Doctor (MD)-X, if the injury was from a pivot transfer or a blunt fall injury and MD-X states, this would be consistent with a fall/drop and much less consistent with her hitting the side of the bed or something like that with transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/25, at 8:39 am, Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Corporate Consultant (CC)-S, provided the Survey Team with a binder containing the Facility investigation into R1's bruising, swelling of the left knee which was eventually identified as a left distal femur fracture. NHA-A stated the Facility completed an investigation into R1's bruised knee. NHA-A stated R1's Responsible Party called NHA-A with a concern R1 was dropped on her head. NHA-A stated R1 did pass away after the incident. NHA-A stated the Facility did not submit a FRI to the State Agency related to the incident because they followed an abuse reporting algorithm and the situation did not meet the willful intent part of the algorithm so it wasn't reported to the State Agency. Surveyor notes the Facility used an abuse reporting algorithm for assisted living facilities and Skilled Nursing Facilities do not have such an algorithm. NHA-A stated initially R1 told staff she was dropped but later into the investigation R1 was no longer able to be interviewed. DON-B stated R1's physician (Nurse Practitioner) didn't say R1 had a fall in their evaluation. DON-B stated R1's physician felt the bruising and swelling was related to a soft tissue injury. DON-B stated the on call physician didn't want an x-ray completed and R1 was on hospice. DON-B stated she wanted Certified Nursing Assistant (CNA)-W, who transferred R1 on 2/7/25, to come to the Facility to demonstrate how they transferred R1 however CNA-W never returned to the Facility. NHA-A stated she did not report the incident with R1 to the State Agency because there was no definite drop of R1 and the Facility is trying to clear up the word dropped with the investigation. NHA-A stated the Facility was trying to investigate the situation due to the conflicting stories.</p> <p>On 4/1/25, at 2:21 pm, Surveyor interviewed NHA-A, DON-B, Regional Director (RD)-V, and CC-S, Surveyor asked, if the care plan was not followed, and an injury occurred, shouldn't the incident be reported to the State Agency. DON-B stated, the Facility did not know of concerns until 2/10/25 and then they began an investigation. Surveyor informed NHA-A, DON-B, RD-V and CC-S of the concerns although administration may not have known until 2/10/25, several staff members knew of multiple concerns regarding R1 on 2/8/25 and 2/9/25, including a transfer completed not according to R1's assessed needs and care plan, resulting in bruising, swelling and 10/10 pain, continued physical and cognitive decline and subsequent death and the facility did not implement their abuse prevention policy and procedure of reporting the incident to the NHA and the State Agency.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51014</p> <p>Based on interview and record review, the Facility did not ensure 1 (R1) of 1 residents reviewed for allegations of abuse, suspected neglect, and/or injury of unknown origin were reported to the Nursing Home Administrator and the State Agency during the required timeframe.</p> <p>On [DATE] R1 was transferred by a pivot transfer and assist of 1 when R1 was assessed to require an EZ stand and assist of 1 for transfers. Following the transfer R1 complained of ,d+[DATE] pain, swelling and bruising to the left knee. R1 informed staff the pain started after staff transferred her without the EZ stand. R1 declined physically and cognitively following the incorrect transfer and passed away at the Facility on [DATE]. R1's Responsible Party expressed concern to the Facility they believed R1 was dropped during the transfer. The Facility did not report the incident to the Nursing Home Administrator or State Agency.</p> <p>Findings include:</p> <p>The Facility policy entitled, Abuse Policy, dated ,d+[DATE], documents, in part, .Policy: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. The facility will report reasonable suspicion of a crime. This facility therefore prohibits mistreatment, neglect or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. This will be done by: . Identifying occurrences and patterns of potential mistreatment; Immediately protecting residents involved in identifying reports of possible abuse: Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively and making the necessary changes to prevent future occurrences; Filing accurate and timely investigative reports.Neglect is the failure of the facility, its employees, or service providers to provide good and services necessary to avoid physical harm, pain, mental anguish, or emotional distress. Serious Bodily Injury is an injury involving extreme physical pain, involving substantial risk of death: involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty: or requiring medical intervention such as surgery, hospitalization , or physical rehabilitation.</p> <p>4. Identification: Employees are required to report any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor or administrator.The nursing staff is additionally responsible for reporting on a facility incident report the appearance of bruising or unknown origin, lacerations or other abnormalities as they occur. Upon report of such occurrences, the nursing supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or designee. If the resident complains of physical injuries or if resident harm is suspected, the resident physician will be contacted for further instruction.</p> <p>6. The final investigation report will be completed within five working days of the reported incident. The final report shall include facts determined during the process of the investigation, review of medical records, personnel files and interview of witnesses. The final investigation shall also include a conclusion of the investigation based on known facts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Initial reporting of allegations are reported immediately. Centers for Medicare and Medicaid Services (CMS), defines immediately as not later than 2 hours after forming the suspicion of abuse which results in serious body injury or not later than 24 hours if no serious bodily injury. A written report shall be sent to the Wisconsin Division of Quality Assurance (DQA). Please see policy regarding local law enforcement agency.</p> <p>a. The administrator or designee will also inform the resident's representative of the report of an occurrence of potential mistreatment and that an investigation is being conducted. b. If there is a finding of abuse by a certified nurse's aide or licensed staff, the Wisconsin Division of Quality Assurance will notify the Nurse Aide Registry or the Department of Professional Regulations. the Wisconsin Division of Quality Assurance will also notify the State Police, for further investigation of the employee. c. Five Day Final Investigation Report. Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation will be sent to the Wisconsin Division of Quality Assurance. d. Informing the resident's representative. The administrator or designee will inform the resident or resident's representative of the conclusion of the investigation. e. Report to the state nurse aide registry or licensing authorities regarding any allegations of abuse. f. report to the Social Security Administration (SSA) and Local Law Enforcement Agency. g. Review findings to determine if further training or other corrective action is needed to prevent future occurrences. h. If the events that cause the reasonable suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion (but no later than two hours after forming the suspicion). Otherwise, the report must be made not later than 24 hours after forming suspicion.</p> <p>R1 was admitted to the facility on [DATE], with diagnoses that include, Parkinson's Disease (A disorder of the central nervous system that affects movement, often including tremors.), and Old Myocardial Infarction (heart attack).</p> <p>R1's Minimum Data Set (MDS) quarterly assessment, dated [DATE], documents R1 has a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition, a Patient Health Questionnaire (PHQ-9) score of 0, indicating no depressive symptoms, and no indicators of psychosis including no hallucinations or delusions.</p> <p>R1's Care Plan, dated [DATE], documents, Focus: R1 has an ADL (Assistance with Daily Living) Self Care Performance Deficit r/t (related to) Parkinson's, weakness and the need for staff to assist with ADL's. Date initiated: [DATE]. Interventions/Tasks: . Transfers: EZ stand, 1 assist, all with date initiated of [DATE]. Focus: R1 is at risk for falls r/t (related to) Parkinson dx (history), weakness and limited mobility. Res (sic) is dependent on staff for transfers and mobility needs.</p> <p>R1's Facility Incident Report dated [DATE], at 3:40 am documents, in part, .Nursing Description: Certified Nursing Assistant (CNA) called nurse into room d/t (due to) resident complaining of left knee pain. R1 was laying (sic) in bed with a pillow under her knees. Resident Description: Resident stated that the CNA on PMs (evening shift) did not use the EZ stand (sit to stand) to transfer her to bed and that her left knee is now hurting. When asked if she fell stated she had not and when asked if she had hit her knee on anything she again stated she had not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Facility Nurses Note dated [DATE], at 4:19 am, Registered Nurse (RN-G) documents, TEH (Telehealth) consulted for evaluation of pain to left knee and swelling-new onset, pain rated ,d+[DATE]. she is on tramadol 50 mg (milligrams) po (by mouth) q (every) 6 hours PRN (as needed) she has tylenol scheduled. R1 uses easy stand, noted to be x 1 (assist 1) transfer last evening. No falls or injury known, but she does have left lateral knee ecchymosis blue-ish discoloration. R1 has restriction in her mobility and flexion in her left knee. R1 states pain started post transfer last night.</p> <p>On [DATE], at 8:05 am, Surveyor asked Nursing Home Administrator (NHA)-A for the Facility grievance log and any Facility Reported Incidents (FRI) submitted over the last 3 months. Surveyor noted the Facility did not have a FRI related to R1 and the transfer without the EZ stand.</p> <p>On [DATE], at 11:01 am, Surveyor interviewed R1's Responsible Party who states, he could not visit R1 on [DATE] due to a snowstorm and this is the only day either himself or someone from his family has not been to the Facility to see R1 in 1 year and 7 months. On [DATE], when one of his family members visited R1, R1 could not even tell family what was wrong. The family had to try to feed her, and she could barely talk. The family member went to ask the nurse what was wrong, and she just replied with, she is having a bad day. On [DATE], Responsible Party went to see R1 early morning. R1 could not eat, could barely talk and was just making noises. He went up to a nurse and asked her what was wrong with R1 and she said she has been this way since night staff dropped her. Responsible Party spoke with NHA-A and expressed his concerns by telling her R1 was dropped, and no one has done anything about it for days and now she is comatose. NHA-A states, she did not know of any incident and would investigate it and get back to him. Responsible Party states NHA-A never called him back. Responsible Party states R1's legs were all bruised.</p> <p>Surveyor notes R1 passed away at the Facility on [DATE].</p> <p>On [DATE], at 1:00 pm, Surveyor interviewed Medical Examiner (ME)-U, who states, she typically does not order autopsy's except if abuse, neglect or injury is suspected. She ordered an autopsy for R1. ME-U states she had a phone conversation with NHA-A and DON-B on [DATE] which revealed the following: NHA-A states R1 was transferred from chair to bed via pivoting and not EZ stand. ME-U asked NHA-A for a Fall Report and NHA-A states, they did not have one as CNA-W states she did not drop her, nor did R1 fall and did not have complaint of pain during transfer. ME-U asked if anyone was called and NHA-A states, Hospice was called.</p> <p>NHA-A states, Family was not called because R1 was her own decision maker. NHA-A states, there was a telehealth visit made around 4:00 am in the morning on [DATE] because of R1's knee. Voltaren gel and ice packs were ordered. NHA-A states, R1 had a soft tissue injury and not a bone injury and no x-rays were ordered at this time. R1 was bed bound the remainder of the weekend. NHA-A states, R1 was minimally responsive on [DATE] and needed Oxygen. DON-B, states, she specifically looked at R1's knee and noticed bruising with nothing else noted. Prior to knee injury, R1 was baseline. R1 did not need Morphine and used Tramadol as needed.</p> <p>ME-U states the preliminary results of the autopsy on [DATE], reveal the primary reason for R1's death is Fracture of the Distal Left Femur, and the secondary reason is natural occurring diseases. ME-U asked the physician who completed the autopsy, Medical Doctor (MD)-X, if the injury was from a pivot transfer or a blunt fall injury. MD-X states, the injury would be consistent with a fall/drop and much less consistent with her hitting the side of the bed or something like that with transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 8:39 am, NHA-A, Director of Nursing (DON)-B, and Corporate Consultant (CC)-S, provided the Survey Team with a binder containing the Facility investigation into R1's bruising, swelling, pain and eventual identification of a left distal femur fracture. NHA-A stated R1 initially stated she was dropped then reported to the physician and RN she was not dropped. NHA-A stated the physician stated the left leg swelling, bruising and pain were related to soft tissue damage. NHA-A also stated CNA-W did not know where to find the information on how to transfer R1. NHA-A stated the Facility identified this issue and reeducated the staff on where to find resident care cards. NHA-A stated R1's Responsible Party called NHA-A with a concern R1 was dropped on her head. NHA-A stated R1 did pass away after the incident. NHA-A stated the Facility did not submit a FRI to the State Agency related to the incident because they followed an abuse reporting algorithm and the situation did not meet the willful intent part of the algorithm so it wasn't reported to the State Agency. Surveyor notes the Facility used an abuse reporting algorithm for assisted living facilities and Skilled Nursing Facilities do not have such an algorithm. NHA-A stated initially R1 told staff she was dropped but later into the investigation R1 was no longer able to be interviewed. DON-B stated R1's physician (Nurse Practitioner) didn't say R1 had a fall in their evaluation. DON-B stated R1's physician felt the bruising and swelling was related to a soft tissue injury. DON-B stated the on call physician didn't want an x-ray completed and R1 was on hospice. DON-B stated she wanted Certified Nursing Assistant (CNA)-W, who transferred R1 on [DATE], to come to the Facility to demonstrate how they transferred R1 however CNA-W never returned to the Facility. NHA-A stated she did not report the incident with R1 to the State Agency because there was no definite drop of R1 and the Facility is trying to clear up the word dropped with the investigation. NHA-A stated the Facility was trying to investigate the situation due to the conflicting stories.</p> <p>On [DATE], at 2:21 pm, Surveyor interviewed NHA-A, DON-B, RD-V, and CC-S, Surveyor asked, if the care plan was not followed, and an injury occurred why was the incident not reported to NHA-A and the State Agency. DON-B stated, the Facility did not know of concerns until [DATE] and then they began an investigation. Surveyor expressed concern although administration may not have known until [DATE], several staff members knew of concerns regarding R1 on [DATE] and [DATE], to include an alleged fall, not following R1's care plan related to transfer, bruising, swelling and ,d+[DATE] pain in the left leg, subsequent decline and death on [DATE], and the notification of the fracture of the left distal femur that were not reported to the State Agency.</p> <p>On [DATE], at 3:05 pm, Survey Team, notified NHA-A, DON-B, Assistant Nursing Home Administrator (ANHA)-C, ANHA-T, CC-S and, RD-V, of the concerns Administration was not informed of the incorrect transfer and injury to R1 and a Facility Reported Incident was not submitted to the State Agency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51014</p> <p>Based on interview and record review, the facility did not ensure 1 (R1) of 3 residents reviewed received care and services based on a comprehensive assessment, person centered care plan, and resident's and/or responsible party's choices.</p> <p>The evening of [DATE], Certified Nursing Assistant (CNA)-W transferred R1 with assist of 1 and a pivot transfer. R1's care plan documents R1 was assessed to require an EZ-stand and assist of 1 for transfers. Early morning of [DATE], R1 complained of left knee pain at a ,d+[DATE] which R1 stated began after the transfer the night before with CNA-W. A telehealth visit was completed the morning of [DATE] and Voltaren gel and ice packs were ordered. No imaging was ordered as R1 was receiving hospice services and comfort focused measures were implemented. R1 did have prior PRN (as needed) orders for Morphine and Tramadol. R1 continued to report pain levels of ,d+[DATE], ,d+[DATE], and ,d+[DATE]. R1 began to refuse assistance with cares, to get out of bed, and meals. A thorough assessment of R1 including vitals was not completed after the telehealth visit which occurred the early morning hours of [DATE]. R1 continued to decline after the telehealth visit and the facility did not consult with R1's physician or responsible party to discuss the potential need to alter R1's plan of care. R1 experienced another change of condition on [DATE] requiring oxygen due to pursed lip breathing. R1 passed away at the facility on [DATE]. An autopsy was conducted which identified the primary reason for R1's death was a fracture of the distal left femur.</p> <p>The facility's failure to complete ongoing, thorough assessments and communicate assessment results to R1's physician, hospice, and responsible party to allow for consultation, collaboration, and informed decisions to be made related to R1's plan of care created a finding of immediate jeopardy that began on [DATE].</p> <p>On [DATE], at 2:50 PM, Nursing Home Administrator (NHA)-A, Assistant Nursing Home Administrator (ANHA)-C, ANHA-T, Director of Nursing (DON)-B, Regional Director (RD)-V, and Corporate Consultant (CC)-S were notified of the immediate jeopardy.</p> <p>The immediate jeopardy was removed on [DATE], however, the deficient practice continues at a scope and severity (s/s) level of E (potential for more than minimal harm/pattern) as the facility continues to implement their action plan.</p> <p>Findings include:</p> <p>The facility policy titled, Change in Condition (Resident), dated ,d+[DATE], documents, Purpose: To ensure that the resident's physician/physician on call/NP (Nurse Practitioner) and responsible party is kept informed regarding the residents change in condition. Policy: The attending physician/physician on call/NP and responsible party will be notified with changes in the resident's condition.</p> <p>Procedure:</p> <p>1. Attending physicians or physicians on call/NP and responsible party will be notified of all changes in condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. Follow framework for reporting changes in vital signs or laboratory values based on AMDA (American Medical Directors Association) Guidelines.</p> <p>3. Follow suggested guidelines for reporting clinical problems based on AMDA guidelines.</p> <p>4. Document time of call, physician or nurse practitioner or other person spoken to; reason for call and result or orders received.</p> <p>5. Place call to responsible party to notify them of the resident's change in condition.</p> <p>History: Gather details about the injury's cause, pain characteristics, functional limitations, and any associated symptoms. Physical Examination: Perform inspection, palpation, range-of-motion tests, and stability assessments to identify potential injuries. Gently palpate the knee to identify areas of tenderness, swelling, or abnormalities. Assess for joint effusion by checking for fluid accumulation around the patella. Imaging and Tests: Use X-rays to detect fractures and MRIs (Magnetic Resonance Imaging) for soft tissue injuries and to rule out or confirm fractures, dislocations, or degenerative changes.</p> <p>R1 was admitted to the facility on [DATE] with diagnoses that include, Parkinson's Disease, Dysphagia, Chronic Kidney Disease, Congestive Heart Failure, Aneurysm, Old Myocardial Infarction, and Dysphagia.</p> <p>R1 was admitted to Hospice Care on [DATE] with a primary diagnosis of atherosclerotic heart disease and other co-morbidities.</p> <p>R1 has a Power of Attorney for Health Care (POA-HC), dated [DATE]. R1's POA-HC was not activated.</p> <p>R1's Minimum Data Set (MDS) quarterly assessment, dated [DATE], documents R1 has a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition, a Patient Health Questionnaire (PHQ-9) score of 0, indicating no depressive symptoms, and no indicators of psychosis including no hallucinations or delusions. R1 was assessed to require substantial/maximum assistance for the activities of sit to stand, chair/bed to chair transfer, sit to lying, lying to sitting, and toilet transfer.</p> <p>R1's MDS annual assessment, dated [DATE], documents R1 required the same level of assistance, substantial/maximum for the activities of sit to stand, chair/bed to chair transfer, sit to lying, lying to sitting, and toilet transfer.</p> <p>R1's Care Area Assessment (CAA), dated [DATE], documents R1 is triggered for self-care mobility, psychotropic drug use, urinary incontinence, falls, nutritional status, and pressure ulcer/injury.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's Care Plan, dated [DATE], documents Focus: R1 has an ADL (Assistance with Daily Living) Self Care Performance Deficit r/t (related to) Parkinson's, weakness and the need for staff to assist with ADLs. Is currently enrolled in [Name] Hospice for end-of-life comfort care related to ASHD (Atherosclerotic Heart Disease). Continued collaboration between Hospice staff and [Facility] staff for the continuance of care and Hospice staff visits for assistance in cares provided. Date initiated: [DATE]. Interventions/Tasks: Allow enough time for completion of ADL tasks. Do not rush the resident, lock wheelchair brakes for transfers, provide needed level of assistance and support to complete Activities of Daily Living, Transfers: EZ stand, 1 assist, all with date initiated of [DATE].</p> <p>R1's Facility Incident Report dated [DATE], at 3:40 AM documents:</p> <p>Bruise:</p> <p>Resident: [R1], Incident Location: Resident's room, Person Preparing Report: [RN-G.]</p> <p>Incident Description:</p> <p>Nursing Description: CNA (Certified Nursing Assistant) called nurse into room d/t (due to) resident complaining of left knee pain. R1 was laying (sic) in bed with a pillow under her knees.</p> <p>Resident Description: Resident stated that the CNA on PMs did not use the EZ stand to transfer her to bed and that her left knee is now hurting. When asked if she fell stated she had not and when asked if she had hit her knee on anything she again stated she had not. Was the incident witnessed: No.</p> <p>Immediate Action Taken:</p> <p>Description: Focused assessment findings: swelling to left knee and hematoma to lateral aspect of left knee. Localized pain of ,d+[DATE] reported and resident was given PRN (as needed) tramadol at 3:48 AM. After speaking with the on-call provider an ice pack was applied to her left knee for 20 minutes.</p> <p>Injuries Observed at Time of Incident:</p> <p>Injury Type: No Injuries observed at time of incident</p> <p>Injury location: No documentation</p> <p>Level of Pain:</p> <p>Level of Consciousness: No documentation</p> <p>Mobility: No documentation</p> <p>Mental Status:</p> <p>(Check Box)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Oriented to Person: unchecked</p> <p>Oriented to Time: unchecked</p> <p>Oriented to Place: unchecked</p> <p>Injuries Report Post Incident:</p> <p>Injury Type: No injuries Observed Post Incident</p> <p>Injury Location: No documentation</p> <p>Level of Pain:</p> <p>No documentation</p> <p>R1's Physician Orders document on [DATE], at 3:48 AM, by RN-G, Tramadol HCl Tablet 50 mg (milligrams), Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. Left knee pain ,d+[DATE]. Elevated on Pillows.</p> <p>On [DATE], at 4:17 AM, R1's telehealth visit written by Advanced Practice Nurse (APN)-H documents (service start time 3:58 AM) Exam findings per nurse and video observation Physical Exam- Notes: GEN (General): alert, NAD (nothing abnormal detected), R1 is alert, flat affect, simple responses. Left knee effusion, no erythema or warmth, left knee pain and effusion noted, swelling left (greater than) right, pain with flexion and mobility, left lateral knee with ecchymosis no noted fall, Tramadol available PRN, Morphine PRN available, Tylenol scheduled. Will add voltaren 1% topical gel TID (three times per day), ice TID, no imaging at this time as comfort focused measures. This is an acute new problem. Condition is stable. Orders: Voltaren 1% topical gel TID PRN, Ice to left knee TID 20 minutes x 48 hours. Notify a clinician of any change in condition. Disposition: Stay at Facility. Technology used: Audio and video with patient and nurse present.</p> <p>On [DATE], at 4:19 AM, R1's medical record documents TEH (Telehealth) consulted for evaluation of pain to left knee and swelling-new onset, pain rated ,d+[DATE]. Patient is on Hospice, she is on tramadol 50 mg (milligrams) po (by mouth) q (every) 6 hours PRN, she has Tylenol scheduled. R1 uses easy stand, noted to be x 1 (assist 1) transfer last evening. No falls or injury known, but she does have left lateral knee ecchymosis blue-ish discoloration. R1 has restriction in her mobility and flexion in her left knee. R1 states pain started post transfer last night. Review of Systems: ROS (Review of Systems) as per HPI (History of Present Illness), all other systems reviewed and are negative PMH (Past Medical History) and SH (Social History). Reviewed PMH and SH and Medications Source. Vital Signs: T (Temperature): 98.4 F (degree Fahrenheit), HR (Heart Rate): 68 BP Sys (Blood Pressure Systolic): 167 mm/Hg (millimeters of mercury)/ bmp (beats per minute), / (over) D (Diastolic): 85 mm/Hg, RR (Rate Respirations): 20 rpm (rate per minute), O2 (Oxygen): 94%. Progress note written by Registered Nurse (RN-G).</p> <p>R1's February 2025 Physician Orders document:</p> <p>-Aspirin oral tablet chewable 81 mg (Milligrams), give 1 tablet by mouth at bedtime for DVT (Deep Vein Thrombosis) Prophylaxis, date ordered, [DATE],</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Acetaminophen Tablet 500 mg, give 1 tablet by mouth three times a day related to Parkinson's disease, date ordered, [DATE],</p> <p>-pain evaluation every shift, date ordered [DATE],</p> <p>-Hyoscyamine Sulfate oral tablet 0.125 MG, give 1 tablet by mouth every 2 hours as needed for respiratory symptoms related to Dysphagia, crush and use syringe,</p> <p>-Morphine Sulfate tablet 15 MG, give 1 tablet by mouth every 1 hours as needed for pain or trouble breathing, date ordered, [DATE],</p> <p>-Tramadol tablet 50 MG, give 1 tablet by mouth every 6 hours as needed for pain management for 14 days for server pain, date ordered, [DATE],</p> <p>-Voltaren external gel 1%, apply to left knee topically every 8 hours as needed for left knee pain related to Rheumatoid Arthritis for 14 days, date ordered, [DATE],</p> <p>-Skin Check every evening shift every Thursday, date ordered, [DATE],</p> <p>-Ice Cold therapy and apply cold pack to left knee for 20 minutes TID (three times a day) every shift for 2 days, date ordered, [DATE].</p> <p>R1's Facility Nurses Note on [DATE] at 4:30 AM, RN-G documents, R1 is complaining of new onset of left knee pain ,d+[DATE], swelling and hematoma to lateral aspect of left knee. Contacted on call (APN-H), who saw R1 and gave new orders for ice pack to left knee 20 minutes TID for 2 days and voltaren gel TID PRN. Called Hospice and left a detailed message for her case manager.</p> <p>R1's Hospice Progress Note on [DATE] at 4:27 AM, documents, TC (Telephone Call) from facility staff, [RN-G] wanting to report an update on patient. Patient having more pain to left knee. [RN-G] got new orders from [APN-H] for Voltan (sic) TID and ice for 20 minutes BID (two times a day). [RN-G] reported that patient has dx (diagnosis) of arthritis and that when staff assisted her to bed they did a pivot transferred (sic) instead of a mechanical lift.</p> <p>R1's Facility Orders Note on [DATE] at 7:30 AM, Registered Nurse (RN)-R documents, Tramadol HCl Tablet 50 mg (milligrams) PRN (as needed), Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. PRN Administration was ineffective.</p> <p>R1's Facility Order Note on [DATE], at 7:37 AM, RN-R documents, Morphine Sulfate Tablet 15 mg, Give 1 tablet by mouth every 1 hours as needed for Pain or Trouble Breathing. Surveyor notes there was no documentation if this medication was effective.</p> <p>R1's Facility Order Note on [DATE], at 12:13 PM, RN-R documents, Morphine Sulfate Tablet 15 mg, Give 1 tablet by mouth every 1 hours as needed for Pain or Trouble Breathing. PRN Administration was: Effective.</p> <p>R1's Facility Nurses Note, on [DATE], at 1:38 PM, documents, Able to make needs known. Soft spoken/slow to respond. Continues with cares. Extensive assist with ADLs (Assistance with Daily Living). EZ stand for transfers and wc (wheelchair) for mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's Hospice Progress Note on [DATE], at 2:04 PM, documents, Check in call to facility to assess patients knee pain after injury. Spoke with charge nurse [Hospice staff] patient was having pain and received Tramadol and staff is obtaining Volteren (sic) gel to apply as well.</p> <p>R1's Facility Order Notes on [DATE], at 1:21 AM, RN-G documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. Left knee pain ,d+[DATE], elevated and ice packs applied.</p> <p>R1's Facility Order Notes on [DATE], at 2:24 AM, RN-G documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain.</p> <p>PRN Administration was: effective.</p> <p>R1's Facility Order Notes on [DATE], at 7:29 AM, RN-R documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. L (Left) knee pain.</p> <p>R1's Facility Order Notes on [DATE], at 12:28 PM, RN-R documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. PRN Administration was: effective.</p> <p>R1's Facility Order Notes on [DATE], at 3:18 PM, Licensed Practical Nurse (LPN)-Z documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. Resident complains of pain her left knee.</p> <p>R1's Facility Order Notes on [DATE], at 3:55 PM, LPN-Z documents, Tramadol 50 mg, Give 1 tablet by mouth every 6 hours as needed for Pain Management for 14 Days for severe pain. Resident complains of pain her left knee.</p> <p>R1's February 2025, Medication Administration Record (MAR) documents, Acetaminophen tablet 500 MG was administered three times a day as ordered, from [DATE] to [DATE].</p> <p>R1's February 2025 MAR documents, Morphine Sulfate tablet 15mg was administered as needed and per order, on [DATE] at 7:37 AM.</p> <p>R1's February 2025 MAR documents, Tramadol tablet 50 mg was administered as needed and per order, on [DATE] at 11:01 AM, [DATE] at 9:07 AM, [DATE] at 3:48 AM and 12:14 PM, [DATE] at 1:21 AM, 7:29 AM and 3:18 PM, and [DATE] at 11:19 AM.</p> <p>R1's February 2025 Treatment Administration Record (TAR) documents, Voltaren External gel 1%, with order to apply to left knee topically every 8 hours as needed for left knee pain was not signed as having been applied at anytime after the order was given.</p> <p>R1's February 2025 TAR documents, ice cold therapy pack to left knee for 20 minutes twice a day was administered as ordered on [DATE] and [DATE].</p> <p>R1's February 2025 TAR documents, pain evaluation for every shift recorded as ordered, from [DATE] to [DATE]. Surveyor notes pain level is scored from 0 to 10 scale with 10 being the worst.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0684  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	-[DATE]  Days: 0 Evening: 0 Night: 0  -[DATE]: Days: 0 Evening: 0 Night: 0  -[DATE] Days: 0 Evening: 3 Night: 0  -[DATE] Days: 4 Evening: 4 Night: 0  -[DATE] Days: 0 Evening: 3 Night: 0  -[DATE] Days: 0 Evening: 0 Night: 0  (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-[DATE]</p> <p>Days: 9</p> <p>Evening: 7</p> <p>Night: 0</p> <p>-[DATE]</p> <p>Days: 10</p> <p>Evening: 10</p> <p>Night: 0</p> <p>-[DATE]</p> <p>Days: 10</p> <p>Evening: 10</p> <p>Night: 0</p> <p>-[DATE]</p> <p>Days: 7</p> <p>Evening: 0</p> <p>Night: 0</p> <p>-[DATE]</p> <p>Days: 1</p> <p>Evening: 9</p> <p>Surveyor notes there are no nurses' notes documented on [DATE], only medication administration documentation.</p> <p>R1's meal intake monitoring documents:</p> <p>-On [DATE], ,d+[DATE]% consumption for breakfast, ,d+[DATE]% consumption for lunch, and 26%-50% for dinner.</p> <p>-On [DATE], ,d+[DATE]% consumption for breakfast, resident refused for lunch, and no documentation for dinner.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-On [DATE], resident refused for breakfast and lunch, and 51% - 75% for dinner.</p> <p>-On [DATE], ,d+[DATE]% for breakfast and, resident unavailable for lunch and dinner.</p> <p>R1's Facility Nurses Note on [DATE] at 8:16 AM, LPN-F documents, R1 had swelling of the outer aspect of her left knee over weekend. Staff got order for Voteran (sic) Gel to knee prn and ice pack to knee every shift for 3 days. Knee remains swollen and warm to touch, R1 declined ice pack or pain medication at this time, R1 is also less cognitive today than last week.</p> <p>R1's Facility Nurses Note on [DATE] at 11:20 AM, LPN-F documents, R1 has been doing some pursed lip breathing, O2 (Oxygen) at 76%, R1 was started on Oxygen at 2L (Liters), recheck ,d+[DATE] hour later O2 at 91%. Hospice was notified of this change.</p> <p>R1's Hospice Progress Note on [DATE] at 12:00 PM documents, Call received from [LPN-F] at [Facility] reporting, I found out this morning that over the weekend, staff attempted to transfer patient without a lift and dropped her on the floor. She has significant swelling to her L (left) outer knee and is complaining of pain. Looks like the nurse over the weekend got an order for voltaren gel, but nothing was mentioned regarding the fall. My management will investigate we are counting it as a fall. They also got an order for an ice pack to use every shift for the next 3 days. When I gave her (R1) scheduled Tylenol this morning, she did say her pain level was fine. I think someone should look at it as it is quite swollen, and I think it's more than arthritis. Call log reviewed and no mention of a fall but did report increased pain with new orders. MAR (Medication Administrative Record) reviewed, and no tramadol order is listed. We do have an active order on our end. [LPN-F] aware RN will make a visit today to complete fall assessment, and writer will update MAR with tramadol order.</p> <p>R1's Hospice Progress Note on [DATE] at 1:26 PM documents, Return call received from facility nurse [LPN-F] who reports, I went in to check her pain level, and I noticed her lips were blue. I checked her oxygen and it was 78% on RA (Room Air). I did apply oxygen at 2L (liters) via NC (nasal cannula), and saturations increased to 92%. [LPN-F] aware RN will be seeing patient today.</p> <p>R1's Hospice Progress Note on [DATE] at 2:13 PM, [R1's] [Responsible Party] called with concern that [R1] needs a visit today. He reports staff dropped her on her head and didn't tell anyone until my son was here today and now she is unresponsive. Writer updated [Responsible Party] that facility did contact [name of hospice] hospice today that a nurse is scheduled to see her. The RN (registered nurse) will call him with an update if he is no longer present at the facility. He was very upset with her condition. Visit RN [Responsible Party] updated to call him during visit if he is not present.</p> <p>R1's Facility Nurses Note on [DATE] at 3:47 PM, late entry, Assistant Nursing Home Administrator (ANHA)-C, documents, [Responsible Party] stated that he is convinced that someone dropped R1. He stated that Responsible Party was in on Saturday morning, and all was normal with R1. The Responsible Party then again visited on Sunday morning and stated they noticed a change in condition from the previous day. He stated he thinks she was dropped on her knee and head and has facial swelling. At the time, I was only aware that her knee was swollen. I stated that we will be doing a thorough investigation as to what happened and that we are still unclear as to what had happened. I then had the nurse [LPN-F] go look at her face, and LPN-F stated that her eye did not seem swollen, just droopy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's Hospice Progress Note on [DATE] at 7:03 AM documents, Call from facility staff [LPN-F] updating that minimal responsiveness continues today. Some terminal congestion present and no hyoscyamine ordered. Refill queued up in wise [sic] and orders faxed over. BP (Blood Pressure) ,d+[DATE], 90% P (Pulse) 86. [LPN-F] aware that [Hospice staff] will be seeing patient today.</p> <p>R1's Hospice Progress Note on [DATE] at 10:01am documents, per RNCM (Registered Nurse Case Manager), RN visits increased to daily. Recurring schedule updated.</p> <p>R1's Hospice Collaboration Note on [DATE] at 11:05 am documents, Writer received a call from [DON- B] following writer's message to facility that she would like to update PCP (Primary Care Physician). [PCP-I] per [name of hospice] hospice protocol following fall visits. [DON-B] called and wished to clarify with writer that the incident was currently under investigation. Writer acknowledged that the form she is currently completing is an occurrence report, and that in the report it was uncertain what happened and that staff nurse [LPN-F] had informed writer that the incident was under investigation. [DON-B] was able to inform writer that [PCP-I] was off over the weekend when the incident occurred but that she had been informed as of Monday, yesterday. Writer thanked [DON-B] for letting her know that [PCP-I] was aware.</p> <p>R1's Hospice RN Comprehensive Assessment Visit Nursing on [DATE] at 2:21 pm documents, [R1] is in bed with eye's slightly open and unresponsive. She does not respond to touch or sounds. [LPN-F] reports that Sat (Saturday) am around 2:30 CNA (Certified Nursing Assistant) from [Facility] was doing pivot transfers and dropped patient. [R1] is sit to stand for transfers. Large bruise to left side of knee and knee is swollen during assessment today. Unknown if patient hit her head. No bumps or bruising to head noted at visit today. Unknown if patient had medical episode at time of fall. Patient did not go to ER (emergency room ) per [LPN-F]. She reports that HCPOA (Health Care Power of Attorney) had not been contacted by the night staff. An order was obtained to apply ice to left knee and voltaren cream to left knee. [LPN-F] reports that she found patient Monday morning and lips were blue and she was gasping for air. [LPN-F] placed [R1] on oxygen at that time. Writer contacted [Responsible Party]. [Responsible Party] reports he was not contacted the morning of the fall. [Responsible Party] reports family member contacted him Sunday to come see [R1], as she was minimally responsive at that time. RN had seen [R1] on Monday for follow up visit d/t (due to) change in condition. [Responsible Party] was offered to have patient be seen in ER (emergency room ) if he wishes. [Responsible Party] denied the need at this time for patient to go to the ER. Writer discussed holding her other medications and putting patient on comfort medications at this time. [Responsible Party] was in agreement and writer contacted NP to get order to DC (discontinue) all meds except comfort medications. Team updated on change in condition.</p> <p>R1's Facility Nurses Note on [DATE] at 2:42 pm, LPN-F documents, Hospice aide here for cares, during cares, R1 passed. [name of hospice] Hospice informed and on the way. PCP-I and management aware.</p> <p>R1's Hospice Progress Note on [DATE] at 3:07 pm, documents, Call received from HHA (Home Health Aide) [Name] who is currently at facility and reporting, [R1] has died . No family present at this time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R1's Hospice Progress Note on [DATE] at 3:09 pm, documents, Call placed to [Responsible Party] HCPOA, to notify of death. Okay, we will head back to the facility. Will be about an hour or so. Condolences provided over the phone and told [Responsible Party] to take his time. [Responsible Party] aware PM (evening) nurse starts at 4:30pm and writer will have PM nurse star (sic) at [Facility]. Okay thank you.</p> <p>R1's Facility Nurses Note on [DATE] at 4:42 pm, ANHA-C documents, I spoke with [Responsible Party] prior to him seeing R1 before she passed away, . He stated he thinks it is clear, cut and dry that she was dropped on her head due to someone transferring her without the EZ stand and he was not contacted for two days and now she is dead. I stated I understood. He then thanked me again .</p> <p>R1's Hospice Visit Information on [DATE], documents, Reportable death due to patient fall with injury: Reported a fall on [DATE] and head strike may have occurred. Patient did have a change in condition following the fall including increased swelling to left knee, decreased verbal communication and inability to feed self.</p> <p>R1's Hospice Visit Information on [DATE], documents, Death Visit Note Narrative: Triage received a phone call stating patient has passed away. No response to physical stimuli. Pupils fixed and dilated. No auscultated bilateral respirations or heart tones for a complete minute. Patient pronounced at 1655 (4:55pm). Family coping: Family coping well considering frustration with rapid decline following fall. Left leg has bruising from thigh to knee. Right leg has bruising on shin to foot.</p> <p>The facility completed an investigation related to R1's left knee swelling and bruising. Staff statements document:</p> <p>Staff Statement dated [DATE], RN-G documented, I was called into R1's room on Saturday [DATE] around 3:40 am d/t (due to) left knee pain. After a focused assessment I noted swelling and hematoma to the lateral aspect of her left knee, which was new. R1 was clearly communicating with me and speaking in full sentences at this time-she usually doesn't say much or will respond with single words. When I asked her if she knew what happened to her knee she said the CNA on PM shift did not use the EZ stand when transferring her to bed. I asked her if she hit it on something or fell and she said that neither of those things had happened. I administered PRN Tramadol at 3:48am and contacted the on-call physician APN-H immediately. She saw resident through the iPad and gave me new orders for ice pack to left knee 20 minutes TID x (for) 2 days as well as voltaren gel TID PRN. I then called [name of hospice] Hospice and left a detailed message with the on call nurse who said she would update her case manager. I explained that the on call provider didn't order x-rays because she believed it was tissue related and that the resident was on hospice-the on call hospice nurse agreed and said that they wouldn't be ordering an x-ray either. New orders were followed and R1 was checked on frequently over the next two nights I was here. Saturday night [DATE] I administered PRN Tramadol at 1:21am and R1 was back to her of not saying much or responding with more than one word at a time. Sunday night she was sleeping whenever I was in her room to check on her and she did not wake up when I put an ice pack on her knee. There were no signs over the weekend that she was declining or would pass away within the next couple of days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>LPN-Z's statement dated [DATE] documents, On Friday, [DATE]. I worked the pm shift. At approximately 2130 (9:30pm), I noted that resident in [room number] was still up. I requested the CNA to assist resident to bed. The CNA responded Ok. I was not aware of any incidents that occurred during the CNA/resident interaction. On Saturday [DATE], I worked the PM shift. I was told in report that R1 had a swollen knee and it was unsure how it happened. I went and observed resident first, I noted swelling to bruising to the L (Left) knee. I asked resident what happened, and resident reported, I hit my knee on the ground. I also asked if the EZ stand was used and resident responded, No. Resident received prn pain medication per her request. Resident remained in her bed throughout the shift. On Sunday, Resident continued to stay in bed throughout the shift. Resident continued to request prn medication which were administered. I applied iced and observed her knee. Resident continued to have bruising and swelling.</p> <p>LPN-F's statement dated [DATE] documents, I, LPN-F got report Monday morning from (RN-G). It was reported that she was called to [R1's] room early in the morning on Saturday morning because resident was complaining of knee pain. After assessment was completed she notified [Telehealth] and received orders for ice packs and voltaren gel for her left knee. It was discussed the CNA had pivot transferred her and not used the EZ stand. It was noted that the resident had left knee pain, swelling, hematoma was getting ice pack q (every) shift and the ordered (sic) ended 7:59 this morning. At approximately 7:30am writer went to administer medications. Resident was not opening her mouth enough to administer medications she had pursed lip breathing and had bluish lips, O2 (Oxygen) was checked and at 76%, 2 L (Liters) of O2 was administered and rechecked in 30 mins (minutes) she was at 88%, rechecked 30 min later and she had dropped to 82%, O2 increased to 3L. Hospice notified spoke with triage nurse [Name]. Writer reported O2 was not maintaining and bumped it up to 3L, discussed the knee pain, swelling, and warmth. Writer reported, I was unaware of how the injury happened but management was aware and investigating. Informed that on call nurse would call back and be out for visit. [Responsible Party] was notified during in person visit between 8:00am and 9:00am. Writer asked if family was aware of bruising and swelling to left knee. [Responsible Party's Family] stated he was unaware of any changes. Updated on complaint of knee pain over the weekend and change of condition. [Responsible Party] came approx. 9:30am, I reported that I had spoke with hospice and updated on condition, he (responsible party) reported that she had swelling and bruising to her head. The [Responsible Party] and I went to room, writer assessed and did not note any swelling, bumps or abrasions to head I asked resident, when the incident happened over the weekend, did you hit your head at all. She responded, no, I was dropped. [Responsible Party] had made statements about resident getting transferred to the hospital. Nurse encouraged [Responsible Party] to reach out to hospice number. PRN medications were offered around lunch time and resident indicated she was not in any pain.</p> <p>[Responsible Party] was in and out throughout shift, hospice nurse on call come at approximately 2:30pm. On ,d+[DATE], during shift to shift report, I was updated that resident ate a couple of bites for dinner, was unable to drink out of straw, was minimally responsive. Resident was noted to not be taking medications well, gurgling noted. Hospice updated, orders to hold all non-comfort medications and new order for hyoscyamine. Resident was comfortable, hospice nurse [Name] was in for a visit. Approximately 2pm hospice CNA was assisting with cares and notified nurse that resident was no longer breathing. Charge Nurse notified and assessed, Hospice Nurse updated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>CNA-P's statement, not dated, documents, I, [CNA-P] Sat morning noticed [R1] [room] was restless in her bed, when normally she sleeps most all nights. I went to her and asked if she was all right, I said your (sic) not sleeping yet is everything okay, this was around 1:00 AM. She told me her knee was hurting her. I looked at it n (sic) it was all swollen. I ask [R1] what happened, [R1] said she dropped me, I asked [R1] now, did she use the easy (sic) stand, R1 said No! She picked me up! I asked her if she needs an ice pack, and then she said n (sic) a pain pill. She is very soft spoken and she clearly asked for a pain pill, she never asks for a pain pill. I called the nurse and told her R1 said she dropped me and would like a pain pill. [RN-G] came and assed (sic) her knee and called another nurse and gave her pain pill and ice pack. Sunday morning [R1] said she didn't want [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51014</p> <p>Based on interview and record review, the Facility did not ensure 1 (R1) of 3 resident reviewed for accidents had adequate supervision, and associative devices to prevent accidents.</p> <p>Certified Nursing Assistance (CNA)-W transferred R 1 with assist of 1 and a pivot transfer. R1's care plan documents R1 is assessed to require assist of 1 and an EZ stand for transfers. R1 complained of pain at a level of 10/10 with swelling and bruising noted following the transfer. R1 experienced a change of condition following the transfer and passed away four days after the transfer. An autopsy was conducted and it was determined R1 suffered a fracture of the left distal femur related to the transfer. The Medical Examiner determined the femur fracture was the cause of R1's death.</p> <p>Findings include:</p> <p>The Facility policy titled, Fall Management Program, dated 8/20, documents, .Policy: The facility is committed to minimizing resident falls and/or injury so as to maximize each resident's physical, mental and psychosocial wellbeing. While preventing all resident falls is not possible, it is the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventive strategies and facilitate a safe environment. Procedure: . 4. Plan of care reviewed and updated at time of occurrence, quarterly and as needed in order to minimize risk for fall incidents. 5. Use standard fall/safety precautions for all residents: a. All staff will be trained on the Fall Management Program.d. The bed will be maintained in a position appropriate for resident transfers. e. The bed will be checked to assure they are in locked position at all times.</p> <p>The Facility policy titled, Management of Falls, dated 8/20, documents, .Policy: The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the resident's plan of care in order to minimize the risks for fall incidents and/or injuries to the resident.</p> <p>Procedure:</p> <p>Complete a Fall Risk Assessment upon admission, re-admission, with significant change, post-fall, quarterly, and annually.</p> <p>Orient resident to room, call light, unit and location of the nurse's station upon admission to the facility.</p> <p>Develop a plan of care to include goals and interventions which address resident's risk factors. Risk factors may include but are not limited to the following: Contributing diagnoses/disorders/disease processes/active infections/other comorbidities, history of fall incidents, Incontinence, Medications (Narcotics, Antihypertensives, etc.), assistance required with ADL's (Assistance with Daily Living), gait/transfers/balance issues, Behaviors, and/or cognitive status.</p> <p>Monitor for changes in medical condition and notify physician as necessary to manage changes in status of the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct Care Plan Meetings with the Resident, Responsible Party, and Facility Interdisciplinary Team quarterly and as needed.</p> <p>Review and/or modify the resident's plan of care at least quarterly and as needed in order to minimize risk for fall incidents and/or injury.</p> <p>The Facility policy titled, Change in Condition (Resident), dated 9/20, documents, Purpose: To ensure that the resident's physician/physician on call/NP (Nurse Practitioner) and responsible party is kept informed regarding the residents change in condition. Policy: The attending physician/physician on call/NP and responsible party will be notified with changes in the resident's condition.</p> <p>Procedure:</p> <p>Attending physicians or physicians on call/NP and responsible party will be notified of all changes in condition.</p> <p>Follow framework for reporting changes in vital signs or laboratory values based on AMDA (American Medical Directors Association) Guidelines.</p> <p>Follow suggested guidelines for reporting clinical problems based on AMDA guidelines.</p> <p>Document time of call, physician or nurse practitioner or other person spoken to; reason for call and result or orders received.</p> <p>Place call to responsible party to notify them of the resident's change in condition.</p> <p>R1 was admitted to the facility on [DATE], with diagnoses that include, Parkinson's Disease (A disorder of the central nervous system that affects movement, often including tremors.), and Old Myocardial Infarction (heart attack).</p> <p>R1 was admitted to Hospice Care on 6/15/23 with a primary diagnosis of atherosclerotic heart disease and other co-morbidities.</p> <p>R1 has a Health Care Power of Attorney and it was not activated.</p> <p>R1's Minimum Data Set (MDS) quarterly assessment, dated 2/4/25, documents R1 has a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition, a Patient Health Questionnaire (PHQ-9) score of 0, indicating no depressive symptoms, and no indicators of psychosis including no hallucinations or delusions. Sit to stand, chair/bed to chair transfer, sit to lying, lying to sitting and toilet transfer are with substantial/maximum assist.</p> <p>R1's MDS annual assessment, dated 5/9/24, R1 was assessed to require the same level of assistance as the 2/4/25 Quarterly MDS, substantial/maximum assistance sit to stand, chair/bed to chair transfer, sit to lying, lying to sitting and toilet transfer.</p> <p>R1's Care Area Assessment (CAA), dated 5/9/24, documents, triggered for self-care mobility, psychotropic drug use, urinary incontinence, falls, nutritional status, and pressure ulcer/injury. Resident is 1 assist with assistance with daily living (ADL's) and transfers with EZ stand.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Care Plan, dated 6/13/23, documents, Focus: R1 has an ADL Self Care Performance Deficit r/t (related to) Parkinson's, weakness and the need for staff to assist with ADL's. Is currently enrolled in [Name] Hospice for end-of-life comfort care related to ASHD (Atherosclerotic Heart Disease) Date initiated: 6/13/23.</p> <p>Interventions/Tasks: Allow enough time for completion of ADL tasks. Transfers: EZ stand, 1 assist, all with date initiated of 6/12/23. Focus: R1 is at risk for falls r/t (related to) Parkinson dx (diagnosis), weakness and limited mobility. Res (Resident) is dependent on staff for transfers and mobility needs.</p> <p>R1's Facility Incident Report dated 2/8/25, at 3:40 AM documents: Bruise:</p> <p>Resident: R1, Incident Location: Resident's room, Person Preparing Report: Registered Nurse (RN)-G.</p> <p>Incident Description:</p> <p>Nursing Description: Certified Nursing Assistant (CNA) called nurse into room d/t (due to) resident complaining of left knee pain. R1 was laying (sic) in bed with a pillow under her knees.</p> <p>Resident Description: Resident stated that the CNA on PMs (evening shift) did not use the EZ stand (sit to stand) to transfer her to bed and that her left knee is now hurting. When asked if she fell stated she had not and when asked if she had hit her knee on anything she again stated she had not. Was the incident witnessed: No.</p> <p>Immediate Action Taken:</p> <p>Description: Focused assessment findings: swelling to left knee and hematoma to lateral aspect of left knee. Localized pain of 10/10 reported and resident was given PRN (as needed) tramadol at 3:48 AM. After speaking with the on-call provider and ice pack was applied to her left knee for 20 minutes.</p> <p>Injuries Observed at Time of Incident:</p> <p>Injury Type: No Injuries observed at time of incident</p> <p>Injury location: No documentation</p> <p>Level of Pain:</p> <p>Level of Consciousness: No documentation</p> <p>Mobility: No documentation</p> <p>Mental Status:</p> <p>(Check Box)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Oriented to Person: unchecked</p> <p>Oriented to Time: unchecked</p> <p>Oriented to Place: unchecked</p> <p>Injuries Report Post Incident:</p> <p>Injury Type: No injuries Observed Post Incident</p> <p>Injury Location: No documentation</p> <p>Level of Pain:</p> <p>No documentation</p> <p>R1's [Telehealth Health] Physical Exam dated 2/8/25, at 4:17 AM, Advanced Practice Nurse (APN)-H documents, (service start time 3:58 AM) Exam findings per nurse and video observation Physical Exam-Notes: GEN (General): alert, NAD (nothing abnormal detected), R1 is alert, flat affect, simple responses. Left knee effusion, no erythema or warmth. Left knee effusion, no erythema or warmth, left knee pain and effusion noted, swelling left (greater than) right, pain with flexion and mobility, left lateral knee with ecchymosis no noted fall, Tramadol available PRN, Morphine PRN available, Tylenol scheduled. Will add voltaren 1% topical gel TID (three times per day), ice TID, no imaging at this time as comfort focused measures. This is an acute new problem. Condition is stable. Orders: Voltaren 1% topical gel TID PRN, Ice to left knee TID 20 minutes x (for) 48 hours. Notify a clinician of any change in condition. Disposition: Stay at Facility. Technology used: Audio and video with patient and nurse present.</p> <p>R1's Facility Nurses Note dated 2/8/25, at 4:19 AM, Registered Nurse (RN)-G documents, TEH (Telehealth) consulted for evaluation of pain to left knee and swelling-new onset, pain rated 10/10. Patient is on Hospice, she is on tramadol 50 mg (milligrams) po (per oral) q (every) 6 hours PRN, she has tylenol scheduled. R1 uses easy stand, noted to be x 1 (assist 1) transfer last evening. No falls or injury known, but she does have left lateral knee ecchymosis blue-ish discoloration. R1 has restriction in her mobility and flexion in her left knee. R1 states pain started post transfer last night. Review of Systems: ROS (Review of Systems) as per HPI (History of Present Illness), all other systems reviewed and are negative PMH (Past Medical History) and SH (Social History). Reviewed PMH and SH and Medications Source. Vital Signs: T (Temperature): 98.4 F (degree Fahrenheit), HR (Heart Rate): 68 BP Sys (Blood Pressure Systolic): 167 mm/Hg (millimeters of mercury)/ bmp (beats per minute), / (over) D (Diastolic): 85 mm/Hg, RR (Rate Respirations): 20 rpm (rate per minute), O2 (Oxygen): 94%.</p> <p>R1's Facility Nurses Note dated 2/8/25, at 4:30 AM, RN-G documents, R1 is complaining of new onset of left knee pain 10/10, swelling and hematoma to lateral aspect of left knee. Contacted on call APN (APN-H), who saw R1 and gave new orders for ice pack to left knee 20 minutes TID for 2 days and voltaren gel TID PRN. Called Hospice and left a detailed message for her case manager.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Hospice Progress Note, dated 2/8/25 at 4:27 AM, documents, TC (Telephone Call) from facility staff, [RN-G] wanting to report an update on patient. Patient having more pain to left knee. [RN-G] got new orders from [APN-H] for Voltan (sic) TID and ice for 20 minutes BID (two times a day). [RN-G] reported that patient has dx (diagnosis) of arthritis and that when staff assisted her to bed they did a pivot transferred instead of a mechanical lift.</p> <p>R1's Hospice Progress Note, dated 2/8/25, at 2:04 PM, documents, Check in call to facility to assess patients knee pain after injury. Spoke with charge nurse [Hospice staff] patient was having pain and received Tramadol and staff is obtaining Volteren (sic) gel to apply as well.</p> <p>Surveyor notes, there are no nursing notes documentation on 2/9/25.</p> <p>R1's Facility Nurses Note, dated 2/10/25, at 8:16 AM, Licensed Practical Nurse (LPN)-F documents, R1 had swelling of the outer aspect of her left knee over weekend. Staff got order for Voteran (sic) Gel to knee prn and ice pack to knee every shift for 3 days. Knee remains swollen and warm to touch, R1 declined ice pack or pain medication at this time, R1 is also less cognitive today than last week.</p> <p>R1's Facility Nurses Note, dated 2/10/25, at 11:20 AM, LPN-F documents, R1 has been doing some pursed lip breathing, O2 (Oxygen) at 76%, R1 was started on Oxygen at 2L (Liters), recheck 1/2 hour later O2 at 91%. Hospice was notified of this change.</p> <p>R1's Hospice Progress Note, dated 2/10/25, at 12:00 PM, documents, Call received from [LPN-F] at [Facility] reporting, I found out this morning that over the weekend, staff attempted to transfer patient without a lift and dropped her on the floor. She has significant swelling to her L (left) outer knee and is complaining of pain. Looks like the nurse over the weekend got an order for voltaren gel, but nothing was mentioned regarding the fall. My management will investigate we are counting it as a fall. They also got an order for an ice pack to use every shift for the next 3 days. When I gave her scheduled Tylenol this morning, she did say her pain level was fine. I think someone should look at it as it is quite swollen, and I think it's more than arthritis. Call log reviewed and no mention of a fall but did report increase pain with new orders. MAR (Medication Administrative Record) reviewed, and no tramadol order is listed. We do have an active order on our end. [LPN-F] aware RN will make a visit today to complete fall assessment, and writer will update MAR with tramadol order.</p> <p>R1's Hospice Progress Note, dated 2/10/25, at 2:13 PM, [R1's] [Responsible Party] called with concern that [R1] needs a visit today. He reports staff dropped her on her head and didn't tell anyone until my son was here today and now she is unresponsive. Writer updated [Responsible Party] that facility did notify [Name of Hospice] hospice today that a nurse is scheduled to see her. The RN (registered nurse) will call him with an update if he is no longer present at the facility. He was very upset with her condition. Visit RN [Responsible Party] updated to call him during visit if he is not present.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Facility Nurses Note, dated 2/10/25, at 3:47 PM, late entry, Assistant Nursing Home Administrator (ANHA)-C, documents, [Responsible Party] stated that he is convinced that someone dropped R1. He stated that Responsible Party was in on Saturday morning, and all was normal with R1. The Responsible Party then again visited on Sunday morning and stated they noticed a change in condition from the previous day. He stated he thinks she was dropped on her knee and head and has facial swelling. At the time, I was only aware that her knee was swollen. I stated that we will be doing a thorough investigation as to what happened and that we are still unclear as to what had happened. I then had the nurse LPN-F go look at her face, and LPN-F stated that her eye did not seem swollen, just droopy.</p> <p>R1's Hospice Collaboration Note dated 2/11/25, at 11:05 AM, documents, Writer received a call from [DON-B] following writer's message to facility that she would like to update PCP (Primary Care Physician). [PCP-I] per [name of hospice] hospice protocol following fall visits. [DON-B] called and wished to clarify with writer that the incident was currently under investigation. Writer acknowledged that the form she is currently completing is an occurrence report, and that in the report it was uncertain what happened and that staff nurse [LPN-F] had informed writer that the incident was under investigation. [DON-B] was able to inform writer that [PCP-I] was off over the weekend when the incident occurred but that she had been informed as of Monday, yesterday. Writer thanked [DON-B] for letting her know that [PCP-I] was aware.</p> <p>R1's Hospice RN Comprehensive Assessment Visit Nursing dated 2/11/25, at 2:21 PM, documents, R1 is in bed with eye's slightly open and unresponsive. She does not respond to touch or sounds. [LPN-F] reports that Sat (Saturday) am (morning) around 2:30 CNA (Certified Nursing Assistant) from Facility was doing pivot transfers and dropped patient. [R1] is sit to stand for transfers. Large bruise to left side of knee and knee is swollen during assessment today. Unknown if patient hit her head. No bumps or bruising to head noted at visit today. Unknown if patient had medical episode at time of fall. Patient did not go to ER (emergency room ) per [LPN-F]. She reports that HCPOA (Health Care Power of Attorney) had not been contacted by the night staff. An order was obtained to apply ice to left knee and voltaren cream to left knee. [LPN-F] reports that she found patient Monday morning and lips were blue and she was gasping for air. [LPN-F] placed R1 on oxygen at that time. Writer contacted [Responsible Party]. [Responsible Party] reports he was not contacted the morning of the fall. [Responsible Party] reports family member contacted him Sunday to come see R1, as she was minimally responsive at that time. RN had seen R1 on Monday for follow up visit d/t (due to) change in condition. [Responsible Party] was offered to have patient be seen in ER (emergency room ) if he wishes. [Responsible Party] denied the need at this time for patient to go to the ER. Writer discussed holding her other medications and putting patient on comfort medications at this time. [Responsible Party] was in agreement and writer contacted NP to get order to DC (discontinue) all meds except comfort medications. Team updated on change in condition.</p> <p>R1's Facility Nurses Note dated 2/11/25, at 2:42 PM, LPN-F documents, Hospice aide here for cares, during cares, R1 passed. Hospice informed and on the way. PCP-I and management aware.</p> <p>R1's Facility Nurses Note dated 2/11/25, at 4:42 PM, Assistant Nursing Home Administrator (ANHA)-C documents, . [Responsible Party] stated he thinks it is clear, cut and dry that R1 was dropped on her head due to someone transferring her without the EZ stand and he was not contacted for two days and now she is dead.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Hospice Visit Information dated 2/11/25, documents, Reportable death due to patient fall with injury: Reported a fall on 2/8/25 and head strike may have occurred. Patient did have a change in condition following the fall including increased swelling to left knee, decreased verbal communication and inability to feed self.</p> <p>R1's Hospice Visit Information dated 2/11/25, documents, Death Visit Note Narrative: Triage received a phone call stating patient has passed away. No response to physical stimuli. Pupils fixed and dilated. No auscultated bilateral respirations or heart tones for a complete minute. Patient pronounced at 1655 (4:55 PM). Family coping: Family coping well considering frustration with rapid decline following fall. Left leg has bruising from thigh to knee. Right leg has bruising on shin to foot.</p> <p>Facility's investigation staff statements:</p> <p>RN-G's Staff Statement dated 2/11/25, documents I was called into R1's room on Saturday 2/8/25 around 3:40 AM d/t (due to) left knee pain. After a focused assessment I noted swelling and hematoma to the lateral aspect of her left knee, which was new. R1 was clearly communicating with me and speaking in full sentences at this time-she usually doesn't say much or will respond with single words. When I asked her if she knew what happened to her knee she said the CNA on PM shift did not use the EZ stand when transferring her to bed. I asked her if she hit it on something or fell and she said that neither of those things had happened. I administered PRN Tramadol at 3:48 AM and contacted the on-call physician Advanced Practice Nurse (APN)-H immediately. She saw resident through the iPad and gave me new orders for ice pack to left knee 20 minutes TID (three times a day) x (for) 2 days as well as voltaren gel TID PRN. I then called [name of hospice] Hospice and left a detailed message with the on call nurse who said she would update her case manager. I explained that the on call provider didn't order x-rays because she believed it was tissue related and that the resident was on hospice-the on call hospice nurse agreed and said that they wouldn't be ordering an x-ray either. New orders were followed and R1 was checked on frequently over the next two nights I was here. Saturday night 2/9/25 I administered PRN Tramadol at 1:21 AM and R1 was back to her baseline of not saying much or responding with more than one word at a time. Sunday night she was sleeping whenever I was in her room to check on her and she did not wake up when I put an ice pack on her knee. There were no signs over the weekend that she was declining or would pass away within the next couple of days.</p> <p>LPN-Z's Staff Statement dated 2/12/25, documents On Friday, 2/7/25. I worked the pm shift. At approximately 2130 (9:30 PM), I noted that resident in [room number] was still up. I requested the CNA to assist resident to bed. The CNA responded Ok. I was not aware of any incidents that occurred during the CNA/resident interaction. On Saturday 2/8/25, I worked the PM shift. I was told in report that R1 had a swollen knee and it was unsure how it happened. I went and observed resident first, I noted swelling to bruising to the L (Left) knee. I asked resident what happened, and resident reported, I hit my knee on the ground. I also asked if the EZ stand was used and resident responded, No. Resident received prn pain medication per her request. Resident remained in her bed throughout the shift. On Sunday, Resident continued to stay in bed throughout the shift. Resident continued to request prn medication which were administered. I applied iced and observed her knee. Resident continued to have bruising and swelling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>LPN-F's Staff Statement dated 2/12/25, documents I, [LPN-F] got report Monday morning from [RN-G]. It was reported that she was called to R1's room early in the morning on Saturday morning because resident was complaining of knee pain. After assessment was completed she notified Telehealth and received orders for ice packs and voltaren gel for her left knee. It was discussed the CNA had pivot transferred her and not used the EZ stand. It was noted that the resident had left knee pain, swelling, hematoma was getting ice pack q (every) shift and the ordered (sic) ended 7:59 this morning. At approximately 7:30 am writer went to administer medications. Resident was not opening her mouth enough to administer medications she had pursed lip breathing and had blueish lips, O2 (Oxygen) was checked and at 76%, 2 L (Liters) of O2 was administered and rechecked in 30 mins (minutes) she was at 88%, rechecked 30 min later and she had dropped to 82%, O2 increased to 3L. Hospice notified spoke with triage nurse, [Name]. Writer reported O2 was not maintaining and bumped it up to 3L, discussed the knee pain, swelling, and warmth. Writer reported, I was unaware of how the injury happened but management was aware and investigating. Informed that on call nurse would call back and be out for visit. [Responsible Party] was notified during in person visit between 8:00 AM and 9:00 AM. Writer asked if [Responsible Party] was aware of bruising and swelling to left knee. [Responsible Party] stated he was unaware of any changes. Updated on complaint of knee pain over the weekend and change of condition. [Responsible Party] came approx. (approximately) 9:30 AM, I reported that I had spoke with hospice and updated on condition, he reported that she had swelling and bruising to her head. The [Responsible Party] and I went to room, writer assessed and did not note any swelling, bumps or abrasions to head I asked resident, when the incident happened over the weekend, did you hit your head at all. She responded, no, I was dropped.</p> <p>CNA-P's Staff Statement, not dated, documents, I, [CNA-P] Sat (Saturday) morning noticed R1 [room number] was restless in her bed, when normally she sleeps most all nights. I went to her and asked if she was all right, I said your (sic) not sleeping yet is everything okay, this was around 1:00 AM. She told me her knee was hurting her. I looked at it n (sic) it was all swollen. I ask R1 what happened, R1 said she dropped me, I asked R1 now, did she use the easy stand, R1 said No! She picked me up! I asked her if she needs an ice pack, and then she said n (sic) a pain pill. She is very soft spoken and she clearly asked for a pain pill, she never asks for a pain pill. I called the nurse and told her R1 said she dropped me and would like a pain pill. [RN-G] came and assed (assessed) her knee and called another nurse and gave her pain pill and ice pack. Sunday morning R1 said she didn't want to get up n (sic) in to her chair. Same on Monday morning when I would change her. She would just say ouch softly. I reported to both am nurses and that R1 is in pain n (sic) doesn't want to get up today.</p> <p>On 3/31/25, at 11:01 AM, Surveyor interviewed [Responsible Party] who states, he could not visit R1 on 2/8/25 due to a snowstorm and this is the only day either himself or someone from his family has not been to the Facility to see R1 in 1 year and 7 months. On 2/9/25, when one of his family members visited R1, she could not even tell family what was wrong. Family had to try to feed her, and she could barely talk. Family member went to ask nurse what was wrong, and she just replied with, she is having a bad day. On 2/10/25, Responsible Party went to see R1 early morning. R1 could not eat, could barely talk and just making noises. He went up to a nurse and asked her what was wrong with R1 and she said she has been this way since night staff dropped her. Responsible Party spoke with Nursing Home Administrator (NHA)-A and expressed his concerns by telling her R1 was dropped, and no one has done anything about it for days and now she is comatose. NHA-A states, she did not know of any incident and would investigate it and get to him. Responsible Party states NHA-A never called him back. Responsible Party states R1's legs were all bruised and he took pictures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/31/25, at 1:00 PM, Surveyor interviewed Medical Examiner (ME)-U, who states, she typically does not order autopsy's except if abuse, neglect or injury is suspected. She ordered an autopsy for R1. ME-U states she had a phone conversation with NHA-A and DON-B on 2/12/25 which revealed the following: NHA-A states R1 was transferred from chair to bed via pivoting and not EZ stand. ME-U asked NHA-A for a fall report and NHA-A states, they did not have one as CNA-W states she did not drop her, nor did R1 fall and did not have complaint of pain during transfer. ME-U asked if anyone was called and NHA-A states, Hospice was called.</p> <p>NHA-A states, Family was not called because R1 was her own decision maker. NHA-A states, there was a telehealth visit made around 4:00 AM in the morning on 2/8/25 because of R1's knee. Voltaren gel and ice packs was ordered. NHA-A states, R1 had a soft tissue injury and not a bone injury and no x-rays were ordered at this time. R1 was bed bound the remainder of the weekend. NHA-A states, R1 was minimally responsive on 2/10/25 and needed Oxygen. DON-B, states, she specifically looked at R1's knee and noticed bruising with nothing else noted. Prior to knee injury, R1 was baseline. R1 did not need Morphine and used Tramadol as needed.</p> <p>ME-U states the preliminary results of the autopsy on 2/14/25, reveal the primary reason for R1's death is fracture of the distal left femur, and the secondary reason is natural occurring diseases. ME-U asked the physician who completed the autopsy, Medical Doctor (MD)-X, if the injury was from a pivot transfer or a blunt fall injury and MD-X states, this would be consistent with a fall/drop and much less consistent with her hitting the side of the bed or something like that with transfers.</p> <p>On 4/1/25 at 8:39 am, Surveyor was provided a timeline of events dated 2/10/25, no author, documents, in part, .Writer contacted CNA-W regarding statement. CNA-W reported she does not work that unit often and could not remember resident. Writer attempted to explain the resident and CNA-W continued to state she could not remember. Writer asked CNA-if she knew how residents transfer. CNA-W reported that it was listed in the book and she would take report from the previous shift. CNA-W also stated that if she was un-sure she would ask the nurse. CNA-W reported she would not deviate from what was care-planned for resident.</p> <p>Tuesday, February 11, 2025, Writer spoke with CNA-W, . asked if she could recall any additional information. CNA-W then reported that she asked the nurse how the resident transferred and she stated 1 assist, so she transferred R1 as a 1 assist. CNA-W denied R1 falling or any known incidents during transfer. Writer requested to have aide come give demonstration of how R1 was transferred and to obtain a written statement. Writer contacted [Name] Hospice RN (Registered Nurse) [Name], Writer reported to Hospice RN [name] that facility was investigating reports of a fall and at this time facility has ruled out a fall based off statements obtained from staff. Writer reported that resident was transferred incorrectly. Writer assessed resident on 2/11/25 approximately 1 PM. Resident was unresponsive in her room, appeared comfortable, no swelling, lumps or bruising noted to her head or face. Writer assessed Left knee to have increased swelling and bruising to the lateral side of the knee. Resident did not have any indicators of pain at this time.</p> <p>On 4/1/25, at 9:57 AM, Surveyor interviewed Hospice RN-HH, who states, she knew R1 was transferred via a pivot transfer when she should have been a sit to stand transfer. The Facility did not tell Hospice R1 fell . If Facility would have told Hospice R1 fell , Hospice would have gone out right away for a follow up visit. Hospice RN-HH stated hospice would have approved an x-ray only if family requested and then decide if they wanted something done about the results.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/25, at 9:00 AM, Surveyor interviewed CNA-D who states, she knows how to care for the residents by reviewing their care cards located in a binder that tells them everything about the residents. CNA-D stated they would never use a different transfer method other than what is stated on the care plan or per therapy direction.</p> <p>On 4/1/25, at 12:08 PM, Surveyor interviewed telehealth APN-H who states, she remembers R1 to have side of the knee bruising. She was told R1 uses an EZ stand and a pivot transfer as completed. APN-H did not order an x-ray because she is just addressing the urgent needs which was pain and swelling. APN-H stated after that the primary team can change the Plan of Care or diagnose. APN-H was not aware if family was updated or what family wishes were as it was not discussed during the visit. APN-H states she is called during off hours when the primary team is unavailable. She is not there to diagnose, just to address the acute need until the primary team is back to address issues.</p> <p>On 4/1/25, at 1:58 PM, Surveyor interviewed, Medical Examiner (ME)-U who states, during the autopsy, Medical Doctor (MD)-X, indicates R1 did have severe cardiac disease and remote infarct (prior stroke) but no signs of an acute (new) cardiac event or stroke.</p> <p>On 4/1/25, at 3:37 PM, Surveyor interviews LPN-F who states, she did not work the weekend on 2/8/25 or 2/9/25 and when she came in on Monday, 2/10/25, the night shift RN provided very little information to her regarding R1's condition. She did administer medication for R1's pain due to bruising but did not know how she was bruised. A family member approached LPN-F with concerns regarding R1's condition and LPN-F informed family member it may be because of her pain from bruising. LPN-F states family member did not know she was bruised. LPN-F and family member went into R1's room and LPN-F asked R1 how she got her bruises and R1 states, she was dropped. LPN-F reported this information during morning stand up meeting to NHA-A and DON-B. LPN-F reports R1's knee was bruised, red, swollen from mid-thigh all the way down to calf.</p> <p>On 4/2/25 at 3:05 PM, the Survey Team, notified NHA-A, DON-B, ANHA-C, ANHA-T, Corporate Consultant (CC)-S, and Regional Director (RD)-V of the concerns R1 was transferred with assist of 1 and pivot and not with an EZ stand and assist of 1 as documented on R1's care plan. R1 complained of left knee pain at 10/10, bruising and swelling following the transfer. R1 told staff she was dropped, her knee hit the ground, and she was transferred without the EZ stand. R1 continued to physically and cognitively decline following the incorrect transfer and passed away on 4/11/25. An autopsy was performed and the preliminary cause of death was identified as a left distal femur fracture.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>Based on interview and record review, the facility did not ensure that residents were seen by a physician or physician extender for 2 (R3 &amp; R1) of 3 residents reviewed for physician services.</p> <p>* R3 did not have alternating visits between the physician and physician extender.</p> <p>* R1 was not seen by a physician every 60 days following 90 days after admission.</p> <p>Findings include:</p> <p>The facility's policy titled, Medical Care Services and dated 9/2020 documents under policy Residents will receive medical care and services which meet their individual needs and ensure adequate health care. Under procedures documents 4. Residents will be seen by a physician or delegated physician's assistant or nurse practitioner at least once every thirty (30) days for the first 90 days after admission and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. 5. After the initial physician visit in SNF (skilled nursing facility) a qualified Nurse Practitioner NP or PA (physician assistant) may make every other required visit.</p> <p>1.) R3 was admitted to the facility on [DATE] with diagnoses which includes cerebrovascular accident, hypertension, peripheral vascular disease, and dementia.</p> <p>Surveyor reviewed R3's medical record and noted the following Physician/Nurse Practitioner visits:</p> <p>11/8/24 &amp; 11/13/24 by Advanced Practice Registered Nurse (APRN)-II, 11/14/24 by Physician-KK, 11/21/24 by APRN-II, 12/2/24 by Family Nurse Practitioner (FNP)-I, 12/13/24 by Adult Gerontology Primary Care Nurse Practitioner (AGPCNP)-JJ, 12/16/24 by FNP-I, 12/18/24 by APRN-II, 12/24/24 &amp; 1/10/25 by AGPCNP-JJ, 1/16/25 by FNP-I, 1/24/25 &amp; 1/28/25 by AGPCNP-JJ, and 2/6/25, 2/17/25, 2/20/25, 2/24/25, 3/10/25, 3/27/25, &amp; 4/7/25 by FNP-I.</p> <p>Surveyor noted there has been only one visit by Physician-KK on 11/14/24 since R3's admission.</p> <p>On 4/14/25, at 1:55 p.m., Surveyor met with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. Surveyor informed NHA-A and DON-B since R3's admission on 10/19/24 there has been only one physician visit by Physician-KK on 11/14/24. Surveyor inquired if there are any additional physician visits. DON-B informed Surveyor she would look into this and get back to Surveyor.</p> <p>On 4/14/25, at approximately 3:00 p.m., DON-B provided Surveyor with a copy of Physician-KK's note dated 11/14/24. Surveyor was not provided with any other physician visits for R3.</p> <p>Surveyor was not provided with any additional information as to why there were not alternating Physician/NP for R3.</p> <p>51014</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.) R1 was admitted to the facility on [DATE], with diagnoses that include, Parkinson's Disease, Dysphagia, Chronic Kidney Disease, Congestive Heart Failure, Aneurysm, Old Myocardial Infarction, and Dysphagia.</p> <p>R1's medical record documents:</p> <p>R1 was seen by physician-KK on 7/25/24 and the next visit completed by physician-KK did not occur until 12/21/24. R1 had not been assessed by a physician for 128 days.</p> <p>R1's Progress Note, dated 7/25/24, documented, an in person visit with assessment and medication review by physician-KK.</p> <p>R1's Progress Note, dated 12/21/24, documented, an in person visit with assessment and medication review by physician-KK.</p> <p>R1 does not have any physician visits following 12/21/24 to exit survey date on 4/14/25. R1 had not been assessed by a physician for 114 days.</p> <p>On 4/14/25 at 4:15 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of lack of physician visits for R1.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49435</p> <p>Based on interview and record review, the facility did not ensure sufficient nursing staff was provided to allow residents to maintain or attain their highest practicable physical, mental, and psychosocial well-being. This deficient practice has the potential to affect all 109 residents residing at the facility.</p> <p>Surveyor conducted interviews with residents and staff in which they expressed concerns regarding challenging staffing levels.</p> <p>Surveyor conducted a record review of the Facility's staff schedules and verified the Facility is not providing staffing levels that meet the Facility identified staffing needs documented in the Facility Assessment.</p> <p>Findings include:</p> <p>*R4 was admitted to the facility on [DATE]. R4's Quarterly Minimum Data Set (MDS) assessment documents that R4 is cognitively intact.</p> <p>On 4/2/25 at 2:10 PM, Surveyor interviewed R4. R4 stated R4 does use the call light when R4 needs help. Surveyor asked what the average wait time is for R4's call light to be answered. R4 stated that it depends on the time of day. R4 stated that sometimes the call light will be answered immediately but R4 has waited an hour to an hour and a half in the past. R4 stated R4 can understand if staff is busy but R4 stated R4 would like staff to at least acknowledge R4's call light is on and let him know they will be with R4 as soon as they can. R4 stated R4 requires a Hoyer lift for transfers which requires 2 staff members to help. R4 stated R4 is typically the last one on the list for morning cares because of this. R4 stated the longer wait times occur when there is not enough staff. R4 indicated R4 feels the facility does have staff shortages.</p> <p>*R2 was admitted to the facility on [DATE]. R2's Admission Minimum Data Set (MDS) assessment dated [DATE] which documents R2 is cognitively intact.</p> <p>On 4/2/24 at 11:27 AM, Surveyor interviewed R2. Surveyor asked if R2 uses their call light. R2 stated R2 does use the call light. Surveyor asked what the average time frame is for staff to answer the call light. R2 stated it depends on the time of day. R2 stated getting help around mealtimes can be more difficult. Dinner time is the longest. R2 stated R2 will sometimes have to wait an hour for help. R2 stated R2 gets concerned with longer wait times and stated it is not a way to live. R2 stated R2 always requires oxygen and fears they would not get help in time if R2 had an issue with his oxygen. R2 stated the facility does not have enough staff on the floor to help.</p> <p>Staff interviews</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/1/25 at 9:40 AM, Surveyor interviewed Anonymous Staff-N. Surveyor asked what staffing levels are like at the facility. Anonymous Staff-N stated facility staff were told by management to say that staffing is wonderful. Anonymous Staff-N stated management does try but call-ins really hurt. Anonymous Staff-N stated weekend staffing is the worst.</p> <p>On 4/1/25 at 10:15 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-E. Surveyor asked what staffing levels are like at the facility. CNA-E stated that weekends are harder. CNA-E indicated call-ins on the weekend are a regular occurrence. CNA-E indicated that CNA-E is pulled in multiple directions but does make sure that residents are cared for safely. CNA-E stated not having enough staff on the weekends have made CNA-E emotional. CNA-E stated sometimes not all of CNA-E's charting is complete by the end of CNA-E's shift. CNA-E will either have to stay later or complete the rest of CNA-E's charting the next day.</p> <p>On 4/2/25 at 9:22 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-J. Surveyor asked what the staffing goal is for the unit. LPN-J stated the goal is to have one nurse and 2 CNAs on the unit. LPN-J stated that is the goal, but it does not always work like that. LPN-J stated they do have float staff that will be assigned to a group of units to help. LPN-J stated the weekends are a hot mess. LPN-J stated multiple staff usually call in on the weekends. LPN-J stated LPN-J is still able to get everything LPN-J needs to do completed. LPN-J indicated that LPN-J stays late often but it is by choice. LPN-J stated that LPN-J stayed late yesterday because the facility had a new admit. LPN-J stated it would be hard for the nurse following LPN-J to complete the admit and get all the other work completed. LPN-J stated the facility should have an admission nurse. LPN-J stated an admission nurse would help a lot. LPN-J stated LPN-J is happy at the facility and stated that LPN-J's supervisors are good and supportive.</p> <p>Staff Schedule Review</p> <p>The Facility Assessment with a review date of 3/20/25 documents the Facility identified staffing requirements for a 24-hour day. The requirements include: 14 Licensed nurses, 26 CNAs for a census of 109-114 residents, and 27 CNAs for a census of 115 to 120 residents.</p> <p>Surveyor noted that Medication Technicians (MT) are not identified in the staffing requirements in the Facility Assessment.</p> <p>On 4/1/25 at 1:30 PM, Surveyor interviewed Staff Scheduler (SS)-M. Surveyor asked what the staff schedule was based on. SS-M stated the schedule is guided by the Facility Assessment and resident acuity. Surveyor asked how resident acuity affects the schedule. SS-M stated that acuity is reviewed by SS-M and Director of Nursing (DON)-B weekly, and it will guide where staff are scheduled at the facility. SS-M indicated that it does not change the number of staff allowed to be scheduled, but again guides where the staff will be scheduled to work in the facility. SS-M stated SS-M always schedules the same number of nurses, but CNAs are based off the census. According to SS-M, MTs count as nurses on the schedule. SS-M indicated call-ins are filled by staff that are at the facility or by contacting other staff members to come in. SS-M stated both SS-M and the Restorative aid are also able to fill in gaps as needed. SS-M stated nurse call-ins are also able to be posted to agency staff boards to fill in those gaps. Surveyor asked if staff on the schedule who are orienting count toward the total number. SS-M stated No. Surveyor asked if the schedule is reviewed with management. SS-M stated the schedule is given to DON-B before posting the schedule. Surveyor asked SS-M to count the number of CNA staff working on each day of February. SS-M counted with Surveyor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/1/25 at 2:53 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B. Surveyor asked what staffing for the facility is based on. NHA-A and DON-B indicated that staffing is based on the facility assessment and resident acuity. Surveyor asked if resident acuity affects the number of CNAs on the schedule or if it guides where CNAs are working within the facility. NHA-A and DON-B indicated both. Surveyor asked what MTs are counted as in the staffing plan since they are not listed on the facility assessment. DON-B indicated technically they are CNAs but are able to pass medications. Surveyor confirmed with NHA-A and DON-B the staffing schedule should include 14 licensed nurses and CNAs based on census. NHA-A confirmed that is the staffing plan. Surveyor asked if the schedule is reviewed prior to posting. DON-B stated the schedule is reviewed multiple times a day. DON-B stated the facility has had enough staff to meet the residents needs and is not short staffed. DON-B indicated that DON-B would come in and staff if that was the case.</p> <p>Surveyor noted MTs would be included in the CNA count on the staff schedules.</p> <p>Surveyor reviewed the census and staffing schedules with SS-M for the month of February 2025.</p> <p>-2/1/25: For a census of 118, the facility scheduled 12 licensed nurses, 23.5 CNAs and 3 MTs. Surveyor noted that the facility was down 2 licensed nurses and 0.5 CNAs.</p> <p>-2/2/25: For a census of 118, the facility scheduled 11 nurses 26 CNAs and 4 MTs. Surveyor noted that the facility was down 3 licensed nurses.</p> <p>-2/3/25: For a census of 118, the facility scheduled 13 nurses, 24 CNAs and 2 MTs. Surveyor noted that the facility was down 1 licensed nurse and 1 CNA.</p> <p>-2/4/25: For a census of 118, the facility scheduled 12 nurses (one nurse was being oriented), 26 CNAs and 4 MT. Surveyor noted the facility was down 2 licensed nurses.</p> <p>-2/5/25: For a census of 116, the facility scheduled 13 nurses, 23.5 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 2.5 CNAs.</p> <p>-2/6/25: For a census of 116, the facility scheduled 11 nurses, 27 CNAs and 2 MTs. Surveyor noted the facility was down 3 licensed nurses.</p> <p>-2/7/25: For a census of 114, the facility scheduled 13 nurses and 23.5 CNAs. Surveyor noted the facility was down 1 licensed nurse and 2.5 CNAs.</p> <p>-2/8/25: For a census of 114, the facility scheduled 13 nurses, 24 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 1 CNA.</p> <p>-2/9/25: For a census of 114, the facility scheduled 14 nurses and 24 CNAs. Surveyor noted the facility was down 2 CNAs.</p> <p>-2/10/25: For a census of 116, the facility scheduled 14 nurses and 26 CNAs. Surveyor noted the facility was down 1 CNA.</p> <p>-2/11/25: For a census of 114, the facility scheduled 12 nurses, 25 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-2/12/25: For a census of 115, the facility scheduled 13 nurses, 23 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 3 CNAs.</p> <p>-2/13/25: For a census of 117, the facility scheduled 12 nurses, 25 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses.</p> <p>-2/14/25: For a census of 118, the facility scheduled 13 nurses and 21.5 CNAs. Surveyor noted the facility was down 1 licensed nurse and 5.5 CNAs.</p> <p>-2/15/25: For a census of 118, the facility scheduled 12 nurses, 22 CNAs, and 2.5 MTs. Surveyor noted the facility was down 2 licensed nurses and 2.5 CNAs.</p> <p>-2/16/25: For a census of 119, the facility scheduled 13 nurses, 22 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 4 CNAs.</p> <p>-2/17/25: For a census of 115, the facility scheduled 14 nurses and 25 CNAs. Surveyor noted the facility was down 2 licensed nurses and 2 CNAs.</p> <p>-2/18/25: For a census of 115, the facility scheduled 13 nurses, 25.5 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and .5 CNAs.</p> <p>-2/19/25: For a census of 117, the facility scheduled 12 nurses, 25 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses.</p> <p>-2/20/25: For a census of 116, the facility scheduled 13 nurses, 24 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 2 CNAs.</p> <p>-2/21/25: For a census of 115, the facility scheduled 13 nurses, 21 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse and 5 CNAs.</p> <p>-2/22/25: For a census of 113, the facility scheduled 14 nurses and 23.5 CNAs. Surveyor noted the facility was down 2.5 CNAs.</p> <p>-2/23/25: For a census of 112, the facility scheduled 14 nurses and 26 CNAs.</p> <p>-2/24/25: For a census of 111, the facility scheduled 12 nurses, 22 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses and 2 CNAs.</p> <p>-2/25/25: For a census of 113, the facility scheduled 11 nurses, 23 CNAs and 3 MTs. Surveyor noted the facility was down 3 licensed nurses and 1 CNA.</p> <p>-2/26/25: For a census of 113, the facility scheduled 13 nurses, 25 CNAs and 1 MT. Surveyor noted the facility was down 1 licensed nurse.</p> <p>-2/27/25: For a census of 112, the facility scheduled 12 nurses, 27 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1130 Collins Road Jefferson, WI 53549	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-2/28/25: For a census of 113, the facility scheduled 12 nurses, 24 CNAs and 2 MTs. Surveyor noted the facility was down 2 licensed nurses.</p> <p>Surveyor noted the facility is consistently short on staff based on the Facility assessment.</p> <p>On 4/2/25 at 4:20 PM, Surveyor informed NHA-A and DON-B of the concerns that both residents and staff have concerns with staffing and that the Facility is not providing staffing levels that meet the Facility identified staffing needs documented in the Facility Assessment.</p>