

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Edenbrook Lakeside		STREET ADDRESS, CITY, STATE, ZIP CODE 2115 E Woodstock Pl Milwaukee, WI 53202	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not provide all the required transfer notice information for a resident transfer out of the facility. This was observed with 1 (R6) of 1 resident transfer reviews.</p> <p>* R6 was transferred to the hospital from the facility. There is not documentation they were provided the required transfer notice information.</p> <p>Findings include:</p> <p>The facility's policy and procedure titled Admission, Readmission, Bed Hold, and Transfer/Discharge dated 10/12/21, documents . Transfer/discharge:</p> <p>Before the facility transfer or discharges a resident, the facility must -</p> <p>* Notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.;</p> <p>Include in the notice -</p> <p>* The reason for transfer or discharge.</p> <p>* The location to which the resident is transferred or discharged .</p> <p>* A statement of the resident's right to appeal including the name, address (mailing and email) and telephone number of the entity which received such requests; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.</p> <p>* The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman.</p> <p>R6's medical record was reviewed. R6 has a Guardian for decision making. The Progress Note on 12/9/24 documents R6 had a change in their medical condition. R6 was transferred to the hospital by non-emergency ambulance. R6 returned to the facility on [DATE]. R6 was also transferred from the facility to the hospital on 2/14/25.</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
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R6's Electronic Health Record (EHR) documents a Bed-Hold Agreement - Transfer Notice dated 12/9/24. Surveyor notes this form does not document all the transfer notice requirements including: reason for the transfer, appeal rights, correct Ombudsman contact information, and the correct email address for the Regional Field Operations Director for the Division of Quality Assurance (DQA). Surveyor also notes the 2/14/25 Bed Hold Agreement - Transfer Notice does not document the required information including: appeal rights information, the correct Ombudsman contact information, and the correct email address for the Regional Field Operations Director for the Division of Quality Assurance.</p> <p>On 2/26/26, at 9:30 AM, Surveyor interviewed Medical Records (MR)-E. MR-E stated the Bed Hold and Transfer forms are completed by their corporate office. MR-E stated they just make sure they are available and keeps them. MR-E stated the corporate company has revised the form twice. MR-E provided the revised form from January 2025. Surveyor noted the January bed hold- transfer notice form does not include the correct information for appeal rights, correct Ombudsman contact information, and the correct email address for the Regional Field Operations Director for the Division of Quality Assurance. MR-E did not have any additional information pertaining to R6's Transfer Notice documents.</p> <p>On 2/26/25, at 9:55 AM, Surveyor interviewed Nursing Home Administrator (NHA) -A. NHA-A stated corporate revised the bed hold-transfer forms in the beginning of January 2025. NHA-A stated the revision was done due to an issue in another facility. NHA-A stated the form was revised again on 2/21/25. Surveyor reviewed the 2/21/25 revised form. Surveyor noted the bed hold-transfer notice does not document the regulatory requirements, including the correct appeal entity, with contact information, and the correct contact information for the Ombudsman. Surveyor informed NHA-A of this concern. NHA-A stated they will revise the form with the correct information.</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not permit a resident to be readmitted to the facility immediately following hospitalization. This was observed with 1 (R6) of 1 resident reviewed for readmission.</p> <p>* R6 was transferred from the facility to the hospital on [DATE]. On 12/13/24 R6 was transferred from the hospital back to the facility however the facility denied readmission. R6 was sent back to the hospital. R6 did not have a change in their clinical status to be denied readmission to the facility. R6 was readmitted to the facility on [DATE] from the hospital.</p> <p>Findings include:</p> <p>The facility's policy and procedure titled Admission, Readmission, Bed Hold, and Transfer/Discharge dated 10/12/21 documents .readmission:</p> <p>* A resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, will be re-admitted to the facility to their previous room (if available) or to the first available bed in a semi-private room if the resident;</p> <p>- Requires the services provided by the facility.</p> <p>- Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.</p> <p>If the facility determines that a resident who was transferred with an expectation of returning cannot return to the facility, the facility must comply with the discharge requirements.</p> <p>R6's medical record was reviewed. R6 was admitted to the facility on [DATE]. R6's stay at the facility was covered by a managed medicaid plan and R6 has a Legal Guardian appointed for decision making.</p> <p>R6's Electronic Health Record (EHR) includes a Bedhold Agreement - Transfer Notice dated 12/9/24. This notice documents an automatic 15 day medicaid hold on R6's bed. The form documents R6's Guardian wished to hold the bed at the facility. R6 was transferred to the hospital on [DATE].</p> <p>The Hospital Discharge summary dated [DATE], documents on 12/13/24 R6 was discharged back to the facility. The facility refused to readmit. R6 returned back to the hospital. R6 remained in the hospital pending insurance authorization with long term care placement. R6 was discharged to the facility on [DATE].</p> <p>The facility's Grievance Log contained a Grievance Form dated 2/16/25 from R6's Guardian. The Guardian verbalized concern with the readmission process. The Grievance Form documented follow-up: R6 was not readmitted due to medicare authorization with insurance issues.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/25/25, at 12:30 PM, Surveyor interviewed the Director of Marketing (DOM) -C via phone. DOM-C is responsible for screening residents in the hospital that are ready for readmission to the facility. DOM-C stated they go to the hospital and make sure all the paperwork is in order for the residents return to the facility. DOM-C stated they were told all the insurance authorizations were in place for R6's return. R6 was ready to be discharged back to the facility on [DATE]. DOM-C stated they were not at the facility when R6's readmission was refused. DOM-C stated they let Corporate admission (CA) -D know when a resident is returning to the facility. DOM-C stated they did not have any further information on R6's readmission</p> <p>On 2/25/25, at 1:00 PM, Surveyor interviewed CA-D via phone. CA-D stated the hospital told DOM-C there was a Medicare Denial form in the portal (shared medical records) for R6. CA-D stated they did not see this form, and there needs to be one, for readmission. CA-D stated they were not refusing R6's readmission, they wanted the correct paperwork, so the facility will get payment. CA-D stated they felt there was a misunderstanding somewhere that R6 would be allowed readmission. CA-D stated the appropriate paperwork was entered later on in the portal. CA-D stated the Medicare denial authorization was completed by 12/16/24 and R6 returned back to the facility on that day.</p> <p>On 2/25/25, at 1:20 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A. NHA-A stated R6 was ready to be discharged from the hospital and DOM-C went to to the hospital. The hospital stated everything was ready to go. R6 was on their way back to the facility on [DATE]. NHA-A stated they misunderstood CA-D. NHA-A stated CA-D told NHA-A R6 did not have the paperwork for insurance clearance completed. NHA-A stated they did not readmit R6 to the facility at that time. NHA-A stated R6 was sent back to the hospital and was never actually readmitted on [DATE]. NHA-A stated they did not have all the facts. NHA-A stated they apologized to everyone involved. NHA-A did not have any additional information.</p> <p>Surveyor notes there was not a regulatory reason R6 was denied readmission on [DATE]. The facility wanted paperwork completed to identify R6's insurance denied coverage for R6's return stay at the facility. However, R6's managed care medicaid plan, that was covering the cost of R's stay at the facility prior to their hospitalization, would continue to cover R6's stay upon return and a Medicare/Medicare Replacement Plan denial of coverage acknowledgment would not be required.</p>		