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| 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 04/07/2026 |
| 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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that 1 (R105) of 4 residents reviewed for ADL (Activities of Daily Living) assistance received the necessary services to maintain ability to practice good grooming and personal hygiene.*R105, whom requires assistance from facility staff, did not receive any showers in the last 30 days and was observed in the same clothes during survey. Findings include:The facility policy entitled, Activities of Daily Living (ADLs), last revised 2/25/2025 documents: 1. A resident will be given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living.2. The facility will provide care and services for the following activities of daily living:Bathing and hygiene: Assistance with bathing or showering and maintaining personal hygiene.Dressing: Helping residents put on or remove clothing.Based on the assessments, a personalized care plan is created. It outlines the level of assistance needed for each ADL. The care plan is adjusted over time as the resident's condition changes.5. ADLs will be individualized, considering factors like physical abilities, cognitive function, and mental health. ADL cares will be provided based on the resident preferences.9. If a resident refuses care, this shall be reported to the nurse and the resident reapproached. Documentation of refusal shall be completed in the electronic medical record.R105 was admitted to the facility on [DATE] with diagnoses of Fracture of One Rib, Left Side, Repeated Falls, Chronic Kidney Disease(progressive damage and loss of function in the kidneys), Emphysema(long term lung condition causing shortness of breath), Marfan Syndrome(genetic connective tissue disorder), Unspecified Protein-Calorie Malnutrition (deficiency of both protein and energy), Depression(mood disorder that causes persistent feelings of sadness and loss of interest) and Schizophrenia(chronic brain disorder characterized by distortions in thinking, perception, emotions, and behavior).R105 does not have a completed Minimum Data Set (MDS). Surveyor noted that based on interviews with R105, R105 is alert and oriented to person, place, and time.R105's comprehensive care plan dated 3/18/26 which documents: R105 has an ADL self-care performance deficit r/t (related to) fracture of one rib left side, emphysema, Marfan syndrome, weakness, Pain, TIA, cerebral ischemia, cachexia Under the Interventions section it documents: BATHING/SHOWERING ASSIST - ONE; DRESSING ASSIST - ONE; DRESSING: Allow sufficient time for dressing and undressing; DRESSING: Assist the resident to choose simple comfortable clothing that enhances the resident's ability to dress self.; PERSONAL HYGIENE/ORAL CARE ASSIST - ONEOn 3/23/2026, at 2:09 PM, Surveyor observed R105 with very disheveled hair and wearing a long sleeve blue shirt and dark gray pants.On 3/24/2026, at 11:38 AM, Surveyor observed R105 with very disheveled hair and wearing the same long sleeve blue shirt and dark gray pants as yesterday. On 3/25/2026, at 8:04 AM, R105 is wearing the same long sleeve blue shirt and gray pants from 3/24/26 and R105's hair remained very disheveled.On 3/25/2026, at 11:17 AM, Surveyor observed R105 wearing the same clothes and R105's hair is matted in some areas on the back of R105. On 3/25/2026, at 11:20 AM, Surveyor interviewed R105 who believes R105 may have had one shower since admission but is not for sure. R105 informed Surveyor that R105's hair is wild. R105 informed Surveyor that R105 does not have any other clothes to change into. Surveyor noted that per the CNA (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>assignment book, R105 is scheduled for showers on Tuesday AM and Fridays PM. Surveyor reviewed R105's shower documentation that documents R105 has not had a shower since admission. Surveyor noted there is no documentation in R105's electronic medical record (EMR) that R105 has refused showers. On 3/25/2026, at 11:29 AM, Surveyor interviewed CNA-KK who stated that if a resident refuses a shower, CNA-KK would re-approach the resident or find another CNA to try and give a shower. On 3/25/2026, at 11:43 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-H regarding R105. CNA-H stated that CNA-H was unsure if R105 has not refused a shower for CNA-H because CNA-H has not worked or been assigned to R105 on R105's shower days. On 3/25/2026, at 1:03 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E in regard to R105 receiving showers. ADON-E stated that if a resident refuses showers it should be documented in a resident's EMR. Surveyor reviewed with ADON-E that R105 has not had a shower since admission. ADON-E stated R105 has refused all showers and both Surveyor and ADON-E looked for documentation in R105's EMR of R105's refusal of showers. ADON-E informed Surveyor there was no documentation of R105 refusing showers but was going to document R105's refusals showers today. ADON-E then informed Surveyor that CNA-H has informed ADON-E that R105 has refused all showers. Surveyor shared with ADON-E that Surveyor had already interviewed CNA-H and CNA-H informed Surveyor that R105 has not refused showers because CNA-H has not been assigned to R105 on R105's shower days. ADON-H then informed Surveyor that R105 should have taken a shower at home yesterday when R105 went home on a pass. On 3/25/2026, at 1:13 PM, ADON-E and Surveyor went to observe and speak with R105. ADON-E asked R105 if R105 took a shower at home yesterday. R105 stated R105 did not take a shower because R105 did not have time. R105 stated R105 really wants a shower. On 3/25/2026, at 1:49 PM, ADON-E documented in R105's EMR: Resident did not receive bath/shower in past 7 days. Spoke with resident a few days ago and resident reported he was going to take a shower when he got home. Resident reported he was going to take a taxi home for a few hours and do a few things and take a shower. Will continue to follow. On 3/26/26, at 12:09 PM, CNA-H informed Surveyor that R105 was not scheduled for a shower today but received a shower. On 3/26/2026, at 12:20 PM, Surveyor spoke with R105. R105 is very happy R105 received a shower and stated that the facility even gave R105 clean clothes. On 3/25/2026, at 3:15 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Regional Director of Clinical Care Services (RDC)-C that R105 had not received a shower since admission to the facility. No additional information was provided.</p> | | |

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| <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>Based on interview and record review, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility did not designate a licensed nurse to serve as a charge nurse on each tour of duty. * The facility did not designate a charge nurse for each tour of duty on each daily nursing schedule.* The facility triggered for excessively low weekend staffing for the months of October through December in 2025.This deficient practice has the potential to affect 98 of 98 residents in the Facility.Findings include: 1.) Surveyor reviewed 30 days of nursing staff schedules. Surveyor noted that the facility's nursing staff schedules did not designate who the charge nurse was for each tour of duty.On 03/26/2026, at 12:02 PM, Surveyor interviewed Staff Development Director-M regarding how a charge nurse is designated for each tour of duty. Staff Development Director-M replied that during the day the Director of Nursing (DON) or Assistant DONs or infection preventionist are in the building. Staff know who the evening and night nurse charge nurses are. Surveyor asked if these individuals work 7 days a week as charge nurses, or if there would be change in charge nurse when these individuals were not working at the facility. Per Staff Development Director-M, there is an on call rotation schedule that is followed. Surveyor stated it is a concern that charge nurse is not designated consistently on the schedules, and that it's sometimes only listed for the evening second shift on the facility's staffing schedules. On 03/26/2026, at 2:13 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding the staffing schedules. Surveyor let NHA-A know of concern related to the facility's schedules not designating who the charge nurse would be for each tour of duty on the facility's nursing staff schedules.The facility did not provide any additional information as to why it did not ensure there was a designated charge nurse for each tour of duty.2.) The facility's assessment last reviewed and updated November 2025 documents: Licensed nurses providing direct care will have a 1:20 ratio on days, evenings and nights. Medication technicians will be utilized to assist nurses. Direct care staff, Certified Nursing Assistants (CNA), will have a 1:10 up to 1:14 ratio days, 1:14 ratio evenings and 1:20 ratio on nights.The facility' s assessment also documents: Staffing is completed based on census and acuity. 1st floor: staffing can change daily related to census and acuity. Dayshift - 2 nurse and 3 CNA, evening shift - 2 nurse and 6 CNA, and NOC shift 1 nurse and 2 CNA. 2nd floor dayshift - 2 nurse and 6 CNA, evening shift - 2 nurse and 6 CNA, and NOC shift - 2 nurse and 4 CNA. 3rd floor dayshift - 1 nurse and 1 CNA, evening 1 nurse and 1 CNA and NOC 1 nurse and 1 CNA.On 03/26/2026, at 12:02 PM, Surveyor interviewed Staff Development Director-M whom completes the nursing schedule. Surveyor learned that the staffing ratios/minimum to staff for each shift are: 1st and 2nd shift: ^ 1st floor: 2 CNA, 1 nurse or med tech2nd floor: 4 CNA, 2 nurse or med techs3rd floor: 1 CNA, 1 nurse or med tech3rd shift: 1 CNA or nurse per floorSurveyor noted the facility assessment allotted more staff per shift than what was being utilized on the schedule. Surveyor noted that in October 2025, the facility had reduced staffing than what was documented in the facility's assessment and the minimum staffing ratios per Staff Development Director-M. Surveyor asked Staff Development Director-M about the average census and was told that 1st floor has about 16 residents, 2nd floor has about 52 residents and 3rd floor has about 10 residents. Surveyor asked if it was noticed that the facility had low weekend staffing from October to December of 2025. Staff Development Director-M felt that low staffing could be related to the holidays. Staff Development Director-M stated that recently a policy was started that if you call in on the weekend you automatically get scheduled for the next weekend. Staff Development Director-M stats that this has been helping with staffing.Surveyor reviewed the staffing schedules for October 2025 and noted that the facility had less staff scheduled and working on the weekends based on the minimum staffing rations per Staff Development Director-M. On 03/26/2026, at 2:13 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A about the facility triggering for excessively low weekend staffing and was told that in October, the facility had staffing challenges. No additional information was provided.</p> | | |

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| <p>F 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility did not ensure that residents received specialized respiratory therapy provided by and performed by qualified personnel for no less than three residents while Respiratory Therapist (RT)-L was employed at the facility.*Respiratory Therapist (RT)-L was hired [DATE]. RT-L's RT license expired on [DATE]. RT-L worked in the facility from [DATE] until [DATE] with an expired license.Findings include:The facility does not have a policy for the credentialing respiratory therapists.The facility's assessment last reviewed and updated [DATE] documents the facility has special treatments consisting of tracheostomy care with 10-18 average residents receiving tracheostomy care. Specific practices consist of respiratory therapy that is provided to residents. Surveyor reviewed RT-L's employee file. RT-L was hired on [DATE]. RT-L's RT license expired on [DATE]. RT-L was no longer employed at the facility effective [DATE]. RT-L worked in the facility from [DATE] until [DATE] with an expired license.On [DATE], at 10:29 AM, Surveyor reviewed Department of Human Services (DHS) online license look-up. RT-L's RT license was granted [DATE] and expired on [DATE]. Surveyor noted that RT-L has since been denied for renewal of his respiratory license. On [DATE], at 3:42 PM, Surveyor verified RT-L's time clock punches and confirmed that RT-L did work in a respiratory therapist capacity in the facility while RT-L's license was expired. Based on time clock punch time logs, it appears that RT-L last worked on [DATE].On [DATE], at 3:54 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A. NHA-A was not aware that RT-L's license lapsed on [DATE]. NHA-A stated NHA-A found out yesterday at 4:00 PM. NHA-A agreed it is a concern. NHA-A stated that RT-L left employment at the facility to not be a RT anymore. NHA-A informed Surveyor that the human resources manager (HR) who no longer works here would have been responsible for keeping track of employee licenses. On [DATE], at 9:55 AM, Surveyor interviewed RT-N who currently works in the facility. RT-N states that the primary role of respiratory therapists in the facility is to monitor all residents with tracheostomys. On [DATE], at 3:50 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Regional Director of Clinical Care Services (RDC)-C that RT-L was working as a respiratory therapist with no current respiratory therapist license.On [DATE], at 8:20 AM, NHA-A informed Surveyor that NHA-A spoke with RT-L who stated that RT-L was told by DHS RT-L could keep working while RT-L's license was in pending status. Surveyor requested additional documentation at this time. On [DATE], at 8:33 AM, Surveyor interviewed Staff Development Director (SDD)-M. SDD-M stated that SDD-M's procedure to maintain licenses is SDD-M developed a check off list on day of hire and a spreadsheet with all employees with certifications and licenses to make sure all certifications and licenses are renewed on time. SDD-M explained the old human resources manager would have been responsible for monitoring RT-L's license status.On [DATE], at 9:29 AM, NHA-A informed Surveyor that the average census of tracheostomies in the facility while RT-L worked was 14 residents.No additional information was provided.</p> | | |