STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents with a pressure injury or at risk for pressure injuries received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 7 of 8 residents (R2, R11, R15, R47, R74, R85, and R105) reviewed for pressure injuries. *R2 was admitted to the facility without any pressure injuries (PIs) and was assessed to be at risk for PIs. R2 developed an unstageable PI to the sacrum. The facility failed to implement an air mattress and implement a turning and repositing program prior to sacrum pressure injury development. The sacrum PI became infected requiring intravenous antibiotics and a 2-week hospitalization. The sacrum PI is currently a stage 4. *R11 was admitted to the facility with no documentation of pressure injuries and was assessed to be at risk for PI development. R11 developed an unstageable left heel PI and a right DTI (deep tissue injury). Prior to development of these pressure injuries, R11's skin impairment care plan did not include interventions to offload R11's heels. An x-ray of R11's unstageable left heel documented suspicion of osteomyelitis and an MRI was recommended. MRI documented findings suggestive of posterior calcaneal osteomyelitis. R11 was prescribed an antibiotic. *R15 admitted to the facility with two unstageable DTIs which healed shortly after admit. R15 developed a non-pressure sacrum wound characterized by Wound MD (Medical Doctor)-DD as a brief abrasion. Wound MD-DD changed the area to an unstageable PI which declined to a Stage 4 PI. Facility did not revise R15's care plan, R15's heels were not being offloaded, and treatments were not completed according to physician orders. The facility's failure to provide care to prevent the development of pressure injuries including implementing an air mattress, implementing turning/repositioning programs, offloading heels, revising care plans, and completing treatments per MD order created the finding of Immediate Jeopardy (IJ) that began on 6/24/25. Surveyor notified Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Regional Director of Clinical Services (RDCS)-C of the immediate jeopardy on 3/26/2026, at 3:38 PM. The immediate jeopardy was removed on 3/30/26, however, the deficient practice continues at a scope and severity of E (potential for harm/pattern) as the facility implements its action plan and related to the following examples: *R47 did not have an air mattress in place as ordered for R47's stage 4 PI. *R74 is at risk for PI development. R74 did not have R74's heels offloaded during multiple observations during survey. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	* R85's Physician orders were not implemented until 4 days after admission for a stage 3 PI to coccyx. R85's heels were not floated during the survey process. R85's mattress on bed was rated for a stage 1 and 2 PI, not for a stage 3 PI. *R105's heels were not offloaded per R105's care plan during the survey process and no pressure reducing cushion was observed on R105's wheelchair per care plan interventions. Findings Include: The facility's policy titled Pressure Injury Prevention and Wound Care Management, dated 8/26/2018, revised on 8/25/25, documents the following: Purpose: To identify factors that places the residents at risk for the development of pressure injuries and to implement appropriate interventions to prevent the development of clinically avoidable wounds. To promote a systemic approach and monitoring process for the care of residents with existing wounds and for those who are at risk for skin breakdown. To promote healing of existing pressure injuries and wounds. Policy: The facility will ensure that a resident who is admitted without a pressure injury does not develop a pressure injury, unless clinically unavoidable. A resident who has a pressure injury will receive care and services to promote healing and to prevent additional ulcers. Risk identification and assessment - a complete assessment is essential to an effective pressure injury prevention and treatment program. A comprehensive assessment helps the facility to identify residents at risk of developing pressure ulcers, as well as the level of nature of their risks. A Braden scale (a tool developed to assess a resident's risk of developing pressure injuries) should be completed for all residents upon admission/readmission for a total of 4 consecutive weeks, then quarterly with Minimum Data Set (MDS) assessments and when a significant change of condition occurs. Residents with a Braden score of 12 or less should be considered to be at high risk for pressure injury development. Skin impairments – including pressure injuries, diabetic wounds, venous wound, arterial wounds, surgical wounds, and device-related injuries – will be assessed and documented at least weekly by the wound nurse (or designee) using the Electronic Medical Record (EMR) weekly wound assessment. Weekly documentation will include pertinent characteristics of existing ulcers, including location, size, depth, mass erosion, color of the ulcer and surrounding tissues and a description of any (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	drainage, scar, necrosis, odor, tunneling or undermining. Staging and terminology: Pressure injuries shall be staged per National Pressure Injury Advisory (NPIA): stage 1, stage 2, stage 3, stage 4, unstageable, and deep tissue pressure injury (DTPI). Do not reverse stage or down stage healing pressure injuries, instead, document healing process with measurements and wound descriptors. Documentation of the wound characteristics will be completed in the resident's EMR using the EMR skin and wound assessment. Daily, the clinicians responsible for caring for the resident will assess the status of the dressing if present, (intact, soiled or leaking) and evaluate for complications such as infection and/or uncontrolled pain. Wound and skin care interventions will be monitored and evaluated for effectiveness. Care plans will include specific and measurable goals and interventions. The care plan will be reviewed and revised at least quarterly, or with a significant change in condition. Prevention and treatment guidelines- the skin care program will be utilized following the guidelines of the Agency for Healthcare Research and Quality (AHRQ), the National Pressure ulcer/ Injuries Advisory Panel (NPIAP) and current standards of clinical practice. Pressure-reduction surfaces should be provided on beds and chairs for at risk residents unless tolerance or lack of need is noted and documented. Repositioning frequency is individualized based on skin/tissue tolerance, support surface, risk and clinical condition. Air mattress settings will be set per manufacturer guidelines and communicated to staff via care plan and Kardex. Wound cultures are generally not indicated as most chronic wounds are colonized and a swab culture would not provide clinically helpful information. If infection is suspected, notify the physician, and obtain clinically appropriate orders. 1.) R2 was admitted to the facility on [DATE] with diagnoses that include Traumatic Brain Injury (a brain injury from an outside force that can greatly affect how the person functions, cares for self and interacts with others,) Acute Respiratory Failure (inability of the lungs to oxygenate blood or remove carbon dioxide,) and Chronic Leukemia (slow growing cancer of the white blood cells.) R2's Quarterly Minimum Data Set (MDS) dated [DATE], documented R2 has long-term and short-term memory problems. R2 has severely impaired cognitive skills, with never or rarely making decisions. R2's MDS assessed R2 to have: impairment to one side of R2's upper extremity, and impairment to both sides of R2's lower extremities; R2 is always incontinent of bowel and bladder. R2 is at risk of developing pressure injuries and assessed to have one stage 4 pressure injury at the time of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	assessment on 3/5/26. R2's pressure injury Care Area Assessment (CAA) dated 6/11/25, documented in part: . Triggered by indications of R2 with frequent urinary and bowel incontinence, R2 is at risk for pressure ulcers and R2 with one or more pressure ulcers on current assessment. R2's Braden Scale assessment (a tool developed to assess a resident's risk of developing pressure injuries) dated 5/30/25, documented a score of 14, which indicates R2 is at moderate risk for developing a pressure injury. R2's admission Screener dated 5/30/25, section C, documented R2's skin to be normal, warm, and dry. Documentation of R2's skin integrity (which identifies bruises, pressure ulcers, rashes, surgical incisions, skin tears, abrasions, etc.) was documented as no skin alterations noted. Surveyor noted R2 had a skin integrity care plan initiated on 5/30/25 and revised on 8/19/25. The 5/30/25 skin integrity care plan and 8/19/25 revision did not list any interventions. On 6/2/25, interventions were added to R2's skin integrity care plan including: Keep R2's skin clean and dry (initiated 6/2/25.) Routinely turn and reposition as tolerated by R2 (initiated 6/2/25 and resolved on 8/19/25.) Special mattress to relieve pressure alternating low air loss setting for or equal to 250 lbs., may adjust per R2's preference. Check each shift for proper inflation (initiated 6/2/25 and revised on 2/8/26.) Use a draw sheet and 2 people when pulling R2 up in bed (to prevent friction) (initiated 6/2/25.) Surveyor noted air mattress was care planned for 6/2/25 but not placed until 6/8/25. On 6/6/25, R2's weekly skin assessment documented no skin alterations. On 6/8/25, at 1:09 PM, a health status note documented: I'm not sure why this says R4. I will change to R2 but may want to confirm. R2 has change in skin integrity. Tried to notify R2's mother. Left message to call facility for an update at 1237. On 6/8/25, at 9:46 PM, a health status note documented R2 had three loose BMs (bowel movements) this PM (shift.) MD was updated. R2 is on ferrous sulfate (iron) and imatinib mesylate 400 mg for chronic myeloid leukemia. MD gave an order for loperamide 2 mg PRN (as needed) every 12 hours. Dressing on R2's bottom is dry and intact. R2 is resting at present, with no issues noted. On 3/24/26, Surveyor could not locate an initial skin assessment of R2's change in skin integrity on 6/8/25, indicating location of wound, measurements, and wound bed assessment. On 6/9/25, Wound MD-DD documented: open DTIs (deep tissue injuries) to buttocks. Recommended treatment is xeroform/border gauze. Border gauze daily and PRN. Active consult pending. On 6/9/25, R2's skin integrity care plan was updated with the following interventions: Use a pressure relieving cushion for R2's wheelchair (initiated 6/9/25.) Use skin barrier cream on R2's skin as needed for protection from moisture and friction (initiated 6/9/25 and revised on 8/19/25.) Heel suspension boots while R2 is in bed (initiated 6/9/25.) Manage R2's clinical conditions and contributing factors to decrease R2's risk of skin breakdown (initiated 6/9/25.) Monitor my (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	weights per policy and notify MDs and/or RD (registered dietician) of any significant changes (initiated 6/9/25.) Position R2's body with pillows/support devices and protect bony prominences (initiated 6/9/25.) Turn and reposition R2 at least every two hours, per R2's particular tolerance and schedule (initiated 6/9/25.) On 6/9/25, an order was placed for treatment to sacrum and left buttocks: cleanse with normal saline wash, followed by foam border Xeroform, followed by border gauze every evening shift for wound care and as needed. On 6/10/25, Wound MD-DD documented an initial wound assessment which documented the following: Unstageable DTI to the sacrum, measured 6 x 4 x 0.1 cm. The wound had light serous drainage with no signs or symptoms of infection. Wound MD-DD was monitoring 2 surgical sites that healed without complication, and 2 unstageable DTIs located on the left superior and inferior buttock. The unstageable DTI on the left superior buttock resolved on 7/15/25, without complications. The unstageable DTI on the inferior buttock resolved on 6/24/25, without complications. On 6/17/25, Wound MD-DD documented an unstageable (due to necrosis) sacrum full thickness wound measuring 6 x 3.5 x 0.1 cm, with moderate serous drainage, 100% necrotic tissue and no signs or symptoms of infection. On 6/24/25, Wound MD-DD documented an unstageable (due to necrosis) sacrum full thickness wound measuring 6 x 3.5 x 0.1 cm, with heavy purulent drainage, 100% necrotic tissue and no signs or symptoms of infection. The progress of this wound and the context surrounding the progress were considered in greater detail at the time of assessment on 6/24/25. R2 is requiring an increase in the level of care and is recommending the emergency room for evaluation and treatment with possible operating room debridement, antibiotics and imaging to rule out osteomyelitis. The clinical team was updated. On 6/24/25, R2 was admitted to the hospital with excessive drainage to the infected wounds. R2 was started on two antibiotics. A Computed Tomography (CT) was completed and negative for osteomyelitis. Blood cultures were completed and noted to be negative for sepsis. Surveyor noted R2 developed an infection in the sacral pressure ulcer under the care of the facility. On 3/25/26, at 3:28 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-D regarding how R2 developed the sacral pressure ulcer and how it became infected. ADON-D informed Surveyor the causes of the pressure wound are due to R2 moving self in small increments and positioning self on R2's crack. ADON-D stated the cause of R2's infected wound is due to R2 having frequent loose stools. ADON-D stated the facility implemented pillows on bony prominences after discovering the wound and did not add any other interventions. On 3/26/26 at 12:40 PM, Surveyor interviewed Wound MD-DD who stated loose stools can cause infections on wounds in the sacral and buttock areas. On 3/25/26, Medical Doctor (MD)-EE who is R2's primary doctor, documented the following in a progress note: R2 is receiving tube feeding, which has a tendency to cause liquidity/very soft stools. With liquid stools, it can cause MASD (Moisture Acquired Skin Damage.) The diagnosis of chronic myeloid leukemia gives R2 low immunity, making it difficult for R2 to fight infection. This is what happened to R2, when R2 developed a DTI to the sacrum with MASD, it progressed with new infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 3/26/26, at 10:10 AM, Director of Nursing (DON)-B provided Surveyor documentation as follows: Alteration in skin integrity documented 6/8/25 documented in part: .CNA (Certified Nursing Assistant) was providing R2 with daily cares. It was noted that R2 had a change in skin integrity on R2's coccyx and pressure like area on the right buttocks. Area was covered with foam dressing and R2 was placed on R2's side. Assistant Director of Nursing (ADON) – E was notified, and R2 was placed on an air mattress. The MD and Power of Attorney (POA) were notified. On 6/11/25, the facility completed a root cause analysis for R2's PI which is as follows: R2 was admitted to the facility on [DATE], at approximately 3:00 PM. Report was taken by ADON-E and passed along to the floor nurse that R2 has a red blanchable area to the sacrum which needs to be addressed in the skin check. The floor nurse completed the skin check indicating skin was intact. CNA was present for the skin check and wrote a statement stating the skin was bruised and [there was] a purple area to R2's buttocks. A treatment order was placed on admission for R2's sacral area. The area was then identified as open on 6/9/25. At this time, an air mattress was placed on the bed. The floor nurse was instructed to take the wound pictures and open a risk management. On 6/10/25, the pictures were not found, and the nurse stated the phone battery was dead. DON-B spoke with the admission director regarding why an air mattress was not placed prior to R2's admission and an education was completed stating that all non-ambulatory tracheostomy residents should be on an air mattress. Education was also provided to the admitting nurse who failed to document the area to the R2's sacrum. Wound pictures were taken, and a conference call was held with the Wound MD-DD, DON-B, ADON-D and Wound MD-DD who gave new treatment orders at that time. The wound team evaluated R2's wounds in person on 6/10/25. Charging cords for the wound phone/camera were ordered on 6/1/25 and arrived on 6/11/25. The CNA written statement given was signed but not dated which documented: R2 was admitted on [DATE], and CNA performed a body check with the nurse, and the CNA noted a purple bruise on R2's tailbone. On 7/7/25, R2 returned to the facility after the 6/24/25 hospital admission. R2 was followed by Wound MD-DD with weekly assessments being performed. On 7/8/25, Wound MD-DD documented an unstageable (due to necrosis) sacrum full thickness wound measuring 5.5 x 3.5 x 2 cm, with undermining of 7 cm at 5 o'clock position, with moderate serous drainage, 80% necrotic tissue and 20% granulated tissue. On 7/22/25, Wound MD-DD documented an unstageable (due to necrosis) sacrum full thickness wound measuring 4 x 4 x 2 cm, with 5 cm of undermining at the 5 o'clock position, moderate serous drainage, 70% necrotic tissue and 30% granulated tissue. On 7/29/25, Wound MD-DD documented an unstageable (due to necrosis) sacrum full thickness wound measuring 4.5 x 3.5 x 2 cm, with 4.5 cm of undermining at the 5 o'clock position, with moderate serous drainage, 70% necrotic tissue and 30% granulated tissue. On 8/12/25 Wound MD-DD documented: R2 was not seen due to a non-wound related hospitalization since last visit (put the date of the last visit). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 8/19/25, Wound MD-DD documented a stage 4 pressure wound sacrum full thickness measuring 5 x 3 x 3 cm, with 4 cm undermining at the 7 o'clock position, with moderate serous drainage, 40% necrotic tissue and 60% granulated tissue. Surveyor noted the DTI became a stage 4 PI on this date. On 9/2/25 Wound MD-DD documented: R2 was not seen due to a non-wound related hospitalization since last visit (put the date of the last visit). On 9/16/25, Wound MD-DD documented a stage 4 pressure wound to the sacrum with full thickness measuring 4.5 x 3 x 2.5 cm, with moderate serous drainage, 2.5 cm undermining at 9 o'clock, 30% necrotic tissue and 70% granulated tissue. R2's stage 4 pressure wound to the sacrum remained and was evaluated by Wound MD-DD weekly with minor changes and no staging changes. On 3/24/26, Wound MD-DD documented a stage 4 pressure wound to the sacrum with full thickness measuring 3.5 x 2 x 1.5 cm, with moderate serous drainage, 20% necrotic tissue and 80% granulation tissue. On 3/26/26, at 11:26 AM, Surveyor interviewed Regional Director of Clinical Care Services (RDCCS)-C who stated R2 had loose stools, but the facility implemented zinc oxide to protect the skin. RDCCS-C stated the infection started due to R2's health conditions rather than the loose stools. RDCCS-C stated the facility has more information but is concerned about the delivery as it could incriminate the facility - and feels the information will be best given in IDR (Informal Dispute Resolution.) RDCCS-C admitted the facility started off slow with preventative interventions for R2 but ramped up care soon after. The facility failed to complete a comprehensive assessment of R2's unstageable pressure injury noted on 6/8/25. The facility did not implement interventions such as an air mattress or implementing a turning/repositioning program prior to pressure injury development on 6/8/25. R2 developed infection to the sacrum pressure injury on 6/24/25, requiring IV antibiotics and a 2-week hospitalization. 2.) R11 was admitted to the facility on [DATE] without any pressure injuries. R11's diagnoses included acute respiratory failure (lungs cannot adequately exchange oxygen and carbon dioxide,) congestive heart failure (heart doesn't pump enough blood to meet the body's needs,) cognitive impairment, cardiomyopathy (serious disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body,) atherosclerotic heart disease (buildup of fats, cholesterol, and plaque in the artery walls of the heart which restrict blood flow to the heart,) and hypertension (high blood pressure.) R11's admission MDS with an assessment reference date of 10/30/25 documents a BIMS (Brief Interview for Mental Status) score of 5 indicating severe cognitive impairment. R11 is assessed as requiring set up for eating, roll left and right is partial/moderate assistance, and toileting hygiene and chair/bed to chair transfer is dependent. R11 has an indwelling urinary catheter and is frequently incontinent of bowel. R11 is at risk for pressure injuries and is assessed as not having any pressure injuries. R11's pressure injury CAA dated 11/3/25 documents under analysis of findings for nature of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	problem/condition section: Triggered by indications of resident with frequent bowel incontinence, resident is at risk for developing pressure ulcers, and resident requiring ADL (Activities of Daily Living) assistance for bed mobility on current assessment. Care plan considerations documents: Resident is at risk for developing pressure ulcers. Goal is for resident to maintain good skin integrity. See care plan for further related information. R11's at risk for alteration in skin integrity care plan initiated 10/24/25 documents the following interventions: *Apply moisturizer to my skin as needed. Do not massage over my bony prominences. *Keep my skin clean and dry. *Manage my clinical conditions and contributing factors to decrease my risk of skin breakdown. *Monitor my weights per policy and notify MD (medical doctor) and/or RD (Registered Dietitian) of any significant changes. *Position my body with pillows/support devices and protect bony prominences. *Provide diet, supplements, vitamins, and/or fortified foods per order. *Routinely turn and reposition as tolerated by resident. *Turn and reposition me at least every 2 hours per my particular tolerance and schedule. *Use a draw sheet and 2 people when pulling me up in bed (to prevent shear). *Use a pressure relieving cushion for my wheelchair. *Use A&D, Baza or other skin barrier cream on my skin as needed. *11/18 updated 12/16 ensure residents' [sic] heel boots are on at all times during rounds. Initiated 11/18/25 and revised 12/16/25. *Monitor alternating low air loss mattress with setting at 220# (pounds) or as close to 220# per settings; may be adjusted for resident comfort. Initiated 12/16/25. R11's Braden scale assessment dated [DATE] has a score of 15 which indicates at risk for pressure injuries. R11's weekly skin check dated 11/14/25 does not reveal any skin impairments and answers no for edema. Wound MD (Medical Doctor)-DD's assessed R11 on 11/18/25 and documented: moderate edema for left and right lower extremities. Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 6 x 8 x 0.1, 100% necrotic tissue. Treatment of Xeroform gauze and gauze island with border dressing daily was ordered. Unstageable DTI of right heel, etiology is pressure, measurements are 3.5 x 3.5 x not measurable; skin documents: intact with purple/maroon discoloration. Treatment of skin prep daily was ordered. A lower extremity arterial doppler was recommended on 11/18/25. R11's nurses note dated 11/18/25 at 10:33 a.m., written by Registered Nurse (RN)-W documents: Resident has bilateral deep tissue injury wounds to bilateral heels. [Name] the unit manager is aware. [Physician's name] was also contacted that the wound team is involved. Dopplers are being ordered by the wound team along with his treatment plan. RN notified his case manager about the DTI (deep tissue injury) to his heels. Bilateral boots have been applied. Resident is his own person at present time and was made aware. Surveyor noted prior to R11's right and left heel pressure injuries being identified on 11/18/25, there is no evidence R11's heels were being offloaded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R11's alteration in skin integrity care plan initiated 11/18/25 and revised 3/24/26 documents the following interventions: *11/18 BLE (bilateral lower extremities) arterial doppler ordered to r/o (rule out) PAD (peripheral artery disease). Initiated 11/18/25. *11/18 Encourage use of heel boots or offload with pillows while in bed. Initiated and revised 11/18/25. *Administer my treatments as ordered. Initiated 11/18/25. *Assess/monitor the alteration in my skin integrity and document status weekly. Initiated 11/18/25. *Keep my linen clean, dry, and wrinkle free. Initiated 11/18/25. *Prevent trauma and ensure I have proper fitting footwear. Initiated 11/18/25. *12/16 Tx (treatment) change. Initiated 12/16/25. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 5 x 6 x 0.1, 100% necrotic tissue. Wound progress improved evidenced by decreased surface area. Same treatment was continued. Stage 3 pressure wound of the right heel. Etiology is pressure, measurements are 3 x 3 x 0.1 cm and 100% granulation tissue. Wound progress improved evidence by decreased surface area. R11's right heel treatment was changed to Xeroform gauze and gauze island with border daily. Under investigations documents: Lower extremity arterial doppler (left) performed on 11/18/25. No signs of PAD. Lower extremity arterial doppler (right) performed on 11/18/25. No signs of PAD. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 5 x 0.1, 100% necrotic tissue. Wound progress improved evidence by decreased surface area. Treatment was changed to Santyl, alginate calcium, gauze island with border dressing daily. Stage 3 pressure wound of the right heel. Etiology is pressure, measurements are 1.5 x 1.5 x 0.1 cm and 100% granulation tissue. Wound progress improved evidence by decreased surface area. Same treatment was continued. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 3.5 x 5.5 x 0.1, 100% necrotic tissue. Wound progress is at goal. Treatment is the same. Stage 3 pressure wound of the right heel. Etiology is pressure, measurements are 0.8 x 0.8 x 0.1 cm and 100% granulation tissue. Wound progress improved evidence by decreased surface area. Same treatment was continued. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 3.5 x 5.5 x 0.1, 100% necrotic tissue. Wound progress is at (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	goal. Treatment was changed to acetic acid 0.25% and gauze island with border dressing once daily. Right heel staging was changed to unstageable DTI. Etiology is pressure, measurements are 2 x 1.5 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents exacerbated due to generalized decline of patient. Treatment was changed to skin prep and border foam dressing three times a week. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 3.5 x 5.5 x 0.1, 100% necrotic tissue. Wound progress is at goal. Treatment remained the same. Unstageable DTI of right heel. Etiology is pressure, measurements are 2 x 1.5 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents at goal. Treatment remained the same. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 4.5 x 0.1, 100% necrotic tissue. Wound progress is at goal. Treatment was changed to acetic acid 0.25% and gauze island with border dressing three times a day. Unstageable DTI of right heel. Etiology is pressure, measurements are 2 x 1.3 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents improved evidenced by decreased surface area. Treatment remained the same. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 4.5 x 0.1, 100% necrotic tissue. Wound progress is at goal. Treatment was not changed. Unstageable DTI of right heel. Etiology is pressure, measurements are 2 x 1 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents improved evidenced by decreased surface area. Treatment remained the same. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 4.5 x 0.1, 100% necrotic tissue. Wound progress is at goal. Treatment was not changed. Under expanded evaluation performed documents: The progress of this wound and the context surrounding the progress were considered in greater detail today. Patient requiring an increase in the level of care. Cellulitis: Doxycycline 100 mg (milligrams) po (by mouth) bid (twice daily) x (times) 14 days, probiotics 2 tab (tablets) daily x 30 days. Under additional recommendations related to performed expanded evaluation documents: [Lab Name] X-ray r/o (rule out) osteomyelitis. Unstageable DTI of right heel. Etiology is pressure, measurements are 0.8 x 0.8 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents improved evidenced by decreased surface area. Treatment remained the same. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 4.5 x 0.1, 70% necrotic tissue & 30% granulation tissue. Wound progress is improved evidenced by decreased necrotic tissue. Treatment was not changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Unstageable DTI of right heel. Etiology is pressure, measurements are 0.8 x 0.8 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents at goal. Treatment remained the same. Under investigations: Recommended and/or reviewed documents X-Ray of unstageable (due to necrosis) of the left heel demonstrates suspicious of osteomyelitis, recommended MRI on 1/14/26. Interpretation: MRI ordered by primary, on oral antibiotics. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 4 x 4.5 x 0.1, 50% necrotic tissue & 50% granulation tissue. Wound progress is improved evidenced by decreased necrotic tissue. Treatment was not changed. Unstageable DTI of right heel. Etiology is pressure, measurements are 0.8 x 0.8 x not measurable cm and skin is intact with purple/maroon discoloration. Wound progress documents improved evidenced by decreased necrotic tissue. (Surveyor noted the right heel does not have necrotic tissue.) Treatment remained the same. Wound MD-DD's assessment dated [DATE] documents: Unstageable (due to necrosis) of left heel, etiology is pressure, measurements are 5 x 4 x 0.1, 40% necrotic tissue & 60% granulation tissue. Wound progress is improved evidenced by decreased necrotic tissue. Treatment was not changed. Unstageable DTI of right heel. Etiology is pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 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: ˆ 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility did not ensure all drugs and biologicals were stored and labeled in accordance with currently accepted professional principles and did not ensure expired medications were removed from 2 of 3 medication carts.*An expired stock bottle of Acetaminophen 325 mg (milligrams) was observed in the first-floor south medication cart.*R95's Lispro insulin pen was not dated when opened & used.*2 blister packs of Hydralazine 100 mg (milligrams) containing 30 tablets each for R45 were expired on 8/31/25 and 9/30/25.*R59's Cyclobenzaprine 10 mg blister pack containing 22 tablets was expired on 2/28/26.Findings include:The facility's policy titled, Medication Storage and last revised 2/12/24 documents under the Purpose section: To ensure that medications and biological are stored in a safe, secure storage and safe handling. Under the general guidelines section it documents: 4. Expired medications are to be removed from areas medication carts prior to or at the time of expiration. Under Stock Medications it documents: 1. Medications will be stored in accordance with manufacturer guidance and not to exceed expiration dates unless a shortened shelf-life once opened.1.) On 3/24/26, at 3:32 p.m., Surveyor observed in the 1st floor South medication cart a stock bottle of Acetaminophen 325 mg (milligrams) 1000 tablet bottle with the expiration date of 2/2026.On 3/24/26, at 3:40 p.m., Surveyor asked Licensed Practical Nurse (LPN)-S who checks the medication cart for expired medication. LPN-S replied to my PM (evening) supervisor. Surveyor then showed LPN-S the expired Acetaminophen 325 mg bottle.2.) On 3/24/26, at 3:43 p.m., Surveyor observed in the top drawer of the 2 [NAME] medication cart a Lispro insulin pen for R95 that is opened & used. Surveyor observed that R95's insulin pen is not dated.3.) On 3/24/26, at 3:49 p.m., Surveyor observed in the bottom drawer of the 2 [NAME] medication cart two blister packs containing 30 tablets each of Hydralazine 100 mg (milligram) tablets with directions to administer one tablet by mouth every 8 hours for R45 which has expired. One blister pack had an expiration date of 8/31/25 and the second blister pack had an expiration date of 9/30/25.4.) On 3/24/26, at 3:50 p.m., Surveyor observed in the bottom drawer of the 2 [NAME] medication cart a blister pack containing 22 tablets of Cyclobenzaprine 10 mg (milligrams) with directions to administer one tablet every 8 hours as needed for R59 which is expired. The expiration date is 2/28/26.On 3/24/26, at 3:45 p.m., Surveyor asked Registered Nurse (RN)-U if insulin pens are dated when they are opened. RN-U replied yes. Surveyor asked RN-U who checks the medication cart for expired medications. RN-U informed Surveyor the supervisor. Surveyor showed RN-U R95's insulin pen which was not dated when it was opened and the expired medication for R45 & R59.No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor. **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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 4 (R11, R15, R3, & R46) of 4 residents reviewed. *Appropriate hand hygiene was not observed during incontinent cares for R11.*Certified Nursing Assistant (CNA)-Y did not wear appropriate PPE (Personal Protective Equipment) while providing incontinence cares for R15 who is on enhanced barrier precautions.*Licensed Practical Nurse (LPN)-T touched R3's medication with her bare hands.*During G (gastrointestinal)-tube medication administration the syringe was observed to fall on the floor. Registered Nurse (RN)-U rinsed the syringe off and proceed to use the syringe to administer R46's medication.Findings include:The facility's policy titled, Hand Hygiene and last revised 5/8/24 under documents: To provide guidelines to staff for proper and appropriate hand washing and hygiene techniques that will aid in the prevention of the transmission of infections. Under washing hands with soap and water includes documentation of 1. Staff will perform hand hygiene by washing hands for at least twenty (20) seconds with antimicrobial or non-antimicrobial soap and water s huld be performed under the following conditions:.e. Before moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments. Under using alcohol-based hand gel includes documentation of 1. If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations:.f. Before moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments.The facility's policy titled, Enhanced Barrier Precautions and dated 3/26/24 under documents: It is the policy of this facility that Enhanced Barrier Precautions, in addition to Standard and Contact Precautions will be implemented during high-contact resident care activities when caring for residents that have an increased risk for acquiring a multidrug-resistant organism (MDRO) such as a resident with chronic wounds requiring a dressing, indwelling medical devices or residents with infection or colonization with an MDRO. Under Procedures includes documentation of 3. EBP are used in conjunction with standard precautions and expand the use of PPE (personal protective equipment) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. 5. For residents form whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: 1. Dressing. 2. Bathing/showering. 3. Transferring. 4. Providing hygiene. 5. Changing linens. 6. Changing briefs or assisting with toileting. 7. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. 8. Wound care: any skin opening requiring a dressing.1.) R11's diagnoses includes acute respiratory failure (lungs cannot adequately exchange oxygen and carbon dioxide), congestive heart failure (heart doesn't pump enough blood to meet the body's needs), cognitive impairment, cardiomyopathy (serious disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body), atherosclerotic heart disease (buildup of fats, cholesterol and plaque in the artery walls of the heart which restrict blood flow to the heart), and hypertension (high blood pressure).R11's quarterly MDS with an assessment reference date of 2/21/26 has a BIMS of 00 which indicates severe cognitive impairment. The MDS documents that R11 was assessed to be dependent on toileting hygiene, roll left to right, chair/bed to chair transfer. The MDS also documents that R11 has an indwelling urinary catheter and is frequently incontinent of bowel. On 3/23/26, at 10:59 a.m., Surveyor observed Certified Nursing Assistant (CNA)-Y and CNA-Z wash their hands. CNA-Y informed R11 they were going to get him up and go to activities. CNA-Y then asked R11 if he was ready. R11 replied yes. CNA-Y and CNA-Z placed PPE (personal protective equipment) on. CNA-Y lowered R11's head of the bed down, removed the bedding off R11, R11's gown and unfastened the incontinence product. CNA-Y washed R11's face, asked R11 to raise his arms which R11 was able to and washed R11's under arms. CNA-Y washed R11's frontal (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	area, tubing of catheter and inner thighs. CNA-Z positioned R11 on his left side. CNA-Y asked R11 if he was done pooping. CNA-Y wiped R11's buttocks with the incontinent product to remove the stool, then washed R11's rectal and buttocks. CNA-Y did not remove her gloves and perform any hand hygiene. CNA-Y asked CNA-Z for cream, R11 was positioned on his back and CNA-Z handed CNA-Y barrier cream. CNA-Z positioned R11 on the left side, CNA-Y applied barrier cream on R11's buttocks, removed the soiled incontinence product and threw the product in the garbage. CNA-Y placed a clean incontinence product under R11, R11 was repositioned on his back, CNA-Y adjusted R11's oxygen tubing, pulled the incontinence product between R11's legs and fastened. CNA-Y informed R11 they were all done.On 3/23/26, at 11:11 a.m., CNA-Y removed her gloves and placed gloves on. CNA-Y did not perform any hand hygiene. CNA-Y placed a graduate directly on the floor. CNA-Y did not place a barrier on the floor. CNA-Y cleaned the drainage spigot with an alcohol pad, drained urine into the graduate removing 250 cc (cubic centimeters) of urine, placed the spigot in the drainage bag, emptied the urine in the toilet and rinsed the container. CNA-Y removed her gloves and washed her hands. CNA-Z asked R11 if he was getting up. R11 replied no and then R11 was covered with a sheet. At 11:21 p.m. CNA-Y removed her gown and left R11's room. CNA-Z then went over to R11's roommate side of the room.On 3/25/26, at 1:34 p.m., Surveyor asked IP (Infection Preventionist)-JJ when staff are doing continence cares, after they finish providing continence cares & before they proceed to a clean task should they remove their gloves and perform hand hygiene. IP-JJ replied yes this is basic infection control. Surveyor asked IP-JJ when staff are going to empty an urinary collection bag should a barrier be placed on the floor before placing the graduate on the floor. IP-JJ replied yes indicating they have been drilled this, stating we just had a skills fair. Surveyor informed IP-JJ of the observation with R11.2.) R15's diagnoses include quadriplegia (paralysis of all four limbs), hypertension (high blood pressure), history of cardiac arrest (heart abruptly stops pumping blood), prediabetes (blood sugar levels are higher than normal but not high enough for diabetes diagnoses), neuromuscular dysfunction of bladder (condition where the nerves and muscles that control bladder function are impaired leading to abnormal urinary symptoms), neurogenic bowel (loss of normal bowel functions due to nerve damage).R15 is on enhanced barrier precautions.R15's quarterly MDS (minimum data set) with an assessment reference date of 12/26/25 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R15 is dependent upon staff for toileting hygiene, roll left to right and chair/bed to chair transfer. R15 is assessed as being always incontinent of urine and frequently incontinent of bowel. R15 is assessed as having one Stage 4 pressure injury.On 3/25/26, at 11:05 a.m., Surveyor observed Certified Nursing Assistant (CNA)-NN wash her hands, place a gown & gloves on, and inform R15 she is going to get him ready for Assistant Director of Nursing (ADON)-D to do his treatment. R15 informed CNA-NN he moved his bowels again. CNA-NN repositioned R15 so R15 was straight in bed, removed her gloves & washed her hands. At 11:08 a.m., ADON-D entered R15's room, CNA-NN informed ADON-D R15 had moved his bowels, and ADON-D stated she will go get an aide & left R15's room.On 3/25/26, at 11:12 a.m., CNA-Y entered R15's room, washed her hands and placed gloves on. Surveyor observed CNA-Y did not put a gown on. CNA-Y stated to R15 going to change you and removed the pillow from between R15's legs. CNA-Y washed R15's frontal perineal area, inner thighs, and Foley tubing. CNA-NN positioned R15 on the right side. CNA-Y washed R15's rectal area and buttocks to remove stool. CNA-Y removed her gloves and placed new gloves on. CNA-Y did not perform any hand hygiene.On 3/25/26, at 11:17 a.m. CNA-Y placed a gown on. CNA-Y asked R15 if he was ready, R15 was positioned on the right side, a new draw sheet & incontinence product was placed under R15. R15 was positioned to the other side, the draw sheet & incontinence product was straightened out, & soiled items were removed. CNA-Y handed CNA-NN the soiled items who placed them in a bag. CNA-NN removed her gloves & washed her hands. CNA-Y pulled R15's gown down, informed R15 they were going to do his treatment, removed her PPE and washed her hands.On 3/25/26, at 1:32 p.m. Surveyor asked IP (Infection Preventionist)-JJ when staff are providing incontinence cares for a resident who is on EBP what should staff wear. IP-JJ replied (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	gown and gloves. Surveyor informed IP-JJ of the observation with R15. IP-JJ replied that's wrong.3.) On 3/25/26, at 8:08 a.m., Surveyor observed Licensed Practical Nurse (LPN)-T prepare R3's medication which consisted of quetiapine 100 mg (milligrams) one tablet, buspirone 5 mg one tablet, gabapentin 100 mg 1 capsule, methenamine [NAME] 1 gram one tablet, losartan potassium 50 mg one tablet, metformin 500 mg one tablet, pantoprazole 40 mg one tablet, simvastatin 10 mg 1/2 tablet, cranberry one tablet, olanzapine 5 mg one tablet, and vitamin D3 two tablets. On 3/25/26, at 8:19 a.m., Surveyor informed LPN-T Surveyor would like to verify the number of pills there are in the medication cup. LPN-T removed a second medication cup from the medication cart and using the tip of her fingernail moved R3's pills one at time into the second medication cup. On 3/25/26, at 8:22 a.m., LPN-T administered R3's medication to R3.On 3/26/26, at 8:11 a.m., Surveyor informed Director of Nursing (DON)-B of the observation with LPN-T using her fingernail to move R3's medication from one med cup to another to verify the number of pills with Surveyor. 4.) On 3/25/26, at 9:16 a.m., Surveyor observed Registered Nurse (RN)-U prepare R46's G-tube medication.On 3/25/26, at 9:31 a.m., RN-U informed R46 she was going to check R46's vital signs and give her the medication. RN-U checked R46's vital signs, removed her gloves, stating she's looking for more gloves. RN-U removed her gown, washed her hands and left R46's room.On 3/25/26, at 9:36 a.m., RN-U returned to R46's room and placed a gown & gloves on. RN-U filled a graduate with water and added 30 cc of water into R46's crushed medication. Surveyor observed the syringe fall onto the floor. RN-U picked this syringe off the floor, rinsed off the syringe with water, and withdrew 30 cc of water from the graduate into the syringe. RN-stoppedR46's feeding, flushed R46's tube and then administered R46's G-tube medications from the syringe that had fallen on the floor.On 3/25/26, at 1:33 p.m., Surveyor asked IP (Infection Preventionist)-JJ during a G-tube medication administration if the nurse drops the syringe on the floor what should the nurse do. IP-JJ replied get a new one. What I would do is toss it out and get a new one, it's obviously contaminated. Surveyor informed IP-JJ of the observation of the syringe during R46's G-tube medication observation falling on the floor, RN-U rinsing off the syringe and then using the syringe.No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility did not ensure each resident is treated with dignity and respect that promoted maintenance or enhancement of quality of life. This occurred for 2 (R77 & R105) of 22 residents reviewed for dignity.*R77 was observed to be in a gown during the survey process. R77 would prefer to wear clothes.*R105 was in the same soiled clothes during the survey process. R105 preferred to wear clean clothes.Findings include:The facility's policy titled Resident Rights dated as revised 10/24/23 documents:Policy: The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the residents.Procedure:1.The resident has the right to exercise his or her rights to all residents of the facility and as a citizen or resident of the United States.2.Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:a. a dignified existenceb. be treated with respect, kindness, and dignity.1.) R77 was admitted to the facility on [DATE] with diagnoses of Peripheral Vascular Disease(circulatory condition in which narrowed blood vessels reduce blood flow to limbs), Cellulitis(bacterial skin infection affecting deep dermis and subcutaneous tissue) of Right Lower Limb, Essential Hypertension(chronic condition of persistently high blood pressure), Hypothyroidism(underactive thyroid), and Hyperlipidemia(high levels of fat particles in blood). R77's admission Minimum Data Set (MDS) completed 2/16/26 documents a Brief Interview for Mental Status (BIMS) score to be 14, indicating R77 is cognitively intact for daily decision making. R77's MDS documents: R77 has no depressive and behavior symptoms; It is very important for R77 to choose R77's clothes and to choose between a tub bath, shower, bed bath or sponge bath; R77 has no upper extremity range of motion (ROM) impairment and has ROM impairment on one side of lower extremity. R77's MDS also documents R77 requires set-up for eating, partial/moderate assistance for mobility, and is dependent for toileting, hygiene, showers, upper and lower dressing, and transfers.R77's Functional Abilities Care Area Assessment (CAA) completed 2/16/26 documents: R77 currently requires staff assistance for Activities of Daily Living (ADL) completion. Goal is for R77 to increase independence with ADL performance.R77's comprehensive care plan states: R77 has an activities of daily living (ADL) self-care performance deficit r/t osteoporosis, HTN, abnormalities of gait and mobility, muscle wasting and atrophy, edema, history of falling, arthritis left knee.BATHING/SHOWERING ASSIST - ONE; BATHING/SHOWERING: Check nail length and trim and clean on bath days as necessary. Report any changes to the nurse; BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated.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.; DRESSING: Make sure shoes are comfortable and not slippery.PERSONAL HYGIENE/ORAL CARE ASSIST- ONE; TOILET USE ASSIST - TWOOn 3/23/2026, at 12:14 PM, Surveyor observed R77 sitting in a wheelchair eating lunch and wearing a hospital gown with a black zip up sweatshirt. On 3/24/2026, at 10:36 AM, Surveyor observed R77 sitting in a wheelchair with a hospital gown on.On 3/24/2026, at 1:40 PM, Surveyor observed R77 still wearing a hospital gown with same black zip up sweatshirt, self-propelling wheelchair up and down the hallway. On 3/25/2026, at 8:00 AM, Surveyor observed R77 wearing a hospital gown and self-propelling self in wheelchair in/out of room. On 3/25/2026, at 11:43PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who stated CNA-H has observed R77 wearing a gown all the time with a shirt underneath it. CNA-H stated R77 has a black sweatshirt. CNA-H stated that if a resident needs a change of clothes, CNA-H would go to CNA-H's supervisor, Assistant Director of Nursing (ADON)-E.On 3/25/2026, at 11:51 AM, Surveyor interviewed R77. R77 stated R77 would prefer to wear clothes. R77 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	states R77 would especially wear sweatpants because I wear a brief. R77 stated: I only have one change of clothes here, the clothes I came here with. I don't want to wet my pants and lose them. On 3/25/2026, at 1:27 PM, ADON-E and Surveyor observed R77 in the hallway wearing a hospital gown. 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 R77 was observed wearing a gown during the survey process. Surveyor informed NHA-A and DON-B that R77 prefers to wear clean clothes. No additional information was provided. 2.) 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 did not have a completed MDS (Minimum Data Set). Surveyor noted that based on interviews with R105, R105 is alert and oriented to person, place, and time.R105's comprehensive care plan 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; BATHING/SHOWERING: Check nail length and trim and clean on bath days as necessary. Report any changes to the nurse; BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated; 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.On 3/23/2026, at 2:09 PM, Surveyor observed R105 wearing a long blue sleeve shirt and dark gray pants while outside smoking.On 3/24/2026, at 11:38 AM, Surveyor observed R105 wearing the same blue long sleeve shirt and dark gray pants.On 3/25/2026, at 8:04 AM, R105 is observed by Surveyor wearing the same blue long sleeve shirt and dark gray pants. Surveyor noted the clothes were soiled with dried food and liquid. On 3/25/2026, at 11:17 AM, R105 is still wearing the same blue long sleeve shirt and dark gray pants that were soiled with dried food and liquid. On 3/25/2026, at 11:20 AM, Surveyor interviewed R105. R105 stated that R105 does not have any other clothes to put on. On 3/25/2026, at 11:29 AM, Surveyor interviewed CNA-KK who stated that if a resident does not have a change of clothes, CNA-KK would offer a gown to the resident. On 3/25/2026, at 1:03 PM, Surveyor interviewed ADON-E. ADON-E informed Surveyor that the expectation is that staff should try to find clothing items for residents. ADON-E stated that the facility does have donated clothing items and hasn't had a resident refuse donated clothing items. On 3/26/2026, at 9:53 AM, Surveyor observed R105 wearing the same blue long sleeve shirt and dark gray pants that were soiled with dried food and liquid. On 3/26/2026, at 12:20 PM, R105 informed Surveyor that R105 got some free clean clothes and is very happy. 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 has been wearing the same soiled clothes during the survey process and that R105 would like to wear clean clothes.No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not provide the opportunity for 2 (R77 and R105) of 2 residents reviewed to participate in the development and implementation of their person-centered plan of care by not facilitating the inclusion of R105 and R77 in the care planning process. *R77 was admitted on [DATE], and there is no documentation in R77's electronic medical record that R77 and/or representative participated in the development and implementation of R77's person-centered plan of care.*R105 was admitted on [DATE], and there is no documentation in R105's electronic medical record that R105 and/or representative participated in the development and implementation of R105's person-centered plan of care.Findings include:The facility's policy titled Care Plan-Baseline and Comprehensive policy dated as revised 7/18/24 documents:Purpose: To ensure that each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative.2. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan.6. Every effort will be made to schedule care plan meetings at the best time of the day for the resident, resident's representative, and family.14. The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments. Such refusals will be document in the resident's clinical record.1.) R77 was admitted to the facility on [DATE] with diagnoses of Peripheral Vascular Disease(circulatory condition in which narrowed blood vessels reduce blood flow to limbs), Cellulitis(bacterial skin infection affecting deep dermis and subcutaneous tissue) of Right Lower Limb, Essential Hypertension(chronic condition of persistently high blood pressure), Hypothyroidism(underactive thyroid), and Hyperlipidemia(high levels of fat particles in blood).R77 is her own person. Surveyor noted that R77 had a Registered Nurse (RN) and a Case Manager from an outside entity involved in the care of R77.R77's admission Minimum Data Set (MDS) completed 2/16/26 documents R77's Brief Interview for Mental Status (BIMS) score to be 14, indicating R77 is cognitively intact for daily decision making.On 3/24/26, at 9:05 AM, Surveyor interviewed R77 and asked R77 if R77 had a care planning meeting to discuss R77's goals while residing in the facility. R77 stated R77 does not know what is going on with discharge planning. R77 informed Surveyor that R77 has not had a care conference meeting that R77 can remember.Surveyor reviewed R77's electronic medical record (EMR) and was unable to locate any documentation that R77 has had a care planning meeting involving the interdisciplinary team (IDT) and/or R77 or R77's representative.On 3/26/26, at 11:56 AM, Surveyor interviewed Director of Social Services (DSS)-G and Social Services Coordinator (SSC)-F. DSS-G has been the social worker on the third floor for a month where R77 resides. DSS-G stated that care conferences should be held when a resident admits, ready to discharge, change of condition, upon request, and when a request for services is made.DSS-G stated that ?third party entities and other providers should be invited to attend as well and if a resident has health care power of attorney or guardian and the resident. DSS-G stated the care conference is usually held the same day of admission. DSS-G stated that nursing, therapy, social services, and dietary if available attends the care conference. Both DSS-G and SSC-F informed Surveyor that the expectation is that there should be documentation of a care conference being held, who attended, and a recapitulation of what was discussed would be located under social service progress note in a resident's electronic medical record.DSS-G and SSC-F informed Surveyor that there is no documentation that a care conference occurred involving the interdisciplinary team (IDT) for R77.On 3/26/2026, at 3:50 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, and Regional Director of Clinical Care Services (RDC)-C that there is no documentation that R77 had a care conference involving the IDT, R77 or R77's representative, and outside entities, in order to participate in the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	development and implementation of their person-centered plan of care.No additional information was provided. 2.) 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 is currently his own person. Surveyor noted that R105 had a Registered Nurse (RN) and a Case Manager from an outside entity involved in the care of R105.R105 did not have a completed MDS. Surveyor noted that based on interviews with R105, R105 is alert and oriented to person, place, and time.On 3/23/2026, at 12:38 PM, Surveyor interviewed R105. R105 stated R105 has not met R105's social worker. R105 informed Surveyor that R105 has not had a meeting to discuss discharge plans, and has no idea what is going on. R105 has not received a list of medications and is anxious about what R105 is taking. R105 has not participated in any meeting.Surveyor reviewed R105's electronic medical record (EMR) and was unable to locate any documentation that R105 has had a care planning meeting involving the interdisciplinary team (IDT) and/or R105 or R105's representative.On 3/26/26, at 11:56 AM, Surveyor interviewed Director of Social Services (DSS)-G and Social Services Coordinator (SSC)-F. DSS-G has been the social worker on the third floor for a month where R105 resides. DSS-G stated that care conferences should be held when a resident admits, ready to discharge, change of condition, upon request, and when a request for services is made. DSS-G stated that ?third party entities and other providers should be invited to attend as well and if a resident has health care power of attorney or guardian and the resident. DSS-G stated the care conference is usually held the same day of admission. DSS-G stated that nursing, therapy, social services, and dietary if available attends the care conference. DSS-G and SSC-F informed Surveyor that the expectation is that there should be documentation of a care conference being held, who attended, and a recapitulation of what was discussed would be located under social service progress note in a resident's electronic medical record.DSS-G and SSC-F informed Surveyor that there is no documentation that a care conference occurred involving the interdisciplinary team (IDT) for R105.On 3/26/2026, 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 there is no documentation that R105 had a care conference involving the IDT, R105 or R105's representative, and outside entities, in order to participate in the development and implementation of their person-centered plan of care.No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 1 (R70) of 1 residents reviewed was clinically appropriate to self-administer medications.* R70 was observed with approximately 11 medication pills in a medication cup on the over bed table next to R70. R70 did not have a self administration assessment of medication completed.Findings include:The facility's policy titled, Medication Self Administration, last revised 2/12/2024, documents: 1. The resident shall have an screen completed by a licensed nurse to determine factors that may impact the safe administration of medications.R70 was admitted to the facility on [DATE] with a diagnoses that included heart failure.R70's Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition for R70. The MDS documents that R70 was assessed to have no behaviors and documented that R70 received scheduled pain medication during the MDS assessment period. R70's self-administration of medication assessment dated [DATE] answers no, indicating that R70 was assessed to not be safe to self administer medication.On 03/23/2026, at 9:17 AM, Surveyor observed R70 sitting in bed in R70's room watching television. Surveyor observed on the over bed table in front of R70, a medication cup containing more than 4 pills of medication. R70 indicated to Surveyor that R70 informed the nurse R70 would take the medications but forgot to take the rest of them. Surveyor observed there was not a licensed nurse &/or medication tech in R70's room to supervise R70's self administration of medications.On 03/25/2026, at 8:41 AM, Surveyor observed Licensed Practical Nurse (LPN)-X bring R70's medications into R70's room. Surveyor went into R70's room after observing LPN-X leave the room. Surveyor observed R70 holding a medication cup containing approximately 11 pills of medications. R70 informed Surveyor that the nurse left the medications with R70 and R70 is working on self administering the medications.On 03/25/2026, at 8:42 AM, Surveyor interviewed LPN-X regarding R70's self-administration of medications. LPN-X informed Surveyor that there are no residents on LPN-X?s hall that take their own medications. Surveyor asked LPN-X if R70 has an order for self-administration of medications, LPN-X informed Surveyor that R70 does not have an order to administer medications. LPN-X indicated that LPN-X was going to go back in by R70 after getting water.On 03/25/2026, at 10:32 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D who indicated that R70 was not assessed to self-administer medications and should not be self-administering medications. ADON-D indicated the only time self-administration of medications occurs is usually with inhalers, eye drops or self-injecting insulin pens.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated R70 does not have a self-administration of medication assessment completed and should not be self-administering medications.On 03/25/2026, at 3:04 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B and Regional Director of Clinical Care Services-C of the above findings. No additional information was provided as to why the facility did not ensure that R70 was clinically appropriate and assessed to be safe to self-administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility did not ensure 1 (R77) of 22 residents reviewed were provided with reasonable accommodations for resident needs and preferences. *R77 was provided an over toilet riser with bilateral handles by therapy, and the over toilet riser was removed without a medical or safety reason. Findings include:The facility's policy titled Accommodation of Needs dated 4/10/25 documents:Policy Statement: The facility is committed to providing care and services that accommodate the individual needs, preferences, and rights of each resident in accordance with federal and state regulations, including the Americans with Disabilities Act (ADA) and CMS Requirements of Participation under 42 CFR 483. The facility will make reasonable accommodations to ensure residents attain or maintain their highest practicable physical, mental, and psychosocial well-being.Purpose: To ensure all residents receive individualized care and services that reflect their unique needs, choices, cultural preferences, communication abilities, and disabilities.2. Reasonable AccommodationsThe facility will provide reasonable accommodations including, but not limited to:Physical Environment-Accessible rooms, bathrooms, and common areas-Adaptive equipment(e.g. grab bars, specialized beds, mobility aids) .6. Resident choice and Rights-Residents have the right to make choices about their care and daily life-The facility will support resident autonomy while ensuring safety.R77 was admitted to the facility on [DATE] with diagnoses of Peripheral Vascular Disease(circulatory condition in which narrowed blood vessels reduce blood flow to limbs), Cellulitis(bacterial skin infection affecting deep dermis and subcutaneous tissue) of Right Lower Limb, Essential Hypertension(chronic condition of persistently high blood pressure), Hypothyroidism(underactive thyroid), and Hyperlipidemia(high levels of fat particles in blood). R77's admission Minimum Data Set (MDS) completed 2/16/26 documents a Brief Interview for Mental Status (BIMS) score to be 14, indicating R77 is cognitively intact for daily decision making. R77's MDS documents R77 has no depressive and behavior symptoms. R77's MDS documents: ROM (range of motion) impairment on one side of lower extremity; that R77 requires set-up for eating, partial/moderate assistance for mobility, and is dependent for toileting, hygiene, showers, upper and lower dressing, and transfers.R77's Functional Abilities Care Area Assessment (CAA) completed 2/16/26 documents: R77 currently requires staff assistance for Activities of Daily Living (ADL) completion. Goal is for R77 to increase independence with ADL performance.R77's Kardex, instructing certified nursing assistants (CNAs) on how to care for R77, documents that R77 requires the assistance of two for toilet transfers.On 3/23/2026, at 9:27 AM, R77 informed Surveyor R77 had an overbed toilet seat riser on the toilet and that R77 needed it because R77 holds onto the toilet riser bars to transfer. R77 stated that the toilet riser is gone and that R77 has no idea why. Surveyor observed no over toilet riser with bars in R77's bathroom. On 3/24/2026, at 10:37 AM, Surveyor observed no over toilet riser with bars in R77's bathroom. On 3/24/2026, at 1:44 PM, Surveyor observed no over toilet riser with bars in R77's bathroom. On 3/25/2026, at 7:59 AM, Surveyor observed no over toilet riser with bars in R77's bathroom. R77 informed Surveyor that R77 is frustrated because R77 was using one and needs help with toileting, but now feels like R77 is not working to be independent with toileting.On 3/25/2026, at 11:24 AM, Surveyor interviewed Physical Therapist Aide (PTA)-J. PTA-J confirmed that PTA-J has been working on transfers with R77 utilizing the over toilet riser. PTA-J recommended that R77 transfers with the use of the over toilet riser. PTA-J stated that R77 should not be transferring alone. PTA-J confirmed that it is recommended for R77 to use the over toilet riser because therapy has been working on R77's transfers as R77's goal is to go home.On 3/25/2026, at 11:25 AM, Certified Occupational Therapist Aide (COTA)-I. COTA-I verified that COTA-I personally placed an over toilet riser with bars a couple of weeks ago over R77's toilet. COTA-I is not sure why the over toiler riser would have been taken out of R77's bathroom.On 3/25/2026, at 11:43PM, Certified Nursing Assistant (CNA)-H informed Surveyor (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that CNA-H recalled an over toilet riser in the bathroom, but thought it was used by the resident living in the next room whom shared the bathroom with R77.On 3/25/2026, at 12:11 PM, Surveyor observed COTA-I bring an over toilet riser with bars and place it over R77's toilet. R77 was very happy.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 R77 was provided an over toilet riser by therapy to assist with toilet transfers and during the survey process. Surveyor observed that there was no over toilet riser in R77's bathroom prior to 3/25/26. Surveyor shared the concern that therapy recommended R77 use the over toilet riser to work towards the goal of discharge back to the community and that the over toilet riser was removed without a safety or medical concern.No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 1 of 8 employees reviewed. The facility did not ensure their abuse policy was implemented when one employee's (Housekeeper-V) Integrated Background Information System (IBIS) background check was not obtained before the employee started working at the facility. Findings include:The facility policy and procedure titled Vulnerable Adult Abuse and Neglect Prevention last revised 3/25/25 documents::Purpose: To provide residents a safe environment t that is free from harm.1. Screening and Training of New Employees and Volunteers:A. Employees:i. Screen potential employees for a history of abuse, neglect, exploitation, or mistreatment. That includes . checking with the appropriate licensing boards and registries.iv. A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks, using the state specified criminal background system.On 3/26/26 at 8:50 am, Surveyor interviewed Nursing Home Administrator (NHA)-A about two employees that were sampled for background check forms that were missing some background check information. NHA-A stated NHA-A would look into the missing background check documentation. On 3/26/26, at 2:14 pm, Staff Development Director-M and NHA-A informed Surveyor that after searching all employee files, around the time Housekeeper-V was hired they could not locate an IBIS background form for Housekeeper-V. No additional documentation was provided as to why the facility did not ensure that Housekeeper-V had a complete background check to ensure the safety of resident's per the facility's abuse and neglect policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure a comprehensive person-centered care plan was developed for 3 (R11, R77 & R85) of 22 residents reviewed. *R11 did not have an oxygen care plan. *R77 did not have a care plan for tubi grips. *R85 did not have a dehydration care plan. Findings include: The facility's policy titled, Care Plan – Baseline and Comprehensive and last revised 7/18/24 documents: To ensure that each resident care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative. Under the Policy section it documents: The Interdisciplinary Team will develop an individualized, comprehensive care plan for each resident based on their medical condition, medical history, assessments from different members of the interdisciplinary team, lifestyle, and current resident goals. 1.) R11's diagnoses include acute respiratory failure (lungs cannot adequately exchange oxygen and carbon dioxide) with hypoxia (low level of oxygen), congestive heart failure (heart doesn't pump enough blood to meet the body's needs), and hypoxemia (abnormally low level of oxygen in the blood), and hypertension (high blood pressure). R11's physician order dated 10/24/25 documents: Check oxygen saturation every shift and titrate 02 (oxygen) @ (at 0-5 l/min (liters per minute) to keep sats (saturations) 92% or better via nasal cannula continuously every shift and as needed for shortness of breath. On 3/23/26, at 9:52 a.m., Surveyor observed R11 in bed on his back with the head of the bed elevated. Surveyor observed R11receiving oxygen via nasal cannula at 1.5 l/min. On 3/23/26, at 12:12 p.m., Surveyor observed R11 sitting in a Broda chair in his room. R11 was observed receiving oxygen via nasal cannula from a portable oxygen tank located on the back of R11's Broda chair. On 3/24/26, at 11:32 a.m., Surveyor observed R11 in bed on the left side receiving oxygen via nasal cannula. R11's nurses note dated 3/24/26, at 12:09 p.m., written by Assistant Director of Nursing (ADON)-D documents: Writer was notified by staff that resident was sleeping most of the morning. Writer assessed resident, resident was sleeping, easily arousable. Vitals BP (blood pressure) 108/60, Temp (temperature) 98.1, HR (heart rate) 72, RR (respiratory rate) 14, POX (pulse oximetry) 98% on 2.5 LPM (liters per minute) of oxygen via NC (nasal cannula). MD (medical doctor) notified NOR (new order (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	received) to monitor resident, and if not improved send resident to ER (emergency room) for eval (evaluation) and treat. Resident is own person and notified. On 3/24/26, at 1:10 p.m., Surveyor observed R11 in bed on his back with the head of the bed elevated receiving oxygen via nasal cannula. On 3/24/26 Surveyor reviewed R11's care plans and noted the following care plans: Activities initiated 10/24/25, Resident is here for short term rehabilitation stay initiated 10/24/25, ADL (activities daily living) self-care performance deficit initiated 10/24/25, Advanced directive initiated 10/24/25, Behavior symptoms initiated 1/16/26, Congestive heart failure initiated 10/28/25, Hypertension initiated 10/28/25, Impaired cognitive function or impaired thought processes initiated 10/28/25, Discharge plan initiated 10/28/25, Actual alteration in elimination initiated 11/6/25, Moderate risk for falls initiated 10/24/25, Resident has bilateral heel ulcers with confirmed left heel infection with necrosis initiated 1/14/26, Resident has new onset respiratory symptoms and is at risk for further respiratory infections initiated 3/23/26, Resident has limited physical mobility initiated 10/24/25, Potential for altered nutritional status initiated 10/24/25, Resident has acute pain initiated 10/24/25, Resident has potential psychosocial well-being problem initiated 10/24/25, At risk for alteration in skin integrity initiated 10/24/25, Resident uses antianxiety medication initiated 3/22/26, Alteration in skin integrity initiated 11/18/25, Resident has sleep pattern disturbances initiated 10/28/25, and Vulnerability initiated 11/12/25. Surveyor noted the facility did not develop an oxygen care plan for R11. On 3/26/26, at 10:51 a.m., Surveyor asked ADON-D how care plans are developed for residents. ADON-D explained care plans are opened upon admission and then everyone tweaks the care plans afterward. Surveyor informed ADON-D Surveyor was unable to locate an oxygen care plan for R11. ADON-D replied okay. On 3/30/26, at approximately 8:00 a.m., Director of Nursing (DON)-B provided Surveyor with a care plan for R11 which documented: The resident has altered respiratory status/difficulty breathing initiated & revised on 3/26/26 which documents the following interventions all initiated on 3/26/26 of *Administer medication/puffers as ordered. Monitor for effectiveness and side effects. *Elevate head of bed. *Maintain a clear airway by encouraging resident to clear own secretions with effective coughing. If secretions cannot be cleared, suction as ordered/required to clear secretions. *Oxygen per MD order. *Position resident with proper body alignment for optimal breathing pattern. No additional information was provided. 2.) R77 was admitted to the facility on [DATE] with diagnoses of Peripheral Vascular Disease(circulatory condition in which narrowed blood vessels reduce blood flow to limbs), Cellulitis(bacterial skin infection affecting deep dermis and subcutaneous tissue) of Right Lower Limb, Essential Hypertension(chronic condition of persistently high blood pressure), Hypothyroidism(underactive thyroid), and Hyperlipidemia(high levels of fat particles in blood). R77's admission Minimum Data Set (MDS) completed 2/16/26 documents R77's Brief Interview for Mental Status (BIMS) score to be 14, indicating R77 is cognitively intact for daily decision making. R77's physician orders document: Apply Tubi grips Size F to BLE in the AM, and remove at NOC (night time) every day and evening shift for promote skin integrityActive 2/11/2026 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R77's Kardex as of 3/26/26 documents that R77 is on a fluid restriction of 1500ml per day. On 2/18/26, Nurse Practitioner (NP)-LL documents: R77 was admitted to the hospital due to bilateral lower extremity swelling and pain, exacerbated by R77's pre-existing conditions, including hypertension, peripheral artery disease, transient ischemic attack, varicose veins, and hypothyroidism. R77's hospital course included treatment for bilateral lower extremity cellulitis. Surveyor noted that R77's bilateral lower extremity swelling and pain is not addressed on R77's Kardex and could not locate a comprehensive care plan for R77 that included the intervention of physician ordered bilateral tubi-grips to promote skin integrity. 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 R77's tubi-grips to be placed on daily daily to address bilateral lower extremity swelling was not updated and documented within R77 comprehensive care plan. No additional information was provided. 3.) R85 was admitted to the facility on [DATE] with diagnoses of Osteoarthritis(degenerative joint disease), Morbid Obesity(too much body fat), Spondylosis(age related degeneration of spine), Adult Failure to Thrive(decline in overall health in older adults), Protein-Calorie Malnutrition Moderate(significant, but not severe, deficiency in nutrient intake), Anxiety Disorder(mental health disorder characterized by feelings of worry, fear that interfere with daily activities), and Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities). R85's admission MDS completed 2/23/26 documents R85's BIMS score to be 15, indicating R85 is cognitively intact for daily decision making. R85's Dehydration/Fluid Maintenance Care Area Assessment (CAA) completed 2/24/26 documents: Goal is acceptance of adequate fluids/improve oral intake to prevent fluid deficit. R85 received intravenous fluids(IV) in hospital on 2/15/26-2/17/26 due to fluid deficit as evidenced by metabolic acidosis, starvation ketosis, hypoglycemia and poor oral intake. On 2/24/26, Registered Dietitian (RD)-K completed a hydration assessment and documents: R85 is admitted following hospitalization for failure to thrive, multiple wounds, and hypoglycemia due to poor oral intake. IV fluids were provided from 2/25/26-2/17/26 due to starvation ketosis and hypoglycemia as well as metabolic acidosis. Will continue to monitor oral intake and wounds and reassess as needed. On 3/24/2026, at 11:49 AM, Surveyor interviewed RD-K. Surveyor asked RD-K based on R85 triggering for dehydration, how is R85's hydration status being monitored. RD-K explained that the facility monitors R85's fluid intake on a daily basis and informed Surveyor that R85 is on Lasix having the potential for fluid overload. RD-K stated that R85 received water with all medications, jello at lunch, and fluids should be kept within reach. On 3/24/2026, at 1:37 PM, Surveyor informed RD-K that Surveyor was unable to locate a dehydration or fluid monitoring care plan for R85. RD-K informed Surveyor I always put in dehydration care plans. I pride myself on being thorough. I have no idea how it got missed. It should have been there. Surveyor (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted that a care plan addressing potential for dehydration was not in place until after the interview with RD-K when Surveyor brought it to RD-K's attention. On 3/25/2026, at 1:27 PM, Assistant Director of Nursing (ADON)-E confirmed that the interdisciplinary team (IDT) is responsible for completing the comprehensive care plan depending on the focused problem. 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 R85's at risk for dehydration care plan was not developed and part of R85's comprehensive care plan. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility did not update the comprehensive person-centered care plan for 1 (R10) of 22 residents to meet a resident's medical, nursing and psychosocial needs that are identified in the comprehensive assessment.R10's care plan was not updated after R10 was removed from hospice services.Findings include:The facility's policy and procedure titled Care Plan-Baseline and Comprehensive last revised 7/18/24, documents: Purpose- To ensure that each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative. Policy: The Interdisciplinary Team will develop an individualized, comprehensive care plan for each resident based on their medical condition, medical history, assessments from different members of the interdisciplinary team, lifestyle, and current resident goals.Procedure:7. Throughout the course of rehabilitation and the resident's stay in the facility, the identified risk factors, goals, interventions, and outcomes on the care plans will be evaluated at least quarterly and revised as necessary . 12. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change. 13. The Interdisciplinary Team must review and update the care plan:a. When there has been a significant change in the resident's condition. R10 was admitted to the facility on [DATE] with pertinent diagnoses that include Parkinson's disease with dyskinesia (a progressive neurodegenerative disorder that primarily affects movement by damaging dopamine-producing neurons in a specific area of the brain called the substantia nigra), aphasia (complete inability or refusal to swallow), type 2 diabetes mellitus (happens when the body cannot use insulin correctly and sugar builds up in the blood), conversion disorder (a psychiatric condition where emotional or psychological stress causes real physical, neurological symptoms (e.g., paralysis, blindness, seizures) without an underlying organic medical cause), dysphagia (difficulty swallowing), hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (a serious neurological condition characterized by paralysis (hemiplegia) or weakness (hemiparesis) on the right side of the body, with the right hemisphere of the brain being dominant), vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain), and adult failure to thrive.R10's Significant Change in Status Minimum Data Set (MDS) with an assessment reference date of 2/12/26, does not document a Brief Interview for Mental Status (BIMS). The MDS assesses: R10 is rarely or never is understood or understands others; R10's Patient Depression Questionnaire (PHQ-9) score to be 00 indicating no depressive symptoms; R10 exhibited no behaviors during the look back period of the MDS assessment; R10 was coded as receiving hospice care. R10's care plan Resident is on hospice services r/t (related to) physical decline d/t (due to) dx (diagnosis) of hemiplegia following cerebral infraction affecting right dominant side. Date initiated 3/6/25. Pertinent interventions include: Follow hospice care plan along with family care plan. Date initiated: 3/6/25 Hospice will provide support to the resident and family: emotionally, psychosocially, and spiritually. Date initiated: 3/6/25 Notify hospice and family if resident passes. Follow hospice instructions for release of body. Date initiated: 3/6/25 Notify hospice if increased s/sx (signs/symptoms) of dyspnea, anxiety and/or pain is not controlled. Date initiated: 3/6/25 Notify hospice of changes in condition. Date initiated: 3/6/25R10's care plan discharge plan: Resident will remain at the facility for LTC (long term care) and under Holistic hospice care. Date initiated: 2/12/25. R10's care plan Resident uses antianxiety mediation r/t hospice status and periods of agitation. Date initiated: 2/12/25.Surveyor noted 3 care plans related to R10 being on hospice services. On 03/24/2026, at 1:47 PM, Surveyor interviewed Registered Nurse (RN)-W about where R10's hospice communication binder is located. RN-W stated that R10 is no longer on hospice. RN-W stated will check with Assistant Director of Nursing (ADON)-E though because the computer still indicates R10 is on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hospice.On 03/25/2026, at 8:02 AM, Surveyor interviewed ADON-E and was told that R10 is no longer on hospice and that R10 was removed from hospice a month or so ago on 2/1/26. Surveyor questioned why care plan and orders still say hospice and was told I don't know why.Surveyor asked if the expectation would be to remove hospice services from the care plan after services end. ADON-E replied yes most reasonably, however it doesn't change the treatment R10 receives. Surveyor noted that R10's care plan Resident is on hospice services r/t (related to) physical decline d/t (due to) dx (diagnosis) of hemiplegia following cerebral infraction affecting right dominant side has five interventions that instruct staff to utilize hospice services. On 03/25/2026, at 3:04 PM, at the end of day meeting, Surveyor informed Nursing Home Administrator-A, Director of Nursing-B and Regional Director of Clinical Care Services-C know concerns regarding R10's care plan not being updated after R10 was removed from hospice services.No additional information was provided regarding R10's care plan not being updated after hospice services ended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **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 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 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that 2 (R5, R47 and R105) of 4 residents who are unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene.*R5, who is dependent on staff, only received 1 shower in 30 days, with no documented refusals. R5, who is also dependent on staff for toileting, was not checked or changed for incontinence and was observed with a saturated brief.*R47, who is dependent on staff, did not receive any showers in the last 30 days, with no documented refusals. R47, who is totally dependent on staff, was not checked or changed for incontinence per R47's care plan.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.1.) R5 was admitted to the facility on [DATE] with diagnoses that include, Dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life) and acute cystitis with hematuria (bladder inflammation causing blood in the urine).R5's comprehensive Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 00, indicating R5 has severe cognitive impairment. The MDS documents that R5 does not exhibit behaviors or rejection of care, is always incontinent of bowel and bladder, has impairment on both sides in upper and lower extremities and is dependent on staff assistance for all Activities of Daily Living (ADL).Survey reviewed the facility provided document for R5, titled Care Plan Report, which documents R5 has an Activity of Daily Living (ADL) self-care deficit, initiated 1/30/2026, requiring an assist of 1 with showering/bathing with interventions including: provide sponge bath when a full bed bath or shower cannot be tolerated, use simple, short instructions to promote independence.On 03/24/2026, at 8:05 AM, Surveyor observed R5 in the dining room. R5's hair was uncombed and flat in the back from laying on hair for extended time and sticking straight up and unkept. Surveyor noted that R5 could not be interviewed due to cognitive status.On 03/24/2026, at 10:51 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-HH regarding showers. CNA-HH indicated residents will usually receive 2 showers per week and that showers/bath schedules for residents are in the book at nurse station.Surveyor reviewed the Facility shower/bath schedule for R5 and noted the following:R5's shower days are Tuesdays AM and Friday PMSurveyor noted R5 was scheduled to have a shower on the morning of (Tuesday) 3/24/2026 but did not appear to have been showered as evidence by R5's unkept appearance.On 03/25/2026, 8:51 AM, Surveyor interviewed CNA-Z who indicated that sometimes R5 will get up early in the morning. 3rd shift will get R5 up and shower on R5's shower days. R5 will get showers 2 times per week or more if requested but was unsure if R5 received a shower yesterday.Surveyor reviewed the facility provided task log for the last 30 days of R5's showers. Surveyor noted R5 was given 1 shower and R5's hair was washed 1 time in the last 30 days, with no documented refusals. Surveyor noted R5 should have had 9 showers between 02/24/2026 and 03/24/2026 but only received 1 shower and 3 bed baths, with no documented refusals.On 03/25/2026, at 10:32 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C regarding how often R5 should have a shower and if there were any refusals. While looking up the information, ADON-C indicated only 1 shower and 3 bed baths in 30 days for R5. ADON-C (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated R5 is supposed to have a shower twice per week. ADON-C indicated R5 can be combative and say no but that it should be document as a refusal.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R5's showers. DON-B informed Surveyor that showers are scheduled 2 times per week. If the resident does not want to go to the shower room, a bed bath is preformed and done as alternative. The expectation is that the CNA would need to document refusals and the ADON or floor nurse would follow up on the alert in the system. DON-B stated there were no alerts in the system for shower refusals for R5.Toileting:Survey reviewed the facility provided document for R5, titled Care Plan Report, which documents R5 has an Activity of Daily Living (ADL) self-care deficit, initiated 1/30/2026, requiring an assist of 1 with toileting needs.Under the interventions section it documents: Check and change resident every 2 hours and assist with toileting needs, provide bed pan/bedside commode and provide loose fitting, easy to remove clothing. Surveyor noted this resolved on 2/2/2026.Survey reviewed the facility provided document for R5, titled Care Plan Report, which documents: R5 has an alteration in elimination, initiated 2/3/2026 and indicates the following interventions: check and change as needed due to incontinence, incontinent of bladder and incontinent of bowel.On 03/24/2026, at 10:45 AM, Surveyor began continuous observations of R5. Surveyor noted R5 sitting in the common area in R5's Broda wheelchair at a table.On 03/24/2026, at 12:53 PM, Surveyor noted staff brought R5 to R5's room and administered R5's tube feeding but did not check or change R5 during that time.On 03/24/2026, at 1:05 PM, R5 was brought back to the common area in R5's Broda chair and placed at a table. On 03/24/2026, at 1:56 PM, Surveyor observed Certified Nursing Assistant (CNA)-BB and Registered Nurse (RN)-CC bring R5 to R5's room to change R5. Surveyor noted R5's pants were wet with urine. CNA-BB indicated R5's pants are wet, and urine soaked through R5's brief. Surveyor noted R5's brief to be completely saturated in urine. R5 was provided with new pants after being changed by CNA-BB and RN-CC. Surveyor asked both staff when R5 was last changed, both staff indicated not being sure.Surveyor stopped continuous observation after R5 was changed and noted it was over 3 hours since R5 was checked and changed.Surveyor observed R5 continuously from 10:45 AM to 1:56 PM and noted that R5 was not checked and changed every two hours per R5's plan of care and that it was over 3 hours since R5 was last checked and changed by facility staff.On 03/25/2026, at 10:32 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C regarding Surveyors observations. ADON-C indicated that R5 should be checked and changed every 2-3 hours as needed.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B informed Surveyor that R5 requires assistance with toileting and should be checked and changed at least every 2-3 hours.On 03/25/2026, at 3:04 PM, Surveyor informed the facility of the above concerns, no additional information was provided.2.) R47 was admitted to the facility on [DATE], with diagnoses including Dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life), acute cystitis with hematuria (bladder inflammation causing blood in the urine) and pressure injury to left hip.R47 ?s MDS (Minimum Data Set), dated 12/19/2025documents a BIMS (Brief Interview for Mental Status) score of 03, indicating R47 has severe cognitive impairment. The MDS documents that R47 was assessed to have no behaviors or rejection of care, that it is very important for R47 to choose between a tub bath, shower, bed bath or sponge bath, has no impairment in upper or lower extremities, and is dependent on staff for toileting and dependent on staff for showering.Survey reviewed the facility provided document for R47, titled Care Plan Report, which documents R47 has an Activity of Daily Living (ADL) self-care deficit, initiated 12/20/2025, and indicates R47 is totally dependent on staff for toilet use and assist of 1 for shower/bathing.Surveyor reviewed the facility's shower/bath schedule for R47 and noted the following:R47's shower days are Friday AM Monday PM.Surveyor reviewed the facility provided task log for the last 30 days of R47's showers. Surveyor noted that R47 did not receive any showers, received 4 bed baths in the last 30 days, with no documented refusals.R47 should have had 8 showers between 02/26/2026 and 3/24/2026 but did not receive any showers, with no documented refusals.On 03/25/2026, at 10:32 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C regarding how often R47 should have a shower and if there were any refusals.R47 did not receive any showers in the last 30days and received 4 bed baths 4 in the past 30 days. ADON-C indicated R47 should have 2 showers per week but just came to the 2nd floor unit from another unit in the facility on 3/20/26. ADON-C indicated that R47 receives showers on Sundays in the evening and Thursday in the evening. ADON-C informed Surveyor R47 received a shower this past Sunday evening but was marked not applicable in the tasks.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R47's showers. DON-B informed Surveyor that showers are scheduled 2 times per week. If the resident does not want to go to the shower room, a bed bath is preformed and done as alternative. The expectation is that the CNA would need to document refusals and the ADON or floor nurse would follow up on the alert in the system. DON-B stated that no alerts in the system for refusals for R47.Toileting:Survey reviewed the facility provided document for R47, titled Care Plan Report, which documents R47 has an Activity of Daily Living (ADL) self-care deficit, initiated 12/20/2025, and indicates R47 is totally dependent on staff for toilet use.Survey reviewed the facility provided document for R47, titled Care Plan Report, which documents R47 has an alteration in elimination, initiated 12/20/2025, and indicated the following interventions: Apply barrier cream after each incontinence episode, check and change as needed, incontinence care after each incontinence episode, incontinent brief, incontinent of bladder and incontinent of bowel.On 03/24/2026, at 10:45 AM, Surveyor began continuous observation of R47. Surveyor observed R47 in the dining area attending activities. On 03/24/2026, at 1:08 PM, Surveyor noted R47 to still be in the dining area in R47's wheelchair, sitting at a table.On 03/24/2026, at 1:56 PM, Surveyor observed that R47 still had not been checked or changed at this time.Surveyor observed R47 from 10:45 AM to 1:56 PM and noted that R47 was not checked and changed every two to three hours per R47's plan of care and that it was over 3 hours since R47 was last checked and changed by facility staff.On 03/25/2026, at10:32 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C regarding Surveyors observations. ADON-C indicated that R47 should be checked and changed every 2-3 hours and as needed.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B informed Surveyor that R47 requires assistance with toileting and should be checked and changed at least every 2-3 hours.On 03/25/2026, at 3:04 PM, Surveyor informed the facility of the above concerns, no additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility did not ensure residents received necessary care and treatment in accordance with professional standards of practice for 1 (R77) of 22 residents reviewed for quality of care.*R77's physician orders document that R77 is to wear bilateral tubi-grips during the day and off at night. Surveyor observed R77 not wearing bilateral tubi-grips during the survey process.Findings include:R77 was admitted to the facility on [DATE] with diagnoses of Peripheral Vascular Disease(circulatory condition in which narrowed blood vessels reduce blood flow to limbs), Cellulitis(bacterial skin infection affecting deep dermis and subcutaneous tissue) of Right Lower Limb, Essential Hypertension(chronic condition of persistently high blood pressure), Hypothyroidism(underactive thyroid), and Hyperlipidemia(high levels of fat particles in blood).R77's admission Minimum Data Set (MDS) completed 2/16/26 documents a Brief Interview for Mental Status (BIMS) score to be 14, indicating R77 is cognitively intact for daily decision making. R77's MDS documents: R77 has no depressive and behavior symptoms; It is very important for R77 to choose R77's clothes and to choose between a tub bath, shower, bed bath or sponge bath; R77 has no upper extremity range of motion (ROM) impairment and has ROM impairment on one side of lower extremity; R77 requires set-up for eating, partial/moderate assistance for mobility, and is dependent for toileting, hygiene, showers, upper and lower dressing, and transfers.R77's physician orders document: Apply Tubi grips Size F to BLE in the AM, and remove at NOC (night) every day and evening shift for promote skin integrityActive 2/11/2026.Surveyor noted that R77's tubi grips to be placed to bilateral lower extremities physician orders are not on R77's Certified Nursing Assistant (CNA) Kardex, which instructs CNAs on how to care for R77 and are not included in R77's comprehensive care plan.On 2/11/2026, at 3:34 PM, Registered Dietitian (RD)-K documented: Resident is admitted following hospitalization for leg swelling and bilateral lower extremity cellulitis. R77 was also diagnosed with hypokalemia. On previous admission in 2024, R77's weight was 110#. CBW is 125.2# likely related to swelling. Tubi-grips are in place. She reports UBW as ranging from 115-130#, depending on swelling in lower legs.On 3/23/2026, at 9:16 AM, Surveyor observed R77 not wearing tubi-grips per physician orders. R77 informed Surveyor that R77 has tubi-grips at home and was wearing them but has not been wearing them here.On 3/23/2026, at 12:14 PM, Surveyor observed R77 not wearing tubi-grips. On 3/24/2026, at 10:36 AM, Surveyor observed R77 in a wheelchair, no foot pedals on the chair, legs dangling and no tubi-grips on bilateral legs. On 3/24/2026, at 1:40 PM, Surveyor observed R77 not wearing tubi-grips on R77's bilateral lower extremities. On 3/25/2026, at 8:00 AM, Surveyor observed R77 not wearing tubi-grips on R77's bilateral lower extremities.On 3/25/2026, at 11:29 AM, Surveyor interviewed CNA-KK who stated that CNA-KK was unfamiliar with how to take care of a resident, CNA-KK would check the resident's kardex for guidance.On 3/25/2026, at 11:43PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H. CNA-H stated that CNA-H would consult a resident's Kardex to determine how to take care of a resident. CNA-H informed Surveyor that CNA-H has never seen tubi-grips in R77's room.On 3/25/2026, at 1:27 PM, Surveyor along with Assistant Director of Nursing (ADON)-E observed R77 not wearing R77's tubi-grips. ADON-E agreed R77 was not wearing physician ordered tubi-grips.Surveyor noted that R77's Treatment Administration Record (TAR) for March 2026 does not accurately reflect Surveyor's observations of R77's tubi-grips not being worn. Surveyor observed that on 3/23/26, 3/24/26, and 3/25/25, R77 was not wearing tubi-grips. R77's TAR documents R77 having tubi-grips on but Surveyor has observations of R77 not having tubi- grips on. 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 R77 has not had bilateral tubi-grips per physician orders on during the survey process to effectively address R77's edema concerns. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 2 (R74 & R2) of 6 residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. *R74 was observed not wearing the right palm guard and left-hand carrot during the survey. *R2 was observed not wearing bilateral palm guards during the survey. Findings include: The facility's policy titled, Orthotics and dated 12/8/25 documents under purpose To ensure safe, clinically appropriate, person-centered use of hand splints and braces that support function, prevent/mitigate contracture or deformity, protect healing tissues, and reduce pain while maintaining resident rights, dignity, and freedom from unnecessary restraint. 1.) R74 was admitted to the facility with diagnoses that include nontraumatic intracerebral hemorrhage (a life threatening type of stroke caused by a ruptured blood vessel), chronic kidney disease (kidneys are damaged and cannot filter blood & waste effectively), depression (serious mood disorder that causes a persistent feeling of sadness and a loss of interest in activities interfering with daily life), encephalopathy (general brain dysfunction characterized by alteration in brain function or structure), anxiety disorder (group of mental health conditions characterized by excessive and persistent worry, fear and nervousness that can interfere with daily life), polyosteoarthritis (type of arthritis affecting five or more joints simultaneously) and hemiplegia (paralysis on one side of the body). R74's Annual MDS (minimum data set) with an assessment reference date of 3/16/26 documents a BIMS (brief interview mental status) score of 00, which indicates severe cognitive impairment for R74. For functional limitations in range of motion, the MDS assesses R74 as having upper extremity impairment on one side. R74's ADL (activities daily living) self-care performance deficit care plan initiated 3/9/24 and revised 5/7/24 documents the following intervention: Resident to wear r (right)/palm guard, and L (left) hand carrot at all times, remove daily for hand hygiene and re-don. Initiated 4/3/25. R74's physician order dated 4/3/25 documents Resident to wear r/palm guard and L/hand carrot at all times, remove daily for hand hygiene and re-don. On 3/23/26, at 9:47 a.m., Surveyor observed R74 in bed on her back with the head of the bed elevated. Surveyor did not observe R74 wearing a right palm guard or a left-hand carrot. On 3/23/26, at 1:58 p.m., Surveyor observed R74 in bed on the right side with the head of the bed elevated. Surveyor observed R74 is not wearing a palm guard in the right hand or a left-hand carrot. On 3/24/26, at 7:21 a.m., Surveyor observed R74 in bed on the right side. Surveyor observed R74 is not wearing a palm guard in the right hand or a left-hand carrot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/24/26, at 11:15 a.m., Surveyor observed R74 in bed on her back with the head of the bed elevated. Surveyor was unable to observe R74's right hand as it was under the sheet. Surveyor observed that R74 does not have a left-hand carrot. On 3/24/26, at 1:11 p.m., Surveyor observed R74 in bed on her back with the head of the bed elevated. Surveyor was unable to observe R74's right hand as it was under the sheet. Surveyor observed that R74 does not have a left-hand carrot. On 3/25/26, at 10:02 a.m., Surveyor observed R74 in bed on her back with the head of the bed elevated and a pillow under R74's right elbow. Surveyor observed R74 tubi grip on the right hand/arm but is not wearing a palm guard. R74 also does not have a left-hand carrot. On 3/25/26, at 11:01 a.m., Surveyor observed R74 being wheeled down the hallway in a Broda chair. Surveyor observed that R74 is not wearing a right palm guard or a left-hand carrot. On 3/25/26, at 12:33 p.m., Surveyor informed Assistant Director of Nursing (ADON)-D that Surveyor noted a physician order for R74 which documents R74 to wear right palm guard and left-hand carrot at all times. Surveyor informed ADON-D Surveyor has multiple observations of R74 not having these devices. ADON-D informed Surveyor she will investigate this and get back to Surveyor. On 3/25/26, at 3:40 p.m., Surveyor observed R74 in bed on the right side. R74's left hand is near her mouth. Surveyor observed that R74 is not wearing a right palm guard or left-hand carrot. No additional information was provided to Surveyor as to why R74 was not wearing the right palm guard and left-hand carrot according to physician orders. 2.) R2 was admitted to the facility on [DATE] with pertinent diagnoses that include chronic myeloid leukemia (a slow-growing cancer of the blood and bone marrow, often triggered by an acquired genetic mutation—the Philadelphia chromosome—that causes overproduction of white blood cells), multiple sclerosis (autoimmune disease of the central nervous system where the immune system attacks the myelin sheath protecting nerve fibers), and encephalopathy (a group of conditions that cause brain dysfunction. Brain dysfunction can appear as confusion, memory loss, personality changes and/or coma in the most severe form). R2's Quarterly Minimum Data Set (MDS) with an assessment reference date of 2/22/26 does not document a Brief Interview for Mental Status assessment. R2's MDS documents that R2's upper extremities have an impairment on one side. R2's care plan titled, I am at risk for alteration in skin integrity. revised on 8/19/25, documents the following intervention: bilateral palm guards on in the morning and off for hygiene and at bedtime, initiated on 6/12/25. R2's care plan I have an alteration in skin integrity. revised on 1/13/26 documents the following intervention: 12/27/25-remove hand splints after 8 hours to promote skin integrity, initiated on 12/27/25. R2's physician order dated 12/29/25 documents: apply bilateral palm guards on in the morning and off for hygiene and at bedtime. One time a day for contracture care and remove per schedule. Surveyor reviewed R2's Treatment Administration Record and in the month of March there is a check off for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	apply 0800 and every day is checked. There is a check off for remove 1600 and every day is checked. On 03/23/2026, at 8:59 AM, Surveyor observed R2 in bed with no palm guards on either hand. On 03/24/2026, at 12:39 PM, Surveyor observed R2 in bed with no palm guards on either hand. On 03/24/2026, at 2:49 PM, Surveyor observed R2 in bed with no palm guards on either hand. On 03/25/2026, at 8:08 AM, Surveyor observed R2 in bed with no palm guards on either hand. On 03/25/2026, at 09:50 AM, Surveyor observed R2 in bed with no palm guards on either hand. On 3/25/2026, at 11:55 AM, Surveyor observed R2 in bed with no palm guards on either hand. Surveyor noted R2's palm guards were located on the windowsill across the room from where R2 was in bed for the survey process. On 03/25/2026, at 1:34 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-P and asked if R2 wore the bilateral palm guards. The response was sometimes, R2 tends to fight wearing them. On 03/25/2026, at 1:35 PM, Surveyor interviewed Assistant Director of Nursing (ADON)-E about R2's bilateral palm guards and was told R2 usually has the right one on, the left is not used as much as R2 is still able to open and use that hand. On 03/26/2026, at 10:07 AM, Surveyor followed up with ADON-E regarding the observations of palm guards not being on. Per ADON-E, facility staff should put them on and off during the day and that staff should follow R2's plan of care. Surveyor stated this is a concern because there have been multiple observations at different times of day that R2 does not have the palm guards on. On 03/26/2026, at 2:13 PM, Surveyor let Nursing Home Administrator (NHA)-A know of concern that R2's palm guards were not being worn. No additional information was provided as to why R2 was not wearing the prescribed palm guards.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure the environment remained free of accident hazards with smoking materials for 1 (R82) of 2 residents reviewed for smoking and that residents received adequate supervision to prevent accidents for 2 (R22 and R106) of 3 residents reviewed for falls. * R82 was seen vaping in R82's room for the duration of the survey. * R22 was observed not to have fall interventions in place the duration of the survey. R22 also had multiple falls that were not thoroughly investigated. * R106 had multiple falls that were not thoroughly investigated. Findings Include: The facility's policy and procedure titled Smoking and E-Cigarettes revised on [DATE] documents: When the resident requests to smoke (includes smoking of any material, including but not limited to tobacco, marijuana, saliva (sage), etc). Smoking will only be allowed in designated outdoor area(s) in the facility that are not near flammable substances or where oxygen is in use. - Smoking - burning or holding, or inhaling or exhaling smoke from, any of the following items containing tobacco: lighted cigar, lighted cigarette, lighted pipe, any other lighted smoking equipment. - Electronic cigarettes (E cigarettes) - battery powered devices that deliver nicotine by producing A heated vapor. - If a resident chooses to smoke electronic cigarettes (E cigarettes, vapes, vaporizers, vape pens, etc.) They must smoke them in designated smoking areas. 1.) R82 was admitted to the facility on [DATE] with diagnoses that included nicotine dependence cigarettes, Contracture right hand (a permanent tightening of muscles, tendons, ligaments, or skin, causing limited mobility), and Quadriplegia (paralysis or inability to move all 4 limbs). R82's Quarterly Minimum Data Set (MDS) dated [DATE] documented R82 to have a Brief Mental Interview Score of 15, indicating R82 is cognitively intact. The MDS documents that R82 was assessed to have upper and lower extremity impairment and documents that R82 is dependent on staff for all cares, mobility, and transferring. R82's care plan titled: Resident is Currently vaping at the facility. Resident was grandfathered to use a vape pen prior to new smoking policy dated as revised [DATE] documents: - Instruct resident about facility policy on smoking: locations, times, safety concerns. Initiated [DATE]. - Instruct resident about smoking risks and hazards and about smoking cessation aids that are available. Initiated [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Notify charge nurse immediately if it is suspected resident has violated facility smoking policy. Initiated [DATE]. - R82 is currently vaping in the facility. R82 has been educated on using the call light if the vape pen is dropped and there is need for pen retrieval and repositioning assistance. Initiated [DATE]. R82's Smoking assessment dated [DATE] documented: Resident request to use electronic cigarette. The resident has dexterity issues. The resident is able to safely store products for independent use. Resident is safe to smoke without supervision. Resident is able to safely smoke in room. R82's Smoking assessment documented [DATE] documented: Resident requested to use electronic cigarette. Reason for new assessment is to include that vape is non combustible and product manual is in document section. Resident has dexterity problems. Resident does not need the facility to store lighter and cigarettes. IDT (interdisciplinary team) note resident is safe to smoke vape her vape in her room. Resident has limited range of motion to her neck and extremities. Resident is able to hold her own vape and use soft touch call light. Save to smoke vape unsupervised in room period see product manual and document section. Resident unable to move head to utilize below call light. Getting up into custom wheelchair is not comfortable and resident prefers to remain in bed. On [DATE], at 12:45 PM, Surveyor interviewed R82 who vaped throughout the duration of the interview. R82 says the vape has tobacco and the facility grandfathered R82 in so R82 can smoke in the room. R82 moved their head to vape while R82's contracted hand holds the vape. On [DATE] at 10:10 AM, Surveyor observed R82 vaping in the room. On [DATE] at 2:13 PM, Surveyor observed R82 vaping in the room. Surveyor observed 2 vape devices charging on R82's dresser. Multiple empty cartridges are notes on R82's dresser. R82 stated R82's POA bring in the vape devices. R82 stated and surveyor observed a key around R82's neck. R82 stated the key is to the lock box on the dresser that contains more vape products. On [DATE], at 3:45 PM, Surveyors shared the concern with Director of Nursing (DON)-B of R82 smoking in the room. DON-B stated DON-B was made aware of R82 being able to smoke in R82's room when DON-B started the position, but does not have any specifics or other documentation at this time regarding R82 being grandfathered in. On [DATE], at 7:42 AM, Regional Director of Clinical Care Services (RDCCS)- C informed Surveyor the facility updated R82's care plan documenting R82 is bed bound and has to be allowed to smoke. RDCCS-C stated the facility designated R82's room to be the designated vaping area. RDCCS-C stated R82 does not like the custom wheelchair that therapy made and refuses to use it to smoke outside as it is uncomfortable. RDCCS-C then stated due to R82 not wanting to use the custom wheelchair, the staff would have to wheel R82's entire bed outside to allow R82 to smoke. On [DATE], at 7:54 AM, Nursing Home Administrator (NHA)-A informed Surveyor the SOM (State Operations [NAME]) only references a lit cigarette and this does not apply to vapes. NHA-A also stated their facility policy requires them to designate a vaping area, in which the facility designated R82's room to be the designated vaping area. NHA-A stated NHA-A is a respiratory therapist by trade and in NHA-A's professional opinion, the amount of vapor R82 produces would not harm other residents nor is the same as smoke. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	No additional information was provided regarding R82's vaping in R82's room. The facility's policy titled, Fall Prevention, Post Fall, and Communication and dated [DATE] under Purpose documents To promote resident safety by identifying fall risk, implementing individualized fall-prevention interventions, ensuring timely post-fall evaluation, and reviewing outcomes to prevent recurrence. Under Fall-Prevention Interventions documents 1. Interventions will be individualized by the IDT (interdisciplinary team) and may include supervision level, transfer status, mobility assistance and therapy involvement, medication review, toileting plans, environmental safety measures, assistive device use, and resident preference considerations. Interventions must be implemented consistently and revised when not effective. 2.) R22's diagnoses includes hypertension (high blood pressure), anxiety disorder (group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life), hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side) following cerebral infarction (type of stroke) affecting right dominate side, and diabetes mellitus (high blood sugar). R22's Quarterly MDS (minimum data set) with an assessment reference date of [DATE] has a BIMS (brief interview mental status) score of 13 which indicates that R22 is cognitively intact. R22 is assessed as being dependent on toilet hygiene & chair/bed to chair transfer and requires substantial/maximal assistance for rolling left and right. R22 has fallen since prior assessment with one fall not major. R22's Falls CAA (care area assessment) dated [DATE] documents under the Analysis of Findings section for nature of problem/condition: At risk for fall due to previous falls out of facility. Has not had any in facility. Scores a 40 on the morse fall scale which indicates moderate risk. Recent infarcts and hx (history) of stroke with hemiplegia, non-CPAP use, and DM (diabetes mellitus). Under care plan considerations documents Risk for falls care plan was developed. Goal is for resident to not sustain any falls while in this facility. Staff will assist resident to complete cares and assist in mobility as needed. See care plan for developed interventions and care plan and interventions will be reviewed and updated as needed to maintain safety. Staff will assess resident for changes in LOC (level of consciousness) and other conditions. Staff will review and monitor medications that could potentiate falls and will update MD (medical doctor) prn (as needed). R22's at risk for falls care plan initiated [DATE] and revised [DATE] documents the following interventions: *Evaluate for early acute change in medical condition. Report findings to MD (medical doctor) and obtain requested lab or diagnostics. Initiated [DATE]. *PT/OT (physical therapy/occupational therapy) to evaluate and treat. Initiated [DATE]. *Low bed. Initiated [DATE]. *Gripper socks on when up. Initiated [DATE]. *[DATE] Staff to offer to get resident up and out of bed by 0900 (9:00 a.m.) daily into chair, per resident request. Offer to lay down after lunch. Initiated [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*[DATE] Extra pillows to define bed parameters. Initiated [DATE]. *[DATE] Rotated bed and added wedge cushion to right side. Initiated [DATE]. *[DATE] ensure desired items within reach after each encounter. Initiated [DATE]. R22's morse fall scale dated [DATE] has a score of 50 which indicates that R22 is at high risk for falls. R22's nurses note dated [DATE] at 10:30 a.m. written by Registered Nurse (RN)-GG documents: Writer found resident on floor while doing rounds. Resident assessed, VSS (vital signs stable), A/O x 1 (alert/orientated times one) to name. Resident has a cut under the left eye and bleeding. Writer applied pressure under the eye for 10 min (minutes), bleeding stopped. Resident sent out to the hospital, [hospital initials] via [name] ambulance to be evaluated. [Physician's name] notified, DON (Director of Nursing), unit manager, case managers notified. Wrier contacted the resident's emergency contact (son), per the contact it's a wrong number. Cares provided. R22's morse fall scale dated [DATE] has a score of 25 which indicates moderate risk for falls. Surveyor reviewed the facility's fall investigation provided by DON-B which consisted of a fall scene investigation report and risk management for R22's fall on [DATE] at 7:00 a.m. Surveyor noted the facility did not conduct a thorough investigation to help prevent further falls as there is only one statement from RN-GG, the staff member who found R22. The fall scene investigation reports include distributed and obtain attached statements from staff. There are no interviews from any staff as to who last observed R22, when R22 was last provided incontinence cares, what position was R22 in bed prior to the fall etc. and were prior intervention in place. R22's nurses note dated [DATE] at 1830 (6:30 p.m.) written by RN-U documents: Resident called for help. Writer observed resident at the edge of bed slowly falling onto the ground as writer came in to help resident. Resident is alert and orientated x 3 per baseline. PERRLA (pupils equal, round, reactive to light and accommodation) intact, ROM WNL (range of motion within normal limits). Resident reported hitting his head. Resident is co (complained of) neck pain that happened prior to arriving at the facility. Neuro checks and vital signs completed. Writer assessed skin. No bleeding or bruising noted. Notified MD, unit manager, and DON. Resident is his own person. Left a voicemail for both case managers. MD order to give PRN pain med (medication). Resident placed on 24-hour board for F/U (follow up) monitoring. On [DATE] two morse fall scales were completed for R22. One has a score of 60 which indicates high risk for falls and the second has a score of 15 which indicates low risk for falls. Surveyor reviewed the facility's fall investigation provided by DON-B which consisted of a fall scene investigation report and risk management for R22's fall on [DATE]. Surveyor noted the risk management documents R22's fall at 16:30 (4:30 p.m.) and the fall scene investigation report documents 1800 (6:00 p.m.). Surveyor noted the fall scene investigation report for continence at time of fall is checked for wet. The facility's fall investigation was not thorough as there is no indication as to when R22 was last provided continence cares and if previous intervention were in place at the time of the fall. R22's nurses note dated [DATE] at 1921 (7:21 p.m.) written by RN-FF documents: Writer notified of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident being found on the floor. Writer completed assessment to determine presence of injury and obtained vitals. 136/65, 98.2, 18 rr (respiratory rate), 67 bmp (beats per minute), 95% once no injury or change of LOC was noted, writer and CNA (Certified Nursing Assistant) got resident into bed w/ (with) Hoyer lift. DON, ADON (Assistant Director of Nursing) notified. MD paged with no response. R22's morse fall scale dated [DATE] has a score of 65 which indicates high risk for falls. Surveyor reviewed the facility's fall investigation provided by DON-B which consisted of a fall scene investigation report and risk management for R22's fall on [DATE] at 1900 (7:00 p.m.). The facility's investigation was not thorough as the investigation does not include whether previous interventions were in place at the time of R22's fall, who last saw R22 and how R22 positioned in bed prior to the fall. On [DATE], at 8:16 a.m., Surveyor met with DON-B to discuss R22's falls on [DATE], [DATE] and [DATE]. Surveyor informed DON-B the facility did not thoroughly investigate these falls as there isn't always staff statements/interviews to include who saw R22, how was R22 positioned in bed and were previous interventions in place. DON-B replied okay. No additional information was provided to Surveyor regarding R22's falls. On [DATE], at 10:00 a.m., Surveyor observed R22 in bed on his back wearing gripper socks with the bed down low. Surveyor did not observe any extra pillows for the edge or wedges according to R22's plan of care. On [DATE], at 7:27 a.m., Surveyor observed R22 asleep in bed on his back with his arms crossed across his chest. R22 is wearing gripper socks, and the bed is down low. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 9:15 a.m., Surveyor observed R22 in bed on his back with the blanket covering his head & body. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 11:25 a.m., Surveyor observed R22 in bed on his back with his left arm above his head and the bed down low. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 1:27 p.m., Surveyor observed R22 in bed on his back with the bed down low. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 7:30 a.m., Surveyor observed R22 in bed on his back with a pillow above his head on the mattress and the bed down low. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 11:57 a.m., Surveyor observed R22 in bed on his back with the bed down low. Surveyor did not observe any extra pillows along the perimeter and did not observe a wedge according to R22's plan of care. On [DATE], at 12:27 p.m. Surveyor met with Assistant Director of Nursing (ADON)-D regarding R22's fall interventions. Surveyor asked if staff should follow R22's plan of care. ADON-D indicated staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should. Surveyor informed ADON-D Surveyor has noted R22 has had multiple falls from his bed and has multiple observations of staff not following R22's fall plan of care as Surveyor has not observed extra pillows for the perimeter and has not observed a wedge. No additional information was provided. 3.) R106's diagnoses include diabetes mellitus (high blood sugar), encephalopathy (general brain dysfunction characterized by alteration in brain function or structure), vascular dementia (decline in thinking, memory and judgment caused by conditions that block or reduce blood flow to the brain), and hypertension (high blood pressure). R106 expired at the facility on [DATE]. R106's at risk for fall care plan initiated[DATE] documents the following interventions: *Ensure the environment is free of clutter. Initiated [DATE]. *PT/OT (physical therapy/occupational therapy) to evaluate and treat. Initiated [DATE]. *[DATE] Bolster mattress to define bed parameters. Initiated [DATE]. *Low bed. Initiated [DATE]. *Fall mat cushion at bed side. Initiated [DATE]. *[DATE] gripper socks at all times. Exchanged briefs for pull ups. Initiated [DATE] & revised [DATE]. *[DATE] bed placed against wall and fall mat to exposed side. Initiated [DATE]. R106's morse fall scale dated [DATE] has a score of 15 which indicates low risk for falls. R106 nurses note dated [DATE] at 8:45 a.m. written by Director of Nursing (DON)-B documents: Residents laying in bathroom feet facing south head facing north. Laceration to left eyebrow, skin tear to left elbow and left wrist. Resident with bare feet and no DME (durable medical equipment) within reach of the bathroom. BIMS 13. Vitals WNL (within normal limits) see vital tab for values. Resident moving all extremities within normal limits. Resident reports only area of pain is her left eyebrow. Resident states she was going back to bed after using the bathroom. Resident sent to ED (emergency department). MD (medical doctor) notified. Emergency contacts on face sheet were attempted to be contacted but all lines have been disconnected. Resident is own person. R106's nurses note dated [DATE], at 1607 (4:07 p.m.), written by Licensed Practical Nurse (LPN)-S documents: The resident returned from [hospital initials] ER (emergency room) evaluation reveals laceration to left lateral eye that is approximated with a transparent dressing. The left elbow is fractured and has an intact splint with sling. The resident returned via [name] Ambulance on stretcher accompanied by two EMTs (emergency medical technicians). The resident is alert and denies pain. The resident was placed in her bed with HOB (head of bed) and has call light with fluids within reach. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R106's morse fall scale dated [DATE] has a score of 65 which indicates high risk for falls. Surveyor reviewed the facility's fall investigation provided by DON-B which consisted of risk management and fall scene investigation report for R106's fall on [DATE] at 7:20 a.m. Surveyor noted the facility did not conduct a thorough investigation as the investigation does not include when was the last time R106 was provided personal cares, when was R106 toileted prior to the fall and were prior interventions in place. R106's admission MDS (minimum data set) with an assessment reference date of [DATE] has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact. R106 is assessed as requiring substantial/maximal assistance for toileting hygiene, partial/moderate assistance for rolling left & right and chair/bed to chair transfer. R106 has fallen since admission with one fall major. R106's Falls CAA (care area assessment) dated [DATE] documents under the Analysis of Findings for nature of problem/condition section: Triggered by indications of resident with fall since admission on current assessment. Under the care plan considerations section it documents: Resident had recent fall with major injury. Goal is for resident to avoid fall with any injury. See care plan for further related information. R106's morse fall scale dated [DATE] has a score of 55 which indicates high risk for falls. R106's nurses note dated [DATE], at 1608 (4:08 p.m.) written by LPN-S documents Nurse called to resident room by a laundry clerk that the resident is on the floor. Nurse entered resident's room and observed her lying on the floor beside the bed. The resident was lying supine and moving all extremities restlessly. Nurse called for RN assessment that revealed no apparent injuries. ROM (range of motion) to all extremities are WNL's (within normal limits). The residents' vital signs are stable. Resident was assisted back to bed via Hoyer lift by three staff members. The resident bed was placed against the west wall and place in the low position. Place matt is at bedside and call light is within reach. The physician was called and updated to the fall no new orders. The son and POA (power of attorney) was called and informed of fall. The DON ADON and hospice was notified of fall. Surveyor reviewed the facility's fall investigation provided by DON-B which consisted of risk management and fall scene investigation report for R106's fall on [DATE] at 16:00 (4:00 p.m.) Surveyor noted in the fall scene investigation report under summary of findings includes no matt on floor. The floor mat was an intervention implemented [DATE]. On [DATE] at 8:06 a.m. Surveyor asked DON-B if care plan interventions should be followed. DON-B replied yes. Surveyor asked if staff are interviewed during the facility's fall investigation process. DON-B informed Surveyor the directive is for staff to fill out witness forms before the end of the shift. Surveyor asked who ensures this is done. DON-B informed Surveyor, either the nurse manager or the floor nurse for that shift. Surveyor informed DON-B for R106' fall on [DATE] the facility did not conduct a thorough investigation as the investigation does not include who last saw R106, what was R106 doing, when was the last time R106 was toileted, and there is only one notation of helping another resident. Surveyor informed DON-B R106's fall intervention of a floor mat which was implemented on [DATE] was not followed when R106 fell on [DATE]. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure 1 (R4) of 6 residents reviewed for nutrition received therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.* R4 was not provided with a meal supplement per R4's plan of care.Findings include:R4 was admitted the facility on 12/18/24 with diagnoses of Unspecified protein calorie malnutrition (A deficiency of protein and calories leading to weakened immunity), Gastroparesis (chronic digestive disorder causing delayed stomach emptying causing nausea and vomiting), and Dependence on Renal Dialysis (the person requires dialysis to remove toxins from the body due to the kidneys not functioning properly).R4's nutritional care plan initiated 12/18/24 and revised on 2/26/26 documents under the Interventions section:- Provide supplements with Med pass as ordered: Nepro BID (2 times a day) daily. Document and monitor acceptance. Initiated 11/25/2025, revised 2/8/26- Honor resident's food preferences. Resident prefers calling yogurt with meals. Initiated 12/19/24.R4's skin integrity dated as initiated 12/18/24 and revised 7/24/25 documents under the Interventions section: - Provide diet, supplements, vitamins, and/or fortified foods per orders. Initiated 12/18/24.Surveyor noted that at the time of the survey, there were no current orders of Nepro meal supplement for R4, despite Nepro being listed on R4's plan of care.On 2/28/26, Registered Dietician (RD)-K completed a nutritional assessment for R4 that documented:R4 has a liberalized regular diet due to recent poor intake. R4's calculated protein intake daily is 77 grams. R4's overall intake is 0-25%. Supplement ordered Is Nepro 2 times a day. R4's intake of meals, supplements, and other does not meet minimum needs. R4's intake poor during hospitalization and following return.R4 also had multiple reports of nausea and vomiting and abdominal pain in his on pantoprazole, Reglan and as needed ondansetron. R4 is on a regular diet liberalized due to poor oral intake. R4 is on nepro twice a day for supplement due to poor intake since recent hospitalizations.On 3/4/26, at 9:36 AM, a progress note documented: R4 had a large emesis in the van on the way to dialysis. Resident brought back to facility per van. Residents diaphoretic with some confusion. Physician notified and received orders to send out to emergency room.On 3/4/26, at 1:00 PM, a progress note documented: Resident (R4) returned from ER resident alert and oriented, skin warm and dry period no further emesis. No cough or congestion noted. Denies pain. No new orders.On 3/5/26, RD-K completed a Mini- Nutritional Assessment/Summary for R4 that documented:R4 has a severe decrease in food take over the last three months. R4 Has a mini nutritional assessment score of seven indicating malnutrition and significant change assessment has been completed related to declines in several areas, including weight and appetite. Previous planned weight loss was noted. multiple hospitalizations or emergency department visits have been noted recently. new intake has been down and resident has had frequent emesis. R4 is on nepro twice a day to provide additional calories and protein for nutrition, weight loss and wounds.On 3/24/26, at 10:28 AM, Surveyor interviewed R4. R4 told Surveyor R4 skips meals and does not always feel good because of dialysis. R4 stated R4 is nauseous a lot.On 3/24/26, at 3:38 PM, Surveyor interviewed R4. R4 stated R4 did not eat much today.On 3/24/26, at 4:05 PM, Surveyor interviewed Registered Dietitian (RD)-K. RD-K stated RD-K reviews diet and supplements on admission and makes changes accordingly. RD-K stated R4 has had quite a few hospitalizations and frequent nausea and emesis with decline in meal intakes. RD-K stated the resident has multiple interventions to address this were regular liberalized diet, nepro supplement, yogurt with meals, and snacks.RD-K stated nursing has also addressed this with R4's medications of pantoprazole, Reglan, Ondansetron. Surveyor asked RD-K why there was no current order for Nepro for R4. RD-K stated it must have been discontinued when R4 returned to the facility, there was no clinical reason why it was discontinued, and RD-K will add that back immediately.R4's physician order dated 3/25/26 documents: Nepro 1 time a day, document amount consumed.On 3/25/26 at 8:23 AM, Surveyor observed the breakfast interaction with R4. R4 declined breakfast stating R4 did not feel well. The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Certified Nursing Assistant (CNA) made several attempts and different alternatives and R4 declined the Nepro supplement and coffee. The CNA gave R4 the supplement and coffee as requested. On 3/26/26, at 10:37 AM, Surveyor interviewed RD-K. RD-K stated RD-K misspoke on the previous interview. RD-K stated R4 does not need Nepro because R4 is overweight, the hospital did not prescribe it to R4 and so R4 must not need the Nepro meal supplement. RD-K stated that R4 has other alternatives to eat like snacks and R4 has not had significant weight loss.RD-K stated they put the order in for Nepro as resident preference. RD-K stated R4 has had better intakes recently per RD-K's notes. RD-K stated will all the snacks and meals, R4 meets the minimum required calories. Surveyor asked what percent of intakes would R4 meet the minimum required nutrition and calories, as R4's intakes vary. RD-K stated RD-K did not understand the question.Surveyor noted RD-K documented a decrease in appetite in R4's most recent assessment dated [DATE].R4's nutritional assessment completed by RD-K on 3/26/26 documents: Meal intake remains variable at times, but resident is receiving yogurt at meals and snacks between meals and at HS to meet estimated calorie needs of around 1400 calories per day. Nepro was recently added per resident preference and to provide additional calories and protein. Speech also verified resident at times still complaints of nausea despite multiple medications to alleviate that. We'll ask dietary to add a white soda at each meal to try and help with nausea.Surveyor noted that RD-K documented the addition of Nepro to provide additional calories and protein intake for R4.On 3/30/25, at 9:31 AM, Surveyor informed Nursing Home Administrator (NHA)-A and Regional Director of Clinical Services (RDCCS)-C that R4 was not orginally receiving Nepro meal supplement per R4's plan of care.No additional information was provided regarding why R4 did not receive Nepro per R4's nutritional plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure that 1 (R5) of 1 residents reviewed with a gastronomy tube (G-tube) received appropriate treatment and services. *R5 has a physician order to measure R5's G-tube to check for placement, indicating R5's tube length should be 16 inches plus or minus 1. This order was not transcribed into the R5's Medication Administration Record (MAR)/ Treatment Administration Record (TAR) so that nursing staff could accurately monitor placement of R5's G-tube. Findings include:The facility's policy titled: Verifying Placement of Feeding Tubes, last revised 9/8/2023, documents: 1. Gastrostomy tube will be marked with a permanent marker at the exit sit of tube. 2. Upon admission or with placement of new tube, the length is measured from exit site to end of tube and documented in clinical record. 3. Tube length will be visually inspected by checking initial mark on tube prior to accessing tube. 4, If external tube length has changed or mark on tube is not located at insertion site, contact the provider prior to initiating feeding. R5 was admitted to the facility on [DATE] with diagnoses that include Dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life) and acute cystitis with hematuria (bladder inflammation causing blood in the urine).R5's Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 00, in indicating R5 has severe cognitive impairment. The MDS assesses R5 as not exhibiting behaviors or rejection of care, always incontinent of bowel and bladder, has impairment on both sides in upper and lower extremities and is dependent on staff assistance for all Activities of Daily Living (ADL).On 03/24/2026, at 11:02 AM, Surveyor observed Registered Nurse (RN)-CC administer R5's tube feeding. Surveyor asked RN-CC how RN-CC checked R5's placement prior to starting the feed.RN-CC indicated that RN-CC checked placement this morning prior to the first feed by using the measuring tape on the wall and marks as complete in the chart. RN-CC informed Surveyor they are supposed to inspect a tic mark on the tube but noted R5's tube did not have a tic mark visible. Surveyor reviewed the facility provided document, titled Order Summary Report which documents the following physician orders:-Check tube length every shift for placement verification. Length should be 16 inches plus minus 1 centimeter (cm), with a start date of 1/30/2026.-Visually inspect initial mark on tube, with a start date of 1/30/2026.Surveyor reviewed the Facility provided document, titled Care Plan Report which documents that R5 requires a tube feeding with the following interventions:-Elevate HOB a minimum of 30-45 degrees while TF is running and 30 min. after TF(if intermittent or bolus) to prevent aspiration.-Monitor for placement of tube and gastric contents/residual volume per facilityprotocol. Hold feeding if greater than 240 milliliters (ml) or per MD orders.-Monitor for signs/symptoms of aspiration: Increased coughing or congestion, fever, abnormal breathing or lung sounds. Notify MD as needed.-Monitor weight as ordered. Notify MD and RD of significant changes.-Provide all medications through feeding tube. Obtain in liquid form as available orcrush as ordered.-Provide local care to G-tube/J-tube site as ordered and monitor for signs/symptoms of infection.Notify MD as needed.-Provide TF and flush as ordered. See MD orders for current TF orders.-RD to evaluate caloric intake, tolerance, and hydration and recommend changesto TF and/or flush quarterly or as needed.-Report GI complaints to nursing.-Resident is NPO (nothing by mouth).Surveyor reviewed R5's MAR/TAR for March 2025 and noted:- Visually inspect initial mark on tube was documented on consistently but varies between a yes and no between 03/01/2026 and 03/24/2026. With 66 yes and 6 no out of 72. -Enteral Feed Order every shift, check tube placement before initiation of formula, medication administration, and flushing tube or at least every 8 hours, order date 1/30/2026 and was consistently marked as completed by a check mark.Surveyor noted the length of R5's tube was not documented, and R5's physician order was not put into the MAR/TAR with the specific measurement length to monitor/assess placement per R5's physician order.On 03/25/2026, at10:32 AM, Surveyor (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interviewed Assistant Director of Nursing (ADON)-C. Surveyor asked ADON-C about R5's physician order for checking tube placement and how that is monitored. ADON-C indicated that R5 has a physician order to visualize the mark on R5's tube, but the mark has come off which is why there is a another order to measure R5's tube every shift and staff just need to mark yes or no if the tube was the correct length as listed in the MAR/TAR.Surveyor informed ADON-C that Surveyor could not locate that specific information in R5's electronic health record. ADON-C pulled up R5's MAR/TAR and informed Surveyor that R5's order with R5's tube measurement is not in the MAR or TAR and does not specify length of tube. ADON-C indicated she will look into why it is missing and get back to Surveyor.On 03/25/2026, at 11:09 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B informed Surveyor that R5's physician order was put in under advanced directives instead nursing in R5's MAR, which would not allow staff to see or chart on MAR/TAR for that order. Surveyor asked DON-B how the facility was monitoring the length and placement of R5's G-tube. DON-B indicated that there is no documentation to show it was being monitored, indicating it is difficult to keep sharpie on plastic tubing and noted that there was transcription error in R5's EHR. On 03/25/2026, at 3:04 PM, Surveyor informed the facility of the above findings, no additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525319	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edenbrook Lakeside	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility did not provide the necessary respiratory care and services for 1 (R11) of 1 resident receiving oxygen therapy.R11's oxygen concentrator did not have a humidification bottle according to physician orders.Findings include:R11's diagnoses include acute respiratory failure (lungs cannot adequately exchange oxygen and carbon dioxide) with hypoxia (low level of oxygen), congestive heart failure (heart doesn't pump enough blood to meet the body's needs) and hypoxemia (abnormally low level of oxygen in the blood), and hypertension (high blood pressure).R11's physician order dated 10/24/25 documents: Change oxygen humidifier bottle weekly and prn (as needed).On 3/23/26, at 9:52 a.m., Surveyor observed R11 in bed on his back with the head of the bed elevated. Surveyor observed R11 is receiving oxygen via nasal cannula at 1.5 liters per minute. Surveyor observe R11's oxygen concentrator did not have a humidifier bottle.On 3/23/26, from 10:59 a.m. to 11:21 a.m., Surveyor observed Certified Nursing Assistant (CNA)-Y and CNA-Z provide incontinence cares to R11. During this observation, Surveyor observed R11 continued to receive oxygen via nasal cannula. R11's oxygen concentrator did not have a humidifier bottle.On 3/24/26, at 11:32 a.m., Surveyor observed R11 in bed on the left side receiving oxygen via nasal cannula. Surveyor observed R11's oxygen concentrator did not have a humidifier bottle.On 3/25/26, at 12:05 p.m., Surveyor asked Assistant Director of Nursing (ADON)-D if there should be a humidifier bottle on R11's oxygen concentrator. ADON-D replied, let me look. ADON-D then reviewed R11's physician orders and stated to Surveyor he does have an order for it. Surveyor observed ADON-D of Surveyor's observations on 3/23/26 and 3/24/26 prior to R11 being transferred to the hospital of R11's concentrator not having a humidifier bottle per physician's orders.No additional information was provided.