

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  Bradley Estates Nursing and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  6735 W Bradley Rd Milwaukee, WI 53223	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</b></p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R3) of 9 sampled residents was free from verbal abuse.</p> <p>On 11/2/24, multiple staff witnessed Dietary Aide (DA)-H call R3 a derogatory name and threaten to take away and hit R3 with R3's walker. In addition, the facility did not ensure a thorough background check was completed for DA-H who had substantiated findings of caregiver misconduct and was prohibited from working as a caregiver in Department of Health Services (DHS) regulated facilities.</p> <p>Findings include:</p> <p>The facility's Abuse Neglect and Exploitation Policy, dated 1/5/24, indicates it is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property .1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulations. Responsibility of the performance of compliance checks for contracted temporary staff will be established via contractual agreement .3. The facility will maintain documentation of proof that the screening occurred.</p> <p>On 1/7/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including joint replacement surgery, idiopathic aseptic necrosis of right femur, and history of alcohol abuse. R3's Minimum Data Set (MDS) assessment, dated 11/14/24, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R3 was not cognitively impaired. R3's medical record indicated R3 made R3's own healthcare decisions.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed a facility-reported incident (FRI) which stated staff witnessed DA-H yell at R3 and call R3 a motherfucker on 11/2/24. DA-H also threatened to beat up R3, take away R3's walker, and knock R3 down with the walker. Staff witness statements indicated DA-H continued to walk toward R3 which gave witnesses the impression that DA-H wanted to strike R3. Witness statements indicated it took several staff to intervene and remove DA-H from the dining room. No physical contact was made. DA-H was escorted out of the facility. R3 was interviewed and stated R3 was fine, but was shocked and taken off guard by the incident. The facility notified local law enforcement and reported the abuse to the State Agency (SA). The facility's investigation indicated the allegation of abuse was substantiated. Corrective Action Documentation stated the event was intentional misconduct on behalf of DA-H and a violation of the facility's policy which DA-H acknowledged. The document stated DA-H's behavior brought harm to DA-H's employer (Contracted Company (CCP)-O) by directly causing R3 mental and emotional distress. DA-H was placed on administrative leave on 11/2/24 and did not return to the facility.</p> <p>On 1/7/25 at 1:05 PM, Surveyor interviewed R3 who recalled the incident. R3 indicated DA-H was upset with R3, started yelling, and became verbally aggressive when R3 tried to use the microwave. R3 stated DA-H's actions felt unwarranted, but they did not affect R3.</p> <p>On 1/7/25, Surveyor reviewed DA-H's background check and noted the following:</p> <p>DA-H was hired by CCP-O (the facility's contracted third-party provider for dietary services) on 4/1/24. DA-H's responsibilities included direct contact with residents while performing dining room tasks and serving and preparing food.</p> <p>Surveyor reviewed DA-H's Background Information Disclosure (BID) form, dated 3/19/24, and noted the following questions and DA-H's answers:</p> <p>Section A - Acts, Crimes, and Offenses That May Act as a Bar or Restriction.</p> <ol style="list-style-type: none"> <li>1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts? No</li> <li>2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts? No</li> <li>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? No</li> <li>5. Has any government or regulatory agency (other than the police) every found that you misappropriated (improperly took or used) the property of a person or client? No</li> <li>6. Has any government or regulatory agency (other than the policy) ever found that you abused an elderly person? No</li> <li>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? No</li> </ol> <p>Section B - Other Required Information</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? No</p> <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? No</p> <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? No</p> <p>DA-H's Department of Justice (DOJ) letter, dated 3/27/24, indicated DA-H was convicted of 943.38(1)(A)-Forgery (a Class H felony) on 7/17/97 and convicted of 943.38(2)-Forgery-Uttering (a Class H felony) on 11/1/99 and had additional misdemeanor convictions.</p> <p>DA-H's Government Findings Report, dated 3/27/24, indicated DA-H had findings of misappropriation of client property, dated 12/20/06. The findings were also noted on the Wisconsin Test Master University (TMU) (the Wisconsin Nurse Aide Testing and Registry System).</p> <p>A State of Wisconsin document, dated 5/15/07, indicated DA-H filed a Rehabilitation Review Request which was denied. The document indicated DA-H did not show that DA-H had been rehabilitated as evidenced by DA-H's recent criminal history. The document stated denial of DA-H's rehabilitation request necessitated DA-H's continued ban from being employed by an entity where DA-H had access to clients.</p> <p>On 1/7/25 at 2:28 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Dietary Manager (DM)-I. NHA-A stated CCP-O was responsible for completing background checks on their employees. DM-I stated background checks were done by CCP-O's corporate Human Resources department who then sent an email to DM-I with the results. DM-I provided Surveyor with an email, dated 3/28/24, with an attached DOJ file that stated DA-H was cleared to work. NHA-A and DM-I acknowledged the DOJ letter contained evidence of misappropriation and indicated further investigation should have been completed prior to employing DA-H.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48794</p> <p>Based on staff interview and record review, the facility did not implement their written policies and procedures to prohibit and prevent abuse for 3 of 9 staff reviewed for caregiver background checks. This practice had the potential to affect more than 4 of the 141 residents residing in the facility.</p> <p>The facility did not ensure a thorough background check was completed for Dietary Aide (DA)-H who had substantiated findings of caregiver misconduct on DA-H's record and was prohibited from working as a caregiver in Department of Health Services (DHS) regulated facilities. In addition, DA-H did not report felony convictions on DA-H's Background Information Disclosure (BID) form.</p> <p>The facility did not have a completed Department of Justice (DOJ) letter or Government Findings Report for Certified Nursing Assistant (CNA)-J.</p> <p>The facility did not ensure DA-L's BID, DOJ and Government Findings Report were completed timely.</p> <p>Findings include:</p> <p>The facility's Abuse Neglect and Exploitation Policy, dated 1/5/24, indicates it is the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .Screening: A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property .1. Background, reference, and credentials checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Background checks, including re-checks, will be completed consistent with applicable state laws and regulations. Responsibility of the performance of compliance checks for contracted temporary staff will be established via contractual agreement .3. The facility will maintain documentation of proof that the screening occurred.</p> <p>On 1/7/25, Surveyor reviewed background checks for 9 facility staff and noted the following:</p> <p>1. DA-H was hired on 4/1/24 by CCP (Contracted Company)-O (the facility's third-party provider for dietary services). DA-H's responsibilities included direct contact with residents while performing dining room tasks and serving and preparing food.</p> <p>DA-H's BID form, dated 3/19/24, did not include 2 Class H felonies. DA-H's Government Findings Report, dated 3/27/24, indicated DA-H had findings of misappropriation of client property, dated 12/20/06, which was also noted on the Wisconsin Test Master University (TMU) (the Wisconsin Nurse Aide Testing and Registry System).</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A State of Wisconsin document, dated 5/15/07, indicated DA-H filed a Rehabilitation Review Request which was denied. The document indicated DA-H did not show that DA-H had been rehabilitated as evidenced by DA-H's recent criminal history. The document stated the denial of DA-H's rehabilitation request necessitated DA-H's continued ban from being employed by an entity where DA-H had access to clients.</p> <p>On 1/7/25 at 2:28 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Dietary Manager (DM)-I. NHA-A stated CCP-O was responsible for completing background checks on their employees and CCP-O's Human Resources department emailed DM-I with the results. DM-I provided Surveyor with an email, dated 3/28/24, with an attached DOJ file that stated DA-H was cleared to work. NHA-A and DM-I acknowledged DA-H's DOJ letter contained findings of misappropriation and indicated further investigation should have been done prior to employing DA-H.</p> <p>2. CNA-J was hired on 12/23/24. CNA-J's DOJ letter and Government Findings Report were dated 1/7/25 (the date of the survey).</p> <p>On 1/7/25 at 1:55 PM, Surveyor interviewed NHA-A who confirmed the facility did not have a DOJ letter or Government Findings Report for CNA-J prior to 1/7/25. NHA-A stated the facility's corporate office indicated their policy states they have 30 days to complete background checks. NHA-A acknowledged background checks should be completed prior to the employee's hire date.</p> <p>3. DA-L was hired on 12/10/24. DA-L's BID form was dated 11/24/23. DA-L's DOJ letter and Government Findings Report were dated 12/1/23. The facility did not have a BID form, DOJ letter, or Government Findings Report for DA-L's most recent hire date.</p> <p>On 1/7/25 at 4:44 PM, Surveyor interviewed DM-I who stated DA-L's hire date must be a misprint. Surveyor requested documentation of DA-L's correct hire date. No additional information was provided to Surveyor.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38793</p> <p>Based on observation and staff interview, the facility did not provide adequate supervision for 1 resident (R) (R2) of 1 resident who required direct supervision.</p> <p>R2 had a history of yelling, threatening, and hitting peers and staff. R2's care plan contained an intervention for 1:1 staff supervision. On 1/7/25, Surveyor observed R2 without 1:1 supervision on multiple occasions.</p> <p>Findings include:</p> <p>On 1/7/25, Surveyor reviewed R2's medical record. R2 was admitted to the facility on [DATE] and had diagnoses including dementia, congestive heart failure, insomnia, and atrial fibrillation. R2's most recent Minimum Data Set (MDS) assessment, dated 10/6/24, had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 which indicated R2 had severely impaired cognition.</p> <p>R2's comprehensive care plan, revised 11/27/24, indicated R2 had a behavior problem related to yelling, threatening, and hitting peers and staff. Interventions included 1:1 supervision/monitoring for behaviors and to avoid triggers such as large groups and gesticulation.</p> <p>Surveyor reviewed the facility's nursing schedule for the AM and PM shifts and noted Certified Nursing Assistant (CNA)-C was assigned 1:1 supervision for R2 from 6:00 AM to 6:00 PM.</p> <p>On 1/7/25, Surveyor observed R2 without 1:1 supervision at the following times in the following places:</p> <ul style="list-style-type: none"> <li>~ From 10:42 AM to 10:46 AM in R2's room</li> <li>~ From 10:48 AM to 10:51 AM in R2's room</li> <li>~ From 11:00 AM to 11:04 AM in the dining room with four other residents present</li> <li>~ From 11:13 AM to 11:18 AM in the dining room with six other residents present</li> </ul> <p>On 1/7/25 at 10:57 AM, Surveyor interviewed CNA-C who verified R2 was on 1:1 supervision due to behaviors.</p> <p>Surveyor reviewed staff education, dated 11/19/24, regarding 1:1 supervision expectations. The education indicated a resident on 1:1 supervision should always be within arms length if the resident is being monitored for striking out at others, is at risk for falls, or pulls at tubes since staff at a distance would not be able to stop the action in time. The education indicated a resident on 1:1 supervision is never left alone because something could happen within the few seconds that staff walk away. Staff were directed to have another staff cover before leaving a resident on 1:1 supervision. The signature sheet indicated all staff, including CNA-C, received the education.</p> <p>(continued on next page)</p>		

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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 1/7/25 at 1:52 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who verified R2 was on 1:1 supervision at all times and indicated R2 did well behaviorally when on 1:1 supervision. NHA-A verified the staff education on 11/19/24 was in response to an assigned staff member who left R2 alone for approximately 10 minutes on 11/17/24. NHA-A verified assigned 1:1 staff should never leave R2 out of eyesight.		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40449</b></p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R1) of 3 sampled residents with an indwelling catheter received appropriate catheter care and services.</p> <p>R1 had a Foley catheter inserted on 11/21/24 due to urinary retention. From 11/21/24 to 12/7/24, staff did not monitor R1's urine output or assess for genitourinary changes. On 12/7/24, R1 complained of penile pain. Urinary and catheter assessments were not completed on 12/8/24 and 12/9/24. On 12/10/24, R1 had increased confusion, low urine output, and a large amount of pus at the catheter site. On 12/11/24, R1 was transferred to the hospital due to severe penile pain. R1's catheter was blocked and drained thick gray material. R1 returned to the facility on [DATE] with diagnoses of urinary retention, UTI, and acute kidney injury.</p> <p>Findings include:</p> <p>The facility's Urinary Indwelling Catheter Management Guideline, dated 11/28/17, indicates: Indwelling catheters may be associated with significant complications, including bacteremia, febrile episodes, bladder stones, fistula formation, and erosion of the urethra, epididymitis, chronic renal inflammation, and pyelonephritis. Indwelling catheters are also prone to blockage. Risk factors for catheter blockage include alkaline urine, impaired urine flow, proteinuria, and pre-existing bladder stones. Urinary retention that cannot be treated or corrected medically or surgically for which alternative therapy is not feasible and which is characterized by: 1. Documented post-void residual volumes in a range over 200 milliliters (ml). 2. Inability to manage the retention/incontinence with intermittent catheterization, and 3. Persistent overflow incontinence, symptomatic infections and/or renal dysfunction. Additional care practices should include: Educating the resident and/or resident representative on the risks and benefits of catheter use; Recognizing and evaluating for complications and the root cause analysis contributing factors; Every shift evaluation, during cares, of urine appearance for changes and indication of pain and/or genitourinary changes; Attempting to remove the catheter as soon as possible when no indications exist for justification of placement. Ensuring the catheter is secured to eliminate dislodgement or irritation resulting from tension or pulling on the tubing. Each resident may require an individualized approach.</p> <p>On 1/7/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including urinary retention, urinary tract infection, diabetes mellitus, and benign prostatic hyperplasia (BPH). R1's Admission Minimum Data Set (MDS) assessment, dated 11/2/24, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R1 was not cognitively impaired. The MDS also indicated R1 was dependent on staff for toileting hygiene and transfers.</p> <p>A Hospital Discharge Summary, dated 10/30/24, indicated a Genitourinary referral was completed due to concerns related to urinary retention and indicated R1 should be seen by R1's primary care provider (PCP) in 1-2 weeks for an evaluation of urinary retention. The discharge summary indicated R1 was unaware of urination and retention and Infectious Disease recommended a Urology consult.</p> <p>A Bladder Evaluation, dated 10/30/24, indicated R1 had urinary retention and difficulty during urination.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's care plan initiated on 12/24/24, indicated R1 had increased risk for UTI related to a Foley catheter and catheter obstruction. (R1's Foley catheter was placed on 11/21/24). R1's care plan contained interventions to monitor and document output, monitor and document for pain/discomfort due to catheter, monitor for signs/symptoms of UTI, and monitor/record/report to Medical Doctor (MD) signs/symptoms of UTI including pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>A Urology Clinic note, dated 11/21/24, indicated R1 was unable to urinate while at the clinic. A bladder scan indicated there were 1359 milliliters (mLs) of urine in R1's bladder. (Average bladder capacity is 400-500 mLs.) R1 was diagnosed with urinary retention. A 16 French (Fr) coude catheter (a catheter with a slight bend at the tip that helps navigate around blockages in the urethra or bladder neck) was inserted with 1300 mL of urine returned. An order to return to the clinic in 1 month was noted.</p> <p>A Health Status note, dated 12/7/24, indicated R1 complained of penile pain. A nursing assessment indicated a scant amount of yellow bloody drainage was present. Documentation indicated R1's catheter was patent, draining amber urine, and the area was tender to the touch. A Nurse Practitioner (NP) was contacted and ordered pain medication.</p> <p>A Fall Incident Report, dated 12/9/24, indicated R1 was found on the floor on R1's back. Documentation indicated R1 could not stand and was transferred back to bed via Hoyer lift. The note indicated R1's catheter was in place.</p> <p>R1's medical record did not contain documentation of urinary output, urine appearance, or genitourinary changes from 11/21/24 to 12/7/24 and did not contain urinary or catheter assessments on 12/8/24 and 12/9/24.</p> <p>A Health Status note, dated 12/10/24, indicated R1 had increased confusion, low urine output, and a large amount of pus from the catheter site. Antibiotics were ordered and pain medication was provided.</p> <p>On 12/11/24, R1 requested to be transferred to the hospital for severe penile pain. R1 was admitted to the hospital on 12/11/24 and returned to the facility on [DATE] with diagnoses of urinary retention, UTI, and acute kidney injury.</p> <p>Surveyor reviewed R1's Hospital History and Physical, dated 12/11/24, with Clinical Consultant (CC)-D. The History and Physical indicated R1 stated R1's catheter fell out during a fall and R1 re-inserted the catheter. CC-D was not aware R1 had stated R1's catheter fell out during a fall.</p> <p>A Discharge Summary, dated 12/13/24, indicated R1's catheter was blocked upon arrival at the Emergency Department (ED) and drained thick gray material. The catheter was removed and R1 had a large urine output (the Discharge Summary did not indicate the amount of urine in mLs.) A new Foley catheter was inserted which drained clear urine until R1 was discharged from the hospital.</p> <p>On 12/31/24, R1 was hospitalized due to low hemoglobin and hematocrit and was not available for interview during the survey.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/7/25 at 10:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-G who indicated catheter drainage bags are emptied every shift and as needed. CNA-G indicated nursing staff should document the amount of urine emptied in the resident's medical record.</p> <p>On 1/7/25 at 2:00 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-E who indicated LPN-E was familiar with R1 but had not assisted R1 with catheter care. LPN-E indicated CNAs and nurses empty catheter bags and document the amount of urine in the resident's electronic medical record or Medication Administration Record (MAR).</p> <p>On 1/7/25 at 2:15 PM, Surveyor requested documentation of genitourinary assessments, including catheter care and urinary outputs, from 11/21/24 to 12/7/24. At 3:54 PM, CC-D indicated CC-D was unable to provide Surveyor with the requested documentation.</p> <p>On 1/7/25 at 4:30 PM, Surveyor interviewed [NAME] President of Clinical Operations (VPCO)-P who indicated several people assisted the facility with updating care plans which is why R1's care plan was revised on 12/24/24.</p>